Eating Disorder Not Otherwise Specified (EDNOS)

What is EDNOS?
A person with Eating Disorder Not Otherwise Specified (EDNOS) may present with many of the symptoms of other eating disorders such as Anorexia Nervosa or Bulimia Nervosa but will not meet the full criteria for diagnosis of these disorders.

This does not mean that the person has a less serious eating disorder. EDNOS is a serious mental illness that occurs in adults, adolescents and children. 40% - 60% of people who seek treatment for an eating disorder have EDNOS.

People with EDNOS commonly present with extremely disturbed eating habits, a distorted body image and an intense fear of gaining weight. EDNOS is the most common eating disorder diagnosed for adults as well as adolescents, and affects both males and females equally.

What are the warning signs of EDNOS?
Having awareness about eating disorders and the warning signs and symptoms can make a marked difference to the severity and duration of the illness. Seeking help at the first warning sign is much more effective than waiting until the illness is in full swing. Many of the signs that indicate a person may have EDNOS are very similar to those of the other eating disorders.

If you or someone you know is exhibiting some or a combination of these signs it is vital to seek help and support as soon as possible.

The warning signs of EDNOS can be physical, psychological and behavioural. It is possible for someone with EDNOS to display a combination of these symptoms.

Physical Signs:
- Weight loss, weight gain or weight fluctuations
- Loss of or disturbance of menstrual periods in girls and women and decreased libido in men
- Compromised immune system (e.g. getting sick more often)
- Signs of damage due to vomiting including swelling around the cheeks or jaw, calluses on knuckles, damage to teeth and bad breath
- Fainting and dizziness as a result of dehydration
Psychological:

- Preoccupation with eating, food, body shape and weight
- Extreme body dissatisfaction
- Having a distorted body image (e.g. seeing themselves as fat even if they are in a healthy weight range for their age and height)
- Sensitivity to comments relating to food, weight, body shape or exercise
- Heightened anxiety and/or irritability around meal times
- Depression, anxiety or irritability
- Low self esteem and feelings of shame, self loathing or guilt
- ‘Black and white’ thinking - rigid thoughts about food being ‘good’ or ‘bad’

Behavioural signs:

- Dieting behaviour (e.g. fasting, counting calories/kilojoules, avoiding food groups such as fats and carbohydrates)
- Evidence of binge eating (e.g. disappearance of food)
- Frequent trips to the bathroom during or shortly after meals which could be evidence of vomiting or laxative use
- Compulsive or excessive exercising (e.g. including exercising in bad weather, in spite of sickness, injury or social events and experiencing distress if exercise is not possible)
- Changes in food preferences (e.g. avoiding food groups such as fats, carbohydrates, meat or dairy, claiming to dislike foods previously enjoyed, sudden preoccupation with ‘healthy eating’, or replacing meals with fluids)
- Obsessive rituals around food preparation and eating (e.g. eating very slowly, cutting food into very small pieces, insisting that meals are served at exactly the same time everyday)
- Anti-social behaviour, particularly around meal times, and withdrawal from social situations involving food
- Secretive behaviour around food (e.g. saying they have eaten when they haven’t, hiding uneaten food in their rooms)
- Increased interest in food preparation (e.g. planning, buying, preparing and cooking meals for others but not actually consuming; interest in cookbooks, recipes and nutrition)
- Increased interest and focus on body shape and weight (e.g. interest in weight-loss websites, books, magazines or images of thin people)
- Repetitive or obsessive behaviours relating to body shape and weight (e.g. weighing themselves repeatedly, looking in the mirror obsessively and pinching waist or wrists)
- Increased isolation, spending more and more time alone and avoiding previously enjoyed activities
What are the risks associated with EDNOS?

The risks associated with EDNOS are severe. People with EDNOS will experience risks similar to those of the eating disorder their behaviours most closely resemble:

- Inflammation and rupture of the oesophagus and stomach from frequent vomiting
- Chronic constipation or diarrhoea
- Kidney failure
- Osteoporosis - a condition that can lead to human bones becoming fragile and easy to fracture
- Irregular or slow heart beat which can lead to an increased risk of heart failure
- Loss of or disturbance of menstrual periods in girls and women
- Increased risk of infertility in men and women

Is it possible to recover?

Yes. It is possible to recover from EDNOS, even if you have been living with the illness for many years. The path to recovery can be very challenging. However, with the right team and a high level of personal commitment, recovery is an achievable goal. Treatments for EDNOS are available; seek help from a professional with specialised knowledge in eating disorders.

Getting help

If you suspect that you or someone you know has EDNOS, it is important to seek help immediately. The earlier you seek help the closer you are to recovery. While your GP may not be formally trained in detecting the presence of an eating disorder, he/she is a good ‘first base.’ A GP can refer you on to a practitioner with specialised knowledge in eating disorders.

To find help in your local area go to www.nedc.com.au/helplines

The NEDC constantly reviews research evidence on eating disorders. Recent research can be found at www.nedc.com.au/research-resources Each of the publications of the NEDC also draw on an extensive review of evidence and expert opinion. NEDC publications and their bibliographies can be found at www.nedc.com.au/nedc-publications In addition to NEDC publications, this fact sheet has drawn on other sources of information which can be found at www.nedc.com.au/fact-sheet-bibliography