

# DSM 5 - Eating Disorder Diagnostic Features

## Anorexia Nervosa (AN)

307.1 (F50.01 or F50.02)

Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than that minimally expected.

Intense fear of gaining weight or becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.

Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.



### Presentation

- (F50.01) Restricting Type: During the last 3 months, the individual has not engaged in recurrent episodes of binge eating or purging behaviour (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas). This subtype describes presentations in which
  - weight loss is accomplished primarily through dieting, fasting, and/or excessive exercise.
- (F50.02) Binge-eating/purging type: During the last 3 months, the individual has engaged in recurrent episodes of binge eating or purging behaviour (i.e. self-induced vomiting or the misuse of laxatives, diuretics, or enemas).



### Note:

- ▶ In partial remission: After full criteria for anorexia nervosa were previously met, Criterion A (low body weight) has not been met for a sustained period, but either Criterion B (intense fear of gaining weight or becoming fat or behaviour that interferes with weight gain) or Criterion C (disturbances in self-perception of weight and shape) is still met.
- ▶ In full remission: After full criteria for anorexia nervosa were previously met, none of the criteria have been met for a sustained period of time.



### Specify current severity

The minimum level of severity is based, for adults, on current body mass index (BMI) (see below) or for children and adolescents, on BMI percentile. The ranges below are derived from World Health Organization categories for thinness in adults; for children and adolescents, corresponding BMI percentiles should be used. The level of severity may be increased to reflect clinical symptoms, the degree of functional disability, and the need for supervision.

**Mild:** BMI > 17 kg/m<sup>2</sup>

**Moderate:** BMI 16-16.99 kg/m<sup>2</sup>

**Severe:** BMI 15-15.99 kg/m<sup>2</sup>

**Extreme:** BMI < 15 kg/m<sup>2</sup>

# DSM 5 - Eating Disorder Diagnostic Features

## Bulimia Nervosa (BN)

307.51 (F50.2)

Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:



### Presentation

- Eating in a discrete amount of time (e.g. within any 2-hour period), an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances.
- A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).
- Recurrent inappropriate compensatory behaviors in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.
- The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for three months.
- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of anorexia nervosa.



### Note:

- ▶ In partial remission: After full criteria for bulimia nervosa were previously met, some, but not all of the criteria have been met for a sustained period of time.
- ▶ In full remission: After full criteria for bulimia nervosa were previously met, none of the criteria have been met for a sustained period of time.



### Specify current severity

The minimum level of severity is based on the frequency of inappropriate compensatory behaviors (see below). The level of severity may be increased to reflect other symptoms and the degree of functional disability.

**Mild:** An average of 1-3 episodes of inappropriate compensatory behaviors per week.

**Moderate:** An average of 4-7 episodes of inappropriate compensatory behaviors per week.

**Severe:** An average of 8-13 episodes of inappropriate compensatory behaviors per week.

**Extreme:** An average of 14 or more episodes of inappropriate compensatory behaviors per week.

# DSM 5 - Eating Disorder Diagnostic Features

## Binge Eating Disorder (BED)

307.51(F50.8)

Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:



### Presentation

- Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances.
- A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what and how much one is eating).
- The binge-eating episodes are associated with three (or more) of the following:
  - Marked distress regarding binge eating is present.
  - The binge eating occurs, on average, at least once a week for 3 months.
  - The binge eating is not associated with the recurrent use of inappropriate compensatory behaviour as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.



### Note:

- ▶ In partial remission: After full criteria for binge-eating disorder were previously met, binge eating occurs at an average frequency of less than one episode per week for a sustained period of time.
- ▶ In full remission: After full criteria for binge-disorder were previously met, none of the criteria have been met for a sustained period of time.



### Specify current severity

The minimum level of severity is based on the frequency of episodes of binge eating (see below). The level of severity may be increased to reflect other symptoms and the degree of functional disability.

**Mild:** 1-3 binge-eating episodes per week.

**Moderate:** 4-7 binge-eating episodes per week.

**Severe:** 8-13 binge eating episodes per week.

**Extreme:** 14 or more binge-eating episodes per week.

# DSM 5 - Eating Disorder Diagnostic Features

## **Avoidant/ Restrictive Food Intake Disorder (ARFID) 307.59 (F50.8)**

An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:



### **Presentation**

- Significant weight loss (or failure to achieve expected weight gain or faltering growth in children).
- Significant nutritional deficiency.
- Dependence on enteral feeding or oral nutritional supplements.
- Marked interference with psycho-social functioning.



### **Note:**

- ▶ The disturbance is not better explained by lack of available food or by an associated culturally sanctioned practice.
- ▶ The eating disturbance does not occur exclusively during the course of anorexia nervosa or bulimia nervosa, and there is no evidence of a disturbance in the way in which one's body weight or shape is experienced.
- ▶ The eating disturbance is not attributable to a concurrent medical condition or not better explained by another mental disorder. When the eating disturbance occurs in the context of another condition or disorder, the severity of the eating disturbance exceeds that routinely associated with the condition or disorder and warrants additional clinical attention.



### **Specify current severity**

**In remission:** After full criteria for avoidant/ restrictive food intake disorder were previously met, the criteria have not been met for a sustained period of time.

# DSM 5 - Eating Disorder Diagnostic Features

## Other Specified Feeding or Eating Disorder (OSFED) 307.59 (F50.8)

This category applies to presentations in which symptoms characteristic of a feeding and eating disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the feeding and eating disorders diagnostic class. The other specified feeding or eating disorder category is used in situations in which the clinician chooses to communicate the specific reason that the presentation does not meet the criteria for any specific feeding and eating disorder. This is done by recording “other specified feeding or eating disorder” followed by the specific reason (e.g., bulimia nervosa of low frequency).



### Presentation

- **Atypical anorexia nervosa:** All of the criteria for anorexia nervosa are met, except that despite significant weight loss, the individual's weight is within or above the normal range.
- **Bulimia nervosa (of low frequency and/or limited duration):** All the criteria for bulimia nervosa are met, except that the binge eating and inappropriate compensatory behaviors occur, on average, less than once a week and/or for less than 3 months.
- **Binge-eating disorder (of low frequency and/or limited duration):** All of the criteria for binge-eating disorder are met, except that the binge eating occurs, on average, less than once a week and/or for less than 3 months.
- **Purging disorder:** Recurrent purging behaviour to influence weight or shape (e.g. self-induced vomiting; misuse of laxatives, diuretics, or other medications) in the absence of binge eating.
- **Night eating syndrome:** Recurrent episodes of night eating, as manifested by eating after awakening from sleep or by excessive food consumption after the evening meal. There is awareness and recall of the eating. The night eating is not better explained by external influences such as changes in the individual's sleep-wake cycle or by local social norms. The night eating causes significant distress and/or impairment in functioning. The disordered pattern of eating is not better explained by binge-eating disorder or another mental disorder, including substance use, and is not attributable to another medical disorder or to an effect of medication.

## Unspecified Feeding or Eating Disorders (UFED) 307.50 (F50.9)

This category applies to presentations in which symptoms characteristic of a feeding and eating disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the feeding and eating disorders diagnostic class. The unspecified feeding and eating disorder category is used in situations in which the clinician chooses not to specify the reason that the criteria are not met for a specific feeding and eating disorder, and includes presentations in which there is insufficient information to make a more specific diagnosis (e.g., in emergency room settings).