

# DSM 5 Diagnostic Criteria for Eating Disorders

## Anorexia Nervosa

- Restriction of energy intake leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health
- Intense fear of gaining weight, even though underweight
- Body image disturbance, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight

## Bulimia Nervosa

**Recurring binge eating episodes characterized by the following:**

- Eating large amounts of food within a 2 hour period AND sense of lack of control
- Recurring inappropriate compensatory behavior (vomiting, laxatives, exercise, diet pills)
- Binge eating and compensatory behaviors occur, on average, at least once a week for three months
- Self-evaluation is unduly influenced by body shape and weight

## Binge Eating Disorder

- Recurring episodes of eating large amounts of food, more than most people would eat in similar circumstances in a short period of time
- Eating rapidly, eating beyond fullness and secret eating marked with distress around binges
- 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)
- Binge episodes average at least once a week for three months

## Screening Questions:

Does your weight affect the way you feel about yourself?

Are you satisfied with your eating patterns?

What did you eat yesterday?

Do you purge? (vomiting, misuse of laxatives, medicine, exercise)

How often do you weigh yourself?

When was your last menstrual cycle?

Has your weight changed significantly in the last 3 months?

## ARFID

- An eating or feeding disturbance so pervasive that the person is unable to meet appropriate nutritional needs, resulting in one (or more) of the following: significant weight loss, nutritional deficiency, dependency on nutritional supplements, or interference in social functioning
- This problem with eating is not explained by a lack of food being available
- This is different from both anorexia nervosa and bulimia nervosa in that the problems with eating are in no way related to what the person believes about his/her size, weight, and/or shape
- This disturbance is not caused by a medical condition or another mental disorder

## Feeding and Eating Disorder Not Elsewhere Classified

- Purging Disorder: Recurrent purging behavior (e.g., self-induced vomiting, misuse of laxatives, diuretics, or other medications) in the absence of binge eating
- Night eating syndrome: Recurring episodes of night eating (e.g., eating after awakening from sleep or excessive food consumption after the evening meal). There is awareness and recall of the eating. The night eating cannot be explained by external influences or by local social norms and causes significant distress and/or impairment in functioning.

## Signs and Symptoms to Look For:

Amenorrhea

Reflux/regurgitation

Chronic constipation

Elevated Creatinine

Metabolic disturbance

Lanugo

Elevated Amylase

Bradycardia

Syncope

Dehydration

Hypoglycemia

Acrocyanosis



## Preadmission Data:

- **Labs:**
  1. Comprehensive metabolic panel
  2. CBC
  3. Amylase
  4. Magnesium
  5. Phosphorus
  6. TSH
  7. UA
- **EKG**
- **Physical exam including:**
  1. Height
  2. Weight
  3. Postural vital signs
  4. Growth curves
- **List of Medications**
- **Medical History**

## Psychiatric Screen:

Anxiety/depression, OCD, substance abuse, PTSD, increased risk of suicide and self injury

## Evidence-based Comprehensive Psychological, Nutritional and Medical Care

### What We Treat

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating
- Compulsive Unbalanced Exercise
- Disordered Eating in High Weight Patients
- Avoidant, Restrictive Food Intake Disorder
- Medically Complex Eating Disorders: ie, diabetes, ulcerative colitis, pregnancy

### Who We Treat

- Males & Females
- Adults, Adolescents, and Pre-teens
- Athletes & Dancers

### Levels of Care

Residential, PHP, IOP, and Transitional Living

**Onsite psychiatric and medical care for residential patients 5 days a week.**

## Clinical Outcomes Data

- Significant improvement in eating disorder symptoms, reduced binge eating, purging, restriction, anxiety, depression, and improved mindset upon discharge. Average BMIs greater than 20 upon discharge for patients with Anorexia Nervosa\*
- Patients maintain significant improvements at one year follow up

*\*p values are set at the .01 significance level*

## Eating Disorder Treatment for Athletes

In addition to experiencing the same risks as the general population, athletes encounter unique situations which make them vulnerable to developing eating disorders. The Victory Program offers eating disorders treatment designed to address the specific needs of elite athletes and is led by experts in the field of eating disorders and sports, many of whom were competitive athletes themselves.



For more information or a free assessment,  
call **800-828-8158** or visit **McCallumPlace.com**.

