**Eating Disorders as a Whole:**

An eating disorder is defined as a psychological disorder that is characterized by abnormal or disturbed eating habits that negatively affect and/or inhibit a persons’ mental or physical health. Typically associated with an obsession or fixation on body weight and shape as well.

Before we get started….

It is important to understand that there are different levels of severity that can apply to eating disorders. It has been theorized that these levels of severity can be determined by the use of the DSM-5 criterion, however this is not always accurate. The only reason that I am mentioning the levels of severity in an eating disorder is because there are different levels of treatment that correspond with these levels of severity. MOST IMPORTANTLY one has to remember that there is no such thing as ‘not sick enough’ to receive treatment. No matter the severity of the eating disorder, you are always deserving of treatment for it.

I think it is also good to point out that even if you don’t think that you ‘qualify’ as having an eating disorder… Eating disorder behaviors exist also which are outside of eating disorders. Now there is going to be an entirely separate episode on eating disorder behaviors, but just to give you a general gist… Eating disorder behaviors are defined as behaviors and/or actions that can encourage and/or support an eating disorder. These behaviors can be exercised both actively and subconsciously.

**Official Eating Disorder Diagnoses:**

* **Anorexia Nervosa (AN):** Most well-known eating disorder. Severe food restriction sometimes including extreme exercising and/or other purging behaviors. Purging behaviors include forcing yourself to throw up, over-exercising, fasting, and/or using diet pills/laxatives (Breathe 2020). Symptoms include:
  + Fear of gaining weight, even small amounts (Breathe 2020).
  + Rapid weight loss, and both consistently and considerably underweight (Breathe 2020).
  + Persistent behavior that interferes with weight gain (ANAD 2020).
  + Not acknowledging or not being aware of how underweight they actually are (ANAD 2020).
  + Very restrictive eating patterns.
  + Reliant on their body weight and/or shape for their self-evaluation (ANAD 2020).
  + Relentless pursuit of thinness and/or unwilling to maintain a healthy weight according to the individual.
* **Bulimia Nervosa (BN):** Repeatedly binging and purging, typically in large amounts. Purging behaviors include forcing yourself to throw up, overexercising, fasting, and/or using diet pills/laxatives (Breathe 2020). Symptoms include:
  + Sense of lack of control over eating during the episode (ANAD 2020).
  + Typically, very worried about their weight and/or their shape (ANAD 2020).
* **Binge Eating Disorder (BED):** Episodes of binging on large amounts of food. The term binge, refers to eating an excessive amount of food within a two-hour period of time. Unlike Bulimia, there is no purging behavior that follows the binge (Breathe 2020). Symptoms include:
  + Eating much more rapidly than normal (ANAD 2020).
  + Eating until feeling uncomfortably full (ANAD 2020).
  + Eating large amounts of food when not feeling physically hungry (ANAD 2020).
  + Eating alone because of embarrassment over how much they are eating (ANAD 2020).
  + Feeling disgusted, depressed, or very guilty afterward (ANAD 2020).
  + Typically accompanied by weight gain after (Breathe 2020).
* Binge Eating Disorder affects three times the number of people diagnosed with AN and BN combined (Schaeffer 2016)

