



PROVIDER GUIDE

Disordered Eating

Disordered eating often results in an eating disorder. Disordered eating may be subtle (e.g., losing weight for a special event, fasting the day before a “big dinner,” following a “clean” diet, and/or avoiding certain foods). Addressing these behaviors early on can reset thinking and prevent the onset of clinical eating disorders.

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FIFTH EDITION, TEXT EDITION (DSM-5-TR)

DSM-5-TR has several categories of clinical diagnosis of eating disorders. Data on active-duty service members found that the following are the most common eating disorders in the military: anorexia, bulimia, binge eating, other specified, and unspecified conditions.

REVIEW OF COMMON EATING DISORDERS

ANOREXIA

BULIMIA

BINGE EATING

CHARACTERISTICS

- + Low body weight
- + No fixed BMI requirement for diagnosis

- + Low, average or above average weight

- + Frequently average or above average weight

DSM-5-TR DIAGNOSIS

- + Restriction of energy intake leading to body weight less than minimally normal/expected
- + Fear of weight gain or interfering with weight gain
- + Distressed by body weight, shape, or image
- + Does not recognize seriousness of current weight or shape

- + Recurrent episodes of binge eating
- + Inappropriate compensatory behaviors to prevent weight gain
- + Binge eating and compensatory behaviors occur weekly for 3+ months
- + Self evaluation is unjustifiably influenced by body shape and weight
- + Not in the presence of other eating disorders

- + Recurrent episodes of binge eating
- + Binge-eating episodes associated with 3 or more:
 - o Eating much more rapidly than normal
 - o Eating until feeling uncomfortably full
 - o Eating large amounts of food when not feeling physically hungry
 - o Eating alone because of feeling embarrassed by how much one is eating
- + Feeling disgusted with oneself, depressed, or very guilty after overeating
- + Distressed about binge eating
- + Happens weekly for 3+ months
- + Not associated with regular use of inappropriate compensatory behaviors or other illnesses

SEVERITY

- + Mild: BMI > 16.99
- + Moderate: BMI 16 – 16.99
- + Severe: BMI 15 – 15.99
- + Extreme: BMI < 15

- + Mild: 1 – 3 episodes / week
- + Moderate: 4 – 7 (e/w)
- + Severe: 8 – 13 (e/w)
- + Extreme: 14 (e/w)

- + Mild: 1 – 3 (e/w)
- + Moderate: 4 – 7 (e/w)
- + Severe: 8 – 13 (e/w)
- + Extreme: 14 (e/w)

SUBTYPES

- + Restricting
- + Binge-eating / purging

What is binge eating? *Eating within a two-hour period an amount of food that is definitively larger than what most individuals would eat in a similar period under similar circumstances AND feeling that one cannot stop eating or control what or how much one is eating.*

What are inappropriate compensatory behaviors? *Inappropriate compensatory behaviors include self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting, or excessive exercise.*

