

OSFED

Other Specified Feeding or Eating Disorder

Other Specified Feeding or Eating Disorders (OSFED) was previously known as Eating Disorder Not Otherwise Specified (EDNOS) in past editions of the Diagnostic and Statistical Manual. Despite being considered a 'catch-all' classification that was sometimes denied insurance coverage for treatment as it was seen as less serious, OSFED/EDNOS is a serious, life-threatening, and treatable eating disorder. The category was developed to encompass those individuals who did not meet strict diagnostic criteria for anorexia nervosa or bulimia nervosa but still had a significant eating disorder. In community clinics, the majority of individuals were historically diagnosed with EDNOS.

Research into the severity of EDNOS/OSFED shows that the disorder is just as severe as other eating disorders based on the following:

- Children hospitalized for EDNOS had just as many medical complications as children hospitalized for anorexia nervosa
- Adults with 'atypical' or 'subclinical' anorexia and/or bulimia scored just as high on measures of eating disorder thoughts and behaviors as those with DSM-diagnosed anorexia nervosa and bulimia nervosa
- People with EDNOS were just as likely to die as a result of their eating disorder as people with anorexia or bulimia

EVALUATION & DIAGNOSIS

Changes to the latest edition of the DSM were meant to clarify definitions of anorexia, bulimia, and binge eating disorder to more accurately diagnose eating disorders. Although this reduced the number of OSFED diagnoses, it remains a common diagnosis. In the DSM-5, a person must present with feeding or eating behaviors that cause clinically significant distress and impairment, but do not meet the full criteria for any of the other disorders.

A diagnosis might then be assigned that addresses the specific reason why the presentation does not meet the specifics of another disorder (e.g., bulimia nervosa - low frequency). The following are further examples for OSFED:

- **Atypical Anorexia Nervosa:** All criteria are met, except despite significant weight loss, the individual's weight is within or above the normal range.
- **Binge Eating Disorder (of low frequency and/or limited duration):** All of the criteria for BED are met, except at a lower frequency and/or for less than three months.
- **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 behavior occurs at a lower frequency and/or for less than three months.

- **Purging Disorder:** Recurrent purging behavior to influence weight or shape in the absence of binge eating.
- **Night Eating Syndrome:** Recurrent episodes of night eating. Eating after awakening from sleep, or by excessive food consumption after the evening meal. The behavior is not better explained by environmental influences or social norms. The behavior causes significant distress/impairment. The behavior is not better explained by another mental health disorder (e.g. BED).

WARNING SIGNS & SYMPTOMS OF OSFED

Emotional and behavioral

- In general, behaviors and attitudes indicate that weight loss, dieting, and control of food are becoming primary concerns
- Dramatic weight loss
- Dresses in layers to hide weight loss or stay warm
- Is preoccupied with weight, food, calories, fat grams, and dieting
- Refuses to eat certain foods, progressing to restrictions against whole categories of food (e.g., no carbohydrates, etc.)
- Makes frequent comments about feeling “fat” or overweight despite weight loss
- Complains of constipation, abdominal pain, cold intolerance, lethargy, and/or excess energy
- Denies feeling hungry
- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs and/or smells of vomiting, presence of wrappers or packages of laxatives or diuretics
- Appears uncomfortable eating around others
- Develops food rituals (e.g. eats only a particular food or food group [e.g. condiments], excessive chewing, doesn’t allow foods to touch)
- Skips meals or takes small portions of food at regular meals
- Disappears after eating, often to the bathroom
- Any new practice with food or fad diets, including cutting out entire food groups (no sugar, no carbs, no dairy, vegetarianism/veganism)
- Fear of eating in public or with others
- Steals or hoards food in strange places
- Drinks excessive amounts of water or non-caloric beverages
- Uses excessive amounts of mouthwash, mints, and gum

- Hides body with baggy clothes
- Maintains excessive, rigid exercise regimen – despite weather, fatigue, illness, or injury—due to the need to “burn off ” calories
- Shows unusual swelling of the cheeks or jaw area
- Has calluses on the back of the hands and knuckles from self- induced vomiting
- Teeth are discolored, stained
- Creates lifestyle schedules or rituals to make time for binge-and-purge sessions
- Withdraws from usual friends and activities
- Looks bloated from fluid retention
- Frequently diets
- Shows extreme concern with body weight and shape
- Frequent checking in the mirror for perceived flaws in appearance
- Has secret recurring episodes of binge eating (eating in a discrete period of time an amount of food that is much larger than most individuals would eat under similar circumstances); feels lack of control over ability to stop eating
- Purges after a binge (e.g. self-induced vomiting, abuse of laxatives, diet pills and/or diuretics, excessive exercise, fasting)
- Extreme mood swings

Physical

- Noticeable fluctuations in weight, both up and down
- Body weight is typically within the normal weight range; may be overweight
- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Menstrual irregularities — missing periods or only having a period while on hormonal contraceptives (this is not considered a “true” period)
- Difficulties concentrating
- Abnormal laboratory findings (anemia, low thyroid and hormone levels, low potassium, low blood cell counts, slow heart rate)
- Dizziness
- Fainting/syncope
- Feeling cold all the time
- Sleep problems
- Cuts and calluses across the top of finger joints (a result of inducing vomiting)
- Dental problems, such as enamel erosion, cavities, and tooth sensitivity

- Dry skin
- Dry and brittle nails
- Swelling around area of salivary glands
- Fine hair on body
- Thinning of hair on head, dry and brittle hair (lanugo)
- Cavities, or discoloration of teeth, from vomiting
- Muscle weakness
- Yellow skin (in context of eating large amounts of carrots)
- Cold, mottled hands and feet or swelling of feet
- Poor wound healing
- Impaired immune functioning

HEALTH CONSEQUENCES OF OSFED

The health consequences of OSFED depend in part on which eating disordered behaviors are being used. It is important to recognize that OSFED is as serious as other eating disorders and should not be trivialized or underestimated. Health consequences of OSFED can be difficult to pinpoint, as it includes a number of conditions. Watch out for all of the signs already listed. The most important thing to look out for is attitudes about food and weight that conflict with a productive, satisfying life.

**These statistics have been taken from www.nationaleatingdisorder.org