

Eating disorders: identification and response

What are eating disorders?

Eating disorders are serious, complex mental illnesses accompanied by physical and mental health complications which may be severe and life threatening. They are characterised by disturbances in behaviours, thoughts and feelings towards body weight and shape, and/or food and eating. Eating disorders do not discriminate and can occur in any person, at any stage of their life.

Types of eating disorders

Eating disorders are classified into different types, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Fifth Edition (1). Classifications are made based on the symptoms and how often these occur.

Anorexia nervosa

Anorexia nervosa is characterised by restriction of energy intake leading to significantly low body weight accompanied by an intense fear of weight gain and body image disturbance.

Avoidant/restrictive food intake disorder (ARFID)

ARFID is characterised by a lack of interest, avoidance or aversion to food and eating. The restriction is not due to a body image disturbance, but a result of anxiety or phobia of food and/or eating, a heightened sensitivity to sensory aspects of food such as texture, taste or smell, or a lack of interest in food/eating secondary to low appetite. ARFID is associated with weight loss, nutritional deficiency, enteral feeding or supplementation, and/or interference with psychosocial functioning.

Binge eating disorder (BED)

BED is characterised by recurrent episodes of binge eating, which involves eating a large amount of food in a short period of time. During a binge episode, the person feels unable to stop themselves eating, and it is often linked with high levels of distress. A person with BED will not use compensatory behaviours.

Bulimia nervosa

Bulimia nervosa is characterised by recurrent episodes of binge eating, followed by compensatory behaviours, such as vomiting or excessive exercise to attempt to prevent weight gain.

Other specified feeding or eating disorder (OSFED)

A person with OSFED may present with many of the symptoms of other eating disorders such as anorexia nervosa, bulimia nervosa or BED but will not meet the full criteria for diagnosis of these disorders. This does not mean that the eating disorder is any less serious or dangerous. The medical complications and eating disorder thoughts and behaviours related to OSFED are as severe as other eating disorders.

Other DSM-5 eating disorder classifications not listed here include pica, rumination disorder and unspecified feeding or eating disorder. [Click here](#) for more information on the types of eating disorders.

Early recognition and intervention, and access to support and treatment are key to improved health and quality of life outcomes.

Identification of eating disorders

Screening

Screening can help detect when a person may be experiencing an eating disorder. Screening tools are not diagnostic eating disorder tools, but rather, can be used by health professionals to detect the possibility of an eating disorder and identify when a comprehensive assessment is warranted.

Eating Disorder Screen for Primary Care (ESP)

ESP is an evidence-based tool that has been validated for use in primary and specialist care settings.

1. Are you satisfied with your eating patterns?
 2. Do you ever eat in secret?
 3. Does your weight affect the way you feel about yourself?
 4. Have any members of your family suffered with an eating disorder?
 5. Do you currently suffer with, or have you ever suffered in the past, with an eating disorder?
- A 'no' to question 1 is classified as an abnormal response.
 - A 'yes' to questions 2-5 is classified as an abnormal response.
 - Any abnormal response indicates that the person requires further assessment.

Warning signs

There are several signs or changes that may identify a person is experiencing an eating disorder (Figure 1).

This is not a prescriptive or exhaustive list and signs will vary from person to person.