**Unofficial Eating Disorder Diagnoses:**

* **Other Specified Feeding or Eating Disorder:** When you meet some of the criteria for an eating disorder, but not all or enough to fall under one specifically. Unspecified feeding or eating disorder is for disorders which do not meet the criteria of any of the previously mentioned eating disorders, but still cause great emotional upset or interferes with daily life. OSFED has several categories of criteria (ANAD 2020):
  + BED that is less frequent or did not occur as long as needed for the full diagnosis (ANAD 2020).
  + AN that meets all the symptoms of AN but is at or above the normal weight range (ANAD 2020).
  + BN that is less frequent or did not occur as long as needed for the full diagnosis (ANAD 2020).
* **Purging Disorder:** When a person purges without binging (ANAD 2020).
* **Night Eating Syndrome:** Occurs when at least 25% of their daily intake is consumed after their evening meal. Waking up after going to bed in order to eat may also occur (ANAD 2020).
* **Compulsive Over Eating:** Similar to BED, only difference being that the bingeing does not happen in spurts. But rather, the large amounts of food are consumed all day long (Breathe 2020).
* **Orthorexia Nervosa:** Becoming so obsessed with eating healthy and/or planning a perfect diet that it disrupts their life (Breathe 2020).
* **Selective Eating Disorder:** Picky eating at an extreme and debilitating level. Individuals are so selective about their food, that they typically stick to one or two meals (Breathe 2020).
* **Diabulimia:** Occurs when someone who is diabetic uses their prescription insulin to try to induce weight loss (Breathe 2020).
* **Drunkorexia – DON’T LIKE THE NAME... CRASS AF:** Described as an eating disorder that is accompanied by alcoholism as well. Restricts food and/or purges in order to “save calories” for drinking alcohol (Breathe 2020). Alcohol soaked tampons in the asshole are common.
* **Pica:** Eating substances that have no nutritional value for a period of at least one month. Examples are cotton, clay, cornstarch, paper, etc. (ANAD 2020).
* **Prader Willi Syndrome:** Leads to compulsive eating and obesity is caused by and inherited genetic disease. It begins with weak muscles, poor feeding, and slow development in babies. In childhood, this disease causes insatiable hunger. Often develop diabetes and struggle to adapt to a normal lifestyle later in life (Breathe 2020).
* **Rumination Disorder:** Repeated regurgitation of food for at least one month. This includes rechewing, re-swallowing or spitting out food (ANAD 2020). Can start as early as infancy.
* **Avoidant/Restrictive Food Intake Disorder:** Having eating habits that are avoidant and/or restrictive around food intake that interfere with normal social functions. This often includes fixations around eating with others and weight loss.
* **Pregorexia:** Engages in an eating disorder while pregnant. Typically, individuals will enter pregnancy with a weight loss plan. This can lead to low birth weight, coronary heart disease, type two diabetes, stroke, hypertension, cardiovascular disease risk, and depression (Breathe 2020).

**Other Disorders Most Commonly Associated with Eating Disorders:**

* **Body Dysmorphic Disorder:** An obsession with an imaginary defect in physical appearance or an extreme concern with a small physical blemish that others may not even realize. May have misconceived beliefs regarding their body, most commonly in all demographics this includes skin, hair, nose, eyes, teeth, chin, legs, lips, height, and weight. However, these are not the only areas that obsessions/concerns revolve around (ANAD 2020).
* **Muscle Dysmorphia:** Tends to affect more men than women, but can affect both. This is characterized by a disruptive obsession with musculature and physique. The individual will fixate on obtaining the ‘perfect’ form of musculature (Breathe 2020).
* **Anxiety Disorder:** Characterized by an excessive state of worry that does not resolve even once the stressor is eliminated. Considered the most common type of psychiatric disorders in the general population and can greatly interfere with the individual’s everyday life, their occupation, personal life, and relationships (Mahoney 2019).
* **Depression Disorder:** Common mood disorder that is characterized by an intense state of sadness, changes in sleep, changes in appetite, lack of interest, feelings of guilt, decreased energy, poor concentration, psychomotor agitation, and suicidal ideations lasting for a minimum of a two-week duration. It is the leading cause of disability in the U.S. for individuals between the ages of 15 and 44 years (Mahoney 2019).
* **Substance and/or Alcohol Abuse:** Substance and alcohol abuse are common-occurring disorders that are associated with eating disorders that can lead to severe addiction and dependence resulting in dangerous and compulsive behaviors. Commonly abused substances include alcohol, opioids, cocaine, marijuana, and benzodiazepines (Mahoney 2019).
* **Self-Injury:** Formerly known as Non-Suicidal Self-Injury Disorder (NSSID), defined as a deliberate self-destructive behavior or action that causes physical harm to oneself, is a very dangerous sign of emotional distress, and carried out without any intent of suicide. Some examples of these behaviors include cutting, skin carving, extreme scratching, burning, punching, ingesting chemicals, extreme skin picking, hair pulling, and/or deliberate interference with wound healing (Mahoney 2019)
* **Borderline Personality Disorder (BPD):** Characterized as a personality disorder that displays unstable and/or intense moods, accompanied by interpersonal relationships. Typically results in impaired impulse control and unhealthy behaviors such as cutting, binging, and purging. These individuals often experience chronic feelings of emptiness, unstable relationships, unstable self-image, intense anger, and a deep fear of abandonment. It is also the most over-diagnosed personality disorder, and has been found to be more prevalent in women than men (Mahoney 2019)
* **Obsessive – Compulsive Disorder (OCD):** Anxiety disorder that is characterized by intrusive unwanted thoughts known as obsessions that are relieved through repetitive acts known as compulsions. Typically results in significant distress and impairments in one’s social, personal, and professional life. This includes fear of contamination, ritualistic cleaning, need for symmetry, order, organization, and/or hoarding (Mahoney 2019).

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