Disordered Eating Presentations beyond Anorexia, Bulimia & BED
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What is Atypical Anorexia?

Atypical Anorexia Nervosa is researched a great deal less than Anorexia Nervosa, however, as it becomes more prevalent, researchers are increasing their awareness of this disorder.

- Atypical Anorexia Nervosa hospitalizations comprise nearly one-third of hospital inpatient eating disorder treatment programs.
- 1 in 4 adolescents with atypical anorexia present with Bradycardia.
- 1 in 3 adolescents with atypical anorexia amenorrhea.
- At least 40% of those struggling with atypical anorexia nervosa require admission to a hospital.
- Research indicates that psychological distress related to eating and body image is worse in atypical anorexia than anorexia nervosa.

Atypical Anorexia Symptoms

Physical

Individuals struggling with atypical anorexia may not appear emaciated, however, they are restricting often to the same degree as an individual with anorexia nervosa and their bodies indicate this through:

- Significant weight loss yet being of a weight within normal limits.
- Yellowing/drying skin.
- Abdominal Pain.
- Gastrointestinal issues.
- Reduced immune system.
- Constipation.
- Lethargy and low energy.

Behavioural & Emotional

Atypical anorexia nervosa’s difference from anorexia nervosa exists in the distinction of their weight. As such, many of the behavioral and emotional symptoms are similar. An important difference to note, however, is that individuals with atypical nervosa may deem themselves as “not sick enough” or use their weight as a reason that they are “healthy” or “fine.”

If an individual is not severely underweight, their disorder may go dangerously unnoticed. Symptoms to be aware of behaviorally and emotionally include:

- Hyperfocus on body weight, size, and shape.
- Low self-worth or distorted body image.
- Intense fear of being overweight or having fat.
- Hyperfocus on food, nutritional content, and/or bodily impact of food.
- Refusing to eat or be seen eating by others.
- Increased emotional dysregulation (irritability, mood swings, etc).
- Difficulty thinking and focusing.

Long-Term Effects of Atypical Anorexia

Many assume that atypical anorexia nervosa is somehow less serious because of its "atypical" signifier. This is absolutely not the case, as it often comes with the same medical and psychological consequences of anorexia nervosa such as:

- Damage to vital organs.
- Bone and muscle loss/damage.
- Reduced daily life functioning.
- Cardiovascular complications.
- Increased depressive symptoms and suicidal ideation.
- Death.

Additionally, studies have found that those with atypical anorexia nervosa with what are considered to be "obese" weights prior to disorder development, suggesting that "with a similar duration of symptoms, they may present to clinical services before they become underweight [2]." Left untreated, the disorder would likely continue and fall into anorexia nervosa diagnostic territory. With this, come increased long-term effects.

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Author: Margot Rittenhouse, MS, LPC, NCC Page Last Reviewed and Updated By: Jacquelyn Ekern, MS, LPC on August 30, 2021

What is Anorexia Athletica?

Anorexia Athletica, more commonly referred to as "Exercise Anorexia," is a concerning disordered eating pattern. While not officially designated as an eating disorder diagnosis in the Diagnostic & Statistical Manual of Mental Illness, Fifth Edition (DSM-5), anorexia athletica behaviors are not uncommon in those with eating disorder diagnoses such as anorexia nervosa or bulimia nervosa.

Anorexia athletica can be considered as "a state of reduced energy intake and reduced body mass despite a high level of physical performance [1]." Individuals that engage in anorexia athletica often use excessive exercising behaviors in order to either compensate for their eating or give themselves "permission" to engage in eating.

Anorexia