



## **DSM-V PROPOSED DIAGNOSTIC CRITERIA FOR EATING DISORDERS** **Changes, and explanations for these proposals, are noted in red**

### **DSM-V Proposed Diagnostic Criteria for Anorexia Nervosa**

*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.*

The word "refusal" was omitted as this was viewed as possibly pejorative and difficult to assess, as it implies intention. Rewording of the criterion to focus on behaviors was recommended.

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

Clarification with regard to "fear of weight gain" took place. A significant minority of individuals with the syndrome explicitly deny such fear. Therefore, the addition of a clause to focus on behavior was recommended.

*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.*

Criterion D was removed which is a substantial change to the DSM-IV, where amenorrhea is required to meet an eating disorder diagnoses. However, individuals have been clearly described who exhibit all other symptoms and signs of Anorexia Nervosa but who report at least some menstrual activity. In addition, this criterion cannot be applied to pre-menarchal females, to females taking oral contraceptives, to post-menopausal females, or to males. However, there are some data that women who endorse amenorrhea have poorer bone health than do women who fail to meet this criterion.

*Specify current type:*

**Restricting Type:** *during the last three months, the person has not engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)*

**Binge-Eating/Purging Type:** *during the last three months, the person has engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)*

DSM-IV requires that sub-type (binge eating/purging or restricting) be specified for the current episode. While there are data that such sub-typing is useful clinically and for research purposes, there is significant cross-over between sub-types, and resultant difficulty in specifying the subtype for the "current episode" of illness. Therefore, it was recommended that the sub-typing be specified for the last 3 months; 3 months was the timeframe used for Bulimia Nervosa and proposed for Binge Eating Disorder.

### **DSM-V Proposed Diagnostic Criteria for Bulimia Nervosa**

*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 (for example, within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.*

*(2) A sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating).*

*B. Recurrent inappropriate compensatory behavior 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 behaviors both occur, on average, at least once a week for 3 months.*

Criterion C is a modest change to DSM-IV. DSM-IV requires that episodes of binge eating and inappropriate compensatory behaviors both occur on average twice/week over the last three months. A literature review found that the clinical characteristics of individuals reporting a lower frequency of once/week were similar to those meeting the current criterion. Therefore, it was recommended that the required minimum frequency be reduced to once/week over the last 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.*

Sub-types have been deleted (which also resulted in some rewording of Criterion B). DSM-IV requires that sub-type (purging or non-purging) be specified. A literature review indicated that the non-purging subtype had received relatively little attention, and the available data suggested that individuals with this subtype more closely resembled individuals with Binge Eating Disorder. In addition, precisely how to define non-purging inappropriate behaviors (e.g., fasting or excessive exercise) was considered to be unclear.

## **DSM-V Proposed Diagnostic Criteria for Binge Eating Disorder**

**This is a new diagnostic criterion therefore no changes are noted.**

- 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 (for example, within any 2-hour period), an amount of food that is definitely larger than 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 (for example, 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 afterwards
- 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 behavior (for example, purging) and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

## **DSM-V Proposed Diagnostic Criteria for ENDOS**

**It is noted that this is a considerable change to the DSM-IV, which specified fairly vague criteria and did not suggest any clusters of illnesses that this was based on.**

The Work Group has recommended that the category Eating Disorder Not Otherwise Specified be replaced by a section termed **Feeding and Eating Conditions Not Elsewhere Classified**. Brief descriptions of several conditions that may be listed in the DSM-V, should sufficient data be available to justify them as designated disorders, have been included in the proposal:

### **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.

### **Subthreshold Bulimia Nervosa (low frequency 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 for 3 months.

### **Subthreshold Binge Eating Disorder (low frequency 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 for 3 months.

**Purging Disorder**

*Recurrent purging behavior to influence weight or shape, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, in the absence of binge eating. Self-evaluation is unduly influenced by body shape or weight or there is an intense fear of gaining weight or becoming fat.*

**Night Eating Syndrome**

*Recurrent episodes of night eating, as manifested by eating after awakening from sleep or excessive food consumption after the evening meal. There is awareness and recall of the eating. The night eating is not better accounted for by external influences such as changes in the individual's sleep/wake cycle or by local social norms. The night eating is associated with significant distress and/or impairment in functioning. The disordered pattern of eating is not better accounted for by Binge Eating Disorder, another psychiatric disorder, substance abuse or dependence, a general medical disorder, or an effect of medication.*

**Other Feeding or Eating Condition Not Elsewhere Classified**

*This is a residual category for clinically significant problems meeting the definition of a Feeding or Eating Disorder but not satisfying the criteria for any other Disorder or Condition.*

For further information please refer to:

<http://www.dsm5.org/proposedrevisions/pages/eatingdisorders.aspx>