

DSM-V criteria for eating disorders

Fact sheet for Primary Health Networks

Anorexia nervosa

Diagnostic criteria

- A. 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.
- B. Intense fear of gaining weight or of becoming fat, or persistent behaviour that interferes with weight gain, even though at a significantly low weight.
- C. 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.

Subtypes

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

Identifying severity

The minimum level of severity is based on current Body Mass Index (BMI) for adults and BMI percentile for children and adolescents. In adults, severity is indicated by:

- Mild; BMI less than or equal to 17kg/m²
- Moderate; BMI between 16 and 16.99 kg/m²
- Severe; BMI between 15 and 15.99 kg/m²
- Extreme; BMI less than 15 kg/m²

Bulimia nervosa

Diagnostic criteria

- A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 - 1. Eating, in a discrete period of time (e.g., within any two-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.
 - 2. 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).
- B. Recurrent inappropriate compensatory behaviours in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.
- C. The binge eating and inappropriate compensatory behaviours both occur, on average, at least once a week for three months.
- D. Self-evaluation is unduly influenced by body shape and weight.
- E. The disturbance does not occur exclusively during episodes of anorexia nervosa.

Identifying severity

The minimum level of severity is based on the frequency of inappropriate compensatory behaviour.

- Mild; 1-3 episodes of inappropriate compensatory behaviour per week
- Moderate; 4-7 episodes of inappropriate compensatory behaviour per week
- Severe; 8-13 episodes of inappropriate compensatory behaviour per week
- Extreme; 14 or more episodes of inappropriate compensatory behaviour per week



Binge eating disorder (BED)

Diagnostic criteria

- A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 - 1. Eating, in a discrete period of time (e.g., within any two-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.
 - 2. 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).
- B. The binge-eating episodes are associated with three (or more) of the following:
 - 1. Eating much more rapidly than normal.
 - 2. Eating until feeling uncomfortably full.
 - 3. Eating large amounts of food when not feeling physically hungry.
 - 4. Eating alone because of feeling embarrassed by how much one is eating.
 - 5. Feeling disgusted with oneself, depressed, or very guilty afterward.
- C. Marked distress regarding binge eating is present.
- D. The binge eating occurs, on average, at least once a week for three months.
- E. The binge eating is not associated with the recurrent use of inappropriate compensatory behaviours in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa and anorexia nervosa.

Identifying severity

- 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



Avoidant/restrictive food intake disorder (ARFID)

Diagnostic criteria

- A. Eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on sensory characteristics of food; concern about aversive consequences of eating) associated with one (or more) of the following:
 - 1. Significant weight loss (or failure to achieve expected weight gain or faltering growth in children).
 - 2. Significant nutritional deficiency.
 - 3. Dependence on enteral feeding or oral nutritional supplements.
 - 4. Marked interference with psychosocial functioning.
- B. The disturbance is not better explained by lack of available food or by an associated culturally sanctioned practice.
- C. 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.
- D. 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.

Other specified feeding or eating disorder (OSFED)

- 1. **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.
- 2. **Bulimia nervosa (of low frequency and/or limited duration):** All of 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 three months.
- 3. **BED (of low frequency and/or limited duration):** All of the criteria for BED are met, except that the binge eating occurs, on average, less than once a week and/or for less than three months.
- 4. **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.
- 5. **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 BED or another mental disorder, including substance use, and is not attributable to another medical disorder or to an effect of medication.



Pica

Diagnostic criteria

- A. Persistent eating of nonnutritive, nonfood substance over a period of at least one month.
- B. The eating of nonnutritive, nonfood substance is inappropriate to the developmental level of the individual.
- C. The eating behaviour is not part of a culturally supported or socially normative practice.
- D. If the eating behaviour occurs in the context of another mental disorder (e.g., intellectual disability [intellectual developmental disorder], autism spectrum disorder, schizophrenia) or medical condition (including pregnancy), it is sufficiently severe to warrant additional medical attention.

Rumination disorder

Diagnostic criteria

- A. Repeated regurgitation of food over a period of at least one month. Regurgitated food may be re-chewed, re-swallowed, or spit out.
- B. The repeated regurgitation is not attributable to an associated gastrointestinal or other medical condition (e.g. gastroesophageal reflux, pyloric stenosis).
- C. The eating disturbance does not occur exclusively during the source anorexia nervosa, bulimia nervosa, BED, or ARFID.
- D. If symptoms occur in the context of another mental disorder (e.g., intellectual disability [intellectual developmental disorder] or another neurodevelopmental disorder), they are sufficiently severe to warrant additional medical attention.

Unspecified Feeding or Eating Disorder (UFED)

This category applies to presentations in which symptoms characteristic of a feeding and eating disorder that cause clinically significant distress and 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. This 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. emergency room setting).

References

1. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: American Psychiatric Association Publishing.

The National Eating Disorders Collaboration (NEDC) is funded by the Australian Government Department of Health.

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