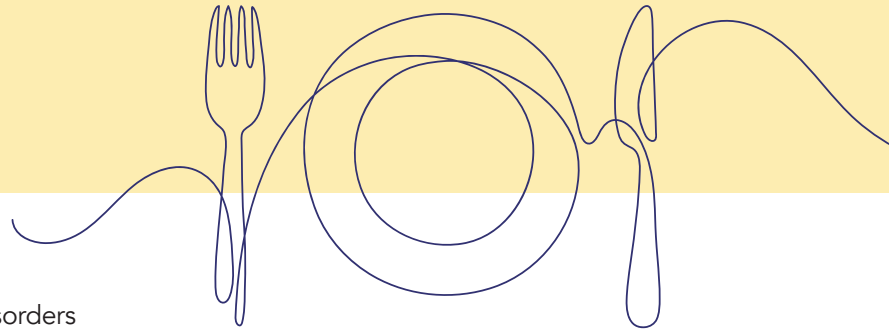
# Types of eating disorders



What is an eating disorder? According to the National Eating Disorder Association (NEDA), eating disorders are serious but treatable mental and physical illnesses that can affect people of all genders, ages, races, religions, ethnicities, sexual orientations, body shapes and weights. Research shows that girls and young women are more likely to develop an eating disorder, but boys and young men can also exhibit similar patterns, although it may look different.

There is no single cause of an eating disorder. Rather, it is a complex combination of biological, psychologica and sociocultural factors that converge and set off an individual's predisposed genetic vulnerability. Below are brief descriptions of some of the most common eating disorders from the NEDA website.

## Anorexia nervosa

Anorexia nervosa is an eating disorder characterized by weight loss (or lack of appropriate weight gain in growing children); difficulties maintaining an appropriate body weight for height, age and stature; and, in many individuals, distorted body image. People with anorexia nervosa generally restrict the number of calories and the types of food they eat. Some people with the disorder also exercise compulsively, purge via vomiting and laxatives and/or binge eat.

## Bulimia nervosa

Bulimia nervosa (BN) is a serious, potentially life-threatening eating disorder characterized by a cycle of bingeing and compensatory behaviors such as self-induced vomiting designed to undo or compensate for the effects of binge eating.

## Binge eating disorder (BED)

Binge eating disorder is characterized by recurrent episodes of binge eating and eating larger amounts of food in a discrete period of time than most people would in the same situation. Other associated behaviors include eating very rapidly, eating past the point of being full, eating when not hungry and eating alone. This behavior is coupled with intense feelings of "loss of control" overeating, shame and guilt. BED is diagnosed when an individual engages in binge eating, on average, at least 1 day a week for 3 months.

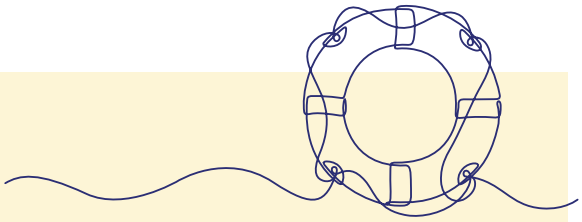
## Avoidant/restrictive food intake disorder (ARFID)

Individuals with ARFID limit the volume and/or variety of foods they consume, but unlike the other eating disorders, food avoidance or restriction is not related to fears of fatness or distress about body shape, size or weight. Instead, in ARFID, selective eating is motivated by a lack of interest in eating or food, sensory sensitivity (e.g., strong reactions to taste, texture, smell of foods), and/or a fear of aversive consequences (e.g., of choking or vomiting).

Although many children go through phases of picky or selective eating, a person with ARFID has a diet that is so limited it leads to medical, nutritional and/or psychosocial problems. This may mean weight loss or stalled growth; significant nutritional deficiencies that will vary based on diet; and interference in relationships or engagement in school or work due to difficulties eating.

## Other specified feeding or eating disorders (OSFED)

Other specified feeding or eating disorders were previously known as eating disorder not otherwise specified (EDNOS) in past editions of the Diagnostic and Statistical Manual. The category was developed to encompass those individuals who did not meet strict diagnostic criteria for anorexia nervosa, bulimia nervosa or binge eating disorder but still had a significant eating disorder. In community clinics, most individuals were historically diagnosed with EDNOS and more recent research has found that OSFED is the most common eating disorder with approximately 3.8% of women and 1.6% of men being diagnosed with the disorder at some point in their lives.



## Need additional support?

### Hotlines & support lines

**ANAD helpline (Association of Anorexia Nervosa and Associated Disorders (ANAD)): 888.375.7767** — Peer led helpline; Line provides emotional support and referral information.

**NAED (National Alliance for Eating Disorders): 866.662.1235**
Calls are answered by a licensed clinician specialized in eating disorders; Line provides support and referral information.

## When to seek help

Reach out to a pediatrician, mental health professional or eating disorder specialist if you notice:

- Multiple signs occurring together
- Behaviors becoming more frequent or intense
- Physical symptoms or safety concerns
- Your child seems emotionally overwhelmed or stuck

If there are immediate safety concerns (fainting, rapid weight changes, purging behaviors or talk of self-harm), seek urgent medical or mental health support.

Common Thread
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