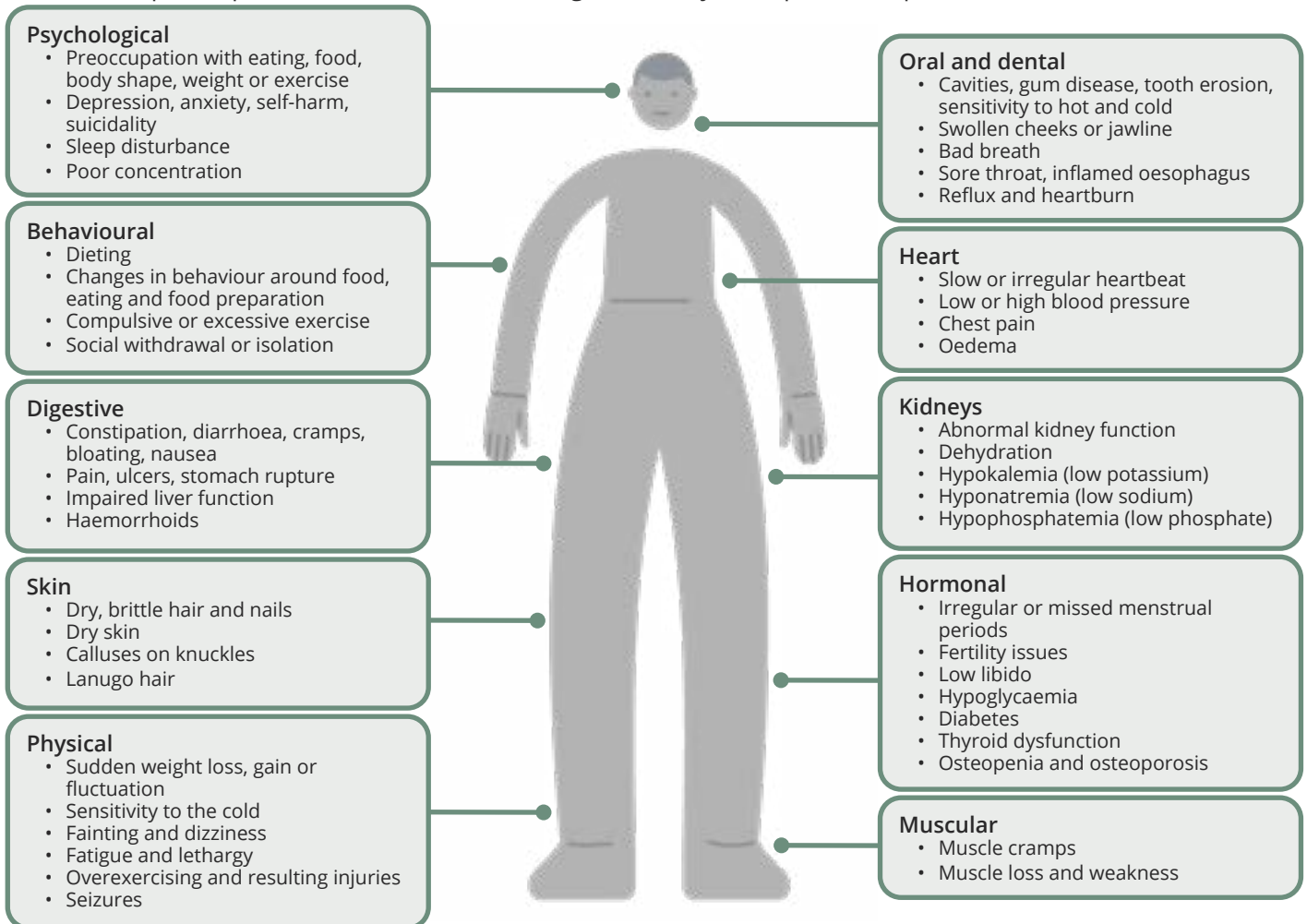


Figure 1. Signs and changes that may identify a person is experiencing an eating disorder



Response to eating disorders

Treatment and support are vital to the care and recovery of a person experiencing an eating disorder. Early identification and a prompt response are particularly important given we know that earlier access to treatment is important for optimal recovery outcomes. The earlier a person seeks help, the closer they are to recovery.

If you or someone you know may be experiencing an eating disorder, the next steps may include:

- **Making an appointment to see a general practitioner (GP):** A GP is a good 'first base' to seek support and access eating disorder treatment.
- **Completion of a comprehensive eating disorder assessment:** An eating disorder assessment should include an assessment of risk, medical assessment, mental health assessment, and an assessment of eating disorder symptoms and severity. This assessment will likely be completed by medical practitioner (e.g., GP), a mental health professional and, when necessary, a dietitian.
- **Engagement of family and supports:** Family and supports have an important role in the care, support and recovery of people experiencing an eating disorder
- **Establishment of a minimum treatment team:** In the community, the minimum treatment team for safe interventions should include a medical practitioner (e.g., GP), a mental health professional and, when necessary, a dietitian.

Identifying risk

All eating disorders are serious mental illnesses with significant medical and psychiatric complications, and admission to hospital is indicated if a person is at imminent risk. Indicators for hospital admission for adults, adolescents and children are outlined in the [Royal Australian and New Zealand College of Psychiatrists \(RANZCP\) clinical practice guidelines for the treatment of eating disorders](#) (2).

Getting help

If you think that you or someone you know may be experiencing an eating disorder, it is important to seek help immediately.

[NEDC's Service Locator](#) includes information about localised eating disorder-specific clinical services.

[Butterfly National Helpline](#) offers free and confidential support via phone, online or email to anyone concerned about eating disorders or body image issues.

References

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (DSM-5®): American Psychiatric Pub; 2013.
2. Hay P, Chinn D, Forbes D, Madden S, Newton R, Sugenor L, et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of eating disorders. Aust N Z J Psychiatry. 2014;48(11):977-1008.

The National Eating Disorders Collaboration (NEDC) is funded by the Australian Government Department of Health.

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