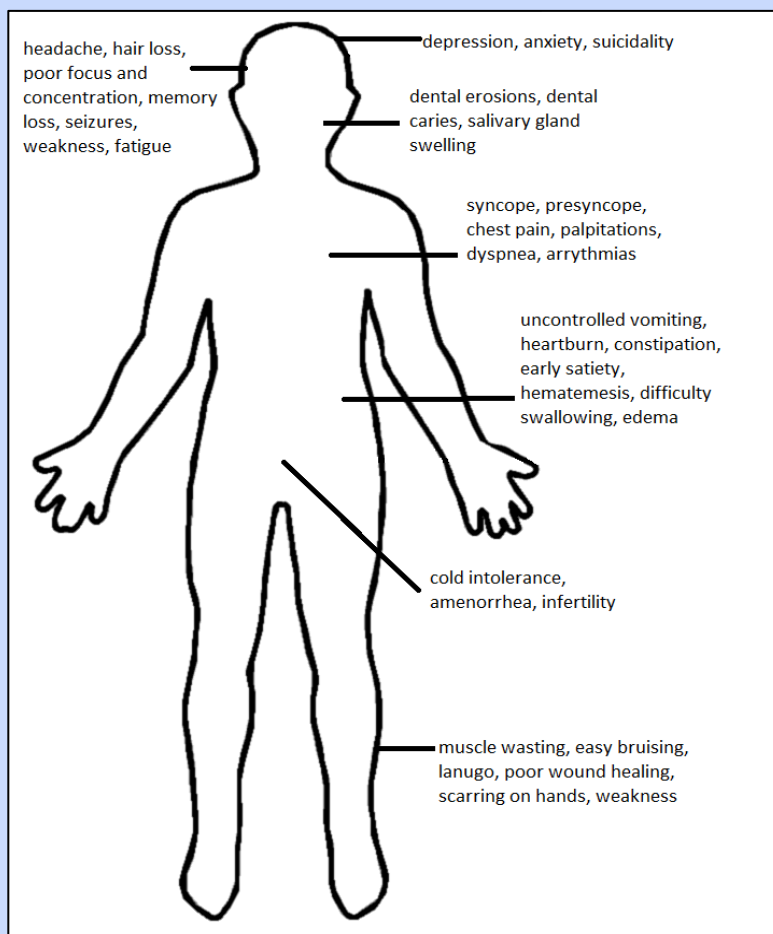
TESTS AND STUDIES

Please see below for **suggested labs and diagnostic evaluations** to address concerns for eating disorders.

Please note other abnormalities are possible, as are normal lab findings. These findings can also be seen in other medical situations. This is not an exclusive list but is recommended as a starting point.

LAB/Dx Test	Concerning Findings
Weight	Significant changes (gain or loss) in weight or weight trends, BMI <19
Vital Signs	Bradycardia, positive for orthostasis
EKG	Bradycardia, arrhythmias, prolonged QTc
DEXA	Osteopenia, osteoporosis
CBC	Anemia, leukopenia, thrombocytopenia
CMP	*see right
B12	Deficiency
Folate	Deficiency
Iron	Anemia
Thyroid	TSH, T4, T3- low/low-normal
Sex hormones	Low/low-normal
ESR	Decreased
Prealbumin	Decreased

CMP	
LOW	HIGH
Glucose	BUN
Sodium	AST
Potassium	ALT
Chloride	Bicarb
Phosphate	Creatinine
Magnesium	Total protein/ albumin (early)
Bicarb	
Creatinine	
Calcium	
Total protein/ Albumin (late)	



SCOFF questionnaire for primary care screening:

- **S** – Do you make yourself **Sick** because you feel uncomfortably full?
- **C** – Do you worry you have lost **Control** over how much you eat?
- **O** – Have you recently lost more than **One** stone (14 lbs) in a three-month period?
- **F** – Do you believe yourself to be **Fat** when others say you are too thin?
- **F** – Would you say **Food** dominates your life?

Positive screen result: Service member answered yes to 2 or more questions (3 or more questions is the best combination of sensitivity and specificity).

Additional questions for bulimia/binge eating screening:

- Are you satisfied with your eating patterns?
- Do you ever eat in secret?

Recommended mental health screenings include PHQ-9, GAD-7, PCL-5, CSSRS (suicide). Please scan the QR codes below for guidance on coinciding mental health screenings to offer service members experiencing disordered eating.



PLC5



PHQ9



GAD7



CSSRS

OTHER SPECIFIED EATING DISORDERS

This label is used when the symptoms of an eating disorder cause clinically significant distress or impairment in social, occupational, or other important areas of functioning but do not meet the full diagnostic criteria for another eating disorder.

This label is used when the clinician *wants* to communicate the specific reason that the presentation does not meet the criteria for another specific feeding or eating disorder. This is done by recording “other specified feeding or eating disorder” followed by the specific reason (e.g., “bulimia nervosa of low frequency”). More information is below.

Atypical anorexia nervosa: All of the criteria for anorexia nervosa are met, except that despite **significant weight loss, the individual’s weight is within or above the normal range.** Individuals with atypical anorexia nervosa may experience many of the physiological complications associated with anorexia nervosa.

Bulimia nervosa (of low frequency and/or limited duration): All of the criteria for bulimia nervosa are met, except that the binge eating, and inappropriate compensatory **behaviors occur, on average, less than once a week and/or for less than 3 months.**

Purging disorder: Recurrent **purging behavior** to influence weight or shape (e.g., self-induced vomiting, misuse of laxatives, diuretics, or other medications) in the **absence of binge eating.**

Binge-eating disorder (of low frequency and/or limited duration): All of the criteria for binge-eating disorder are met, except that the binge eating **occurs, on average, less than once a week and/or for less than 3 months.**

Rumination Disorder: Includes the regular regurgitation of food that occurs for at least one month. Regurgitated food may be re-chewed, re-swallowed, or spit out. Typically, when someone regurgitates their food, they do not appear to be trying, nor do they appear to be stressed, upset, or disgusted.

Night Eating Disorder: Recurrent episodes of night eating, as manifested by eating after awakening from sleep or by excessive food consumption after the evening meal. There is awareness and recall of the eating. The night eating is not better explained by external influences such as changes in the individual’s sleep-wake cycle or by local social norms. The night eating causes significant distress and/or impairment in functioning. The disordered pattern of eating is not better explained by binge-eating disorder or another mental disorder, including substance use, and is not attributable to another medical condition or to an effect of medication.

