



Mastering DSM-5 Eating Disorders

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Outline

- Introduction
- Anorexia nervosa (AN)
- Bulimia nervosa (BN)
- Binge eating disorder (BED)
- Clinical implications

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DSM-IV-TR

- Eating disorders
- AN
- BN
- EDNOS

DSM-5

- Feeding and eating disorders
- AN
- BN
- BED
- Other Specified FED
- Unspecified FED

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Introduction

- EDNOS
 - Outpatient eating disorder clinics
 - AN 4.7%
 - BN 35.3%
 - EDNOS 60%
 - Have the same attitudes, behaviors, and severity of comorbid as those with a diagnosis of AN or BN.
 - Encompasses a heterogeneous array of clinical

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Introduction

- EDNOS (Example)

1. AN - regular menses.
2. AN - current weight is in the normal range.
3. BN - frequency < 2 times/wk or duration of less than 3 months.
4. Regular use of inappropriate compensatory behavior by an individual of normal body weight after eating small amounts of food
5. Repeatedly chewing and spitting out, but not swallowing. large amounts of food.
6. BED

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AN (DSM-IV-TR)

- A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g. weight loss leading to maintenance of body weight less than 85% of that expected; Or failure to make expected weight gain during period of growth. leading to body weight less than 85% of that expected).

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AN (DSM-IV-TR)

- B. Intense fear of gaining weight or becoming fat. even though underweight.



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AN (DSM-IV-TR)

- 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 denial of the seriousness of the current low body weight.

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AN (DSM-IV-TR)

- D. In postmenarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles.

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AN (DSM-5)

- 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.

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AN (DSM-5)

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



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AN (DSM-5)

- 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.

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AN (DSM-5)

- Specify whether:
- (F50.01) **Restricting type:** During the last 3 months, the individual 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). 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 behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

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AN (DSM-5)

- Specify if:
 - **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 behavior 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:
 - Mild: BMI >17kg/m²
 - Moderate: BMI 16-16.99 kg/m²
 - Severe: BMI 15-15.99 kg/m²
 - Extreme: BMI < 15 kg/m²

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BN (DSM-5)

- 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 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.
 - 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).

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BN (DSM-5)

- B. **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.
- C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least **once a week for 3 months.**
- D. Self-evaluation is unduly influenced by body shape and weight.
- E. The disturbance does not occur exclusively during episodes of anorexia nervosa.

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BN (DSM-5)

- Specify if:
 - 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:
 - **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.

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BED (DSM-5)

- A. **Recurrent episodes of binge eating**. An episode of binge eating is characterised by both of the following:
 1. 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.
 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).

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BED (DSM-5)

- 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.

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BED (DSM-5)

- C. Marked distress regarding binge eating is present.
- D. The binge eating occurs, on average, at least once a week for 3 months.
- E. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

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Clinical implications

- Easily to diagnose
- More researches about etiology, treatment and management
- BED group

END