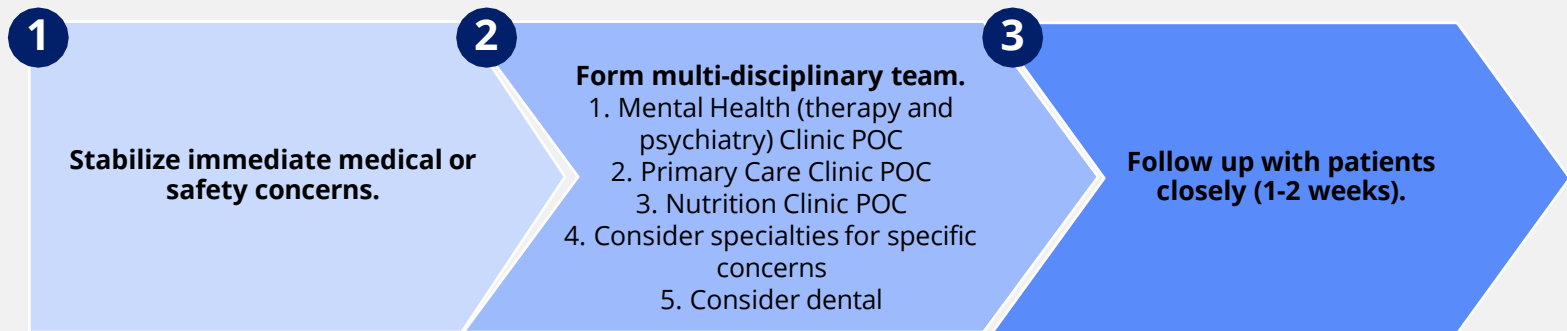
UNSPECIFIED EATING DISORDERS

The unspecified feeding or eating disorder category is used in situations in which the *clinician chooses not to specify* the reason that the criteria are not met for a specific feeding and eating disorder and includes presentations in which there is insufficient information to make a more specific diagnosis (e.g., in emergency room settings).

IMMEDIATE STEPS IF AN EATING DISORDER IS SUSPECTED

Below outlines the steps that should be taken to address an eating disorder. It is critical for providers to be aware of any potential signs and respond swiftly.

Recognizing risk factors for eating disorders can help to identify patients who should be further evaluated. Simply asking the patient how they feel about their weight, what they are eating, how much they are eating, and how much they are exercising can help identify at-risk patients.



Eating disorders are caused by a complex interaction of genetic, biological, behavioral, psychological, and social factors. Because eating disorders are complex and affect psychological and physical health, a multidisciplinary approach is imperative.

RESOURCES

TO GUIDE BEST CARE PRACTICES FOR PROVIDERS AND PROVIDE ADDITIONAL SUPPORT FOR SERVICE MEMBERS

Academy of Eating Disorders (AED)
(www.aedweb.org)

National Association of Anorexia Nervosa and Associated Disorders (ANAD) (www.anad.org)

The Body Positive
(www.thebodypositive.org)

Eating Disorders Anonymous
(www.eatingdisordersanonymous.org)

Eating Disorder Resource List
(www.eatingrecoverycenter.com/resources/recommended-websites)

International Association of Eating Disorders Professionals (IAEDP)
(www.iaedp.com)

National Eating Disorder Association, NEDA
(www.nationaleatingdisorders.org/)

Eating Disorder Helpline, NEDA Helpline: Chat, Call or Text NEDA
<https://www.nationaleatingdisorders.org/help-support/contact-helpline>

The National Eating Disorders Screening Program
(www.mentalhealthscreening.org)

Fighting Eating Disorders in Underrepresented Populations (FEDUP)
(<https://fedupcollective.org/>)

Tricare System Resources:

Project Heal (May cover uncovered costs):
(<https://www.theprojectheal.org/>)

Eating Disorder Treatment
(<https://tricare.mil/CoveredServices/IsItCovered/EatingDisorderTreatment.aspx>)

If patients are in a crisis and need help immediately, texting “NEDA” to 741741 will connect them with a trained volunteer at [Crisis Text Line](#).

Crisis Text Line provides free, 24/7 support via text message to individuals who are struggling with mental health, including eating disorders, and are experiencing crisis situations.

Disclaimer: The views expressed in this report reflect the results of research conducted by the author(s) and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government.

Data Sources: <https://pubmed.ncbi.nlm.nih.gov/36881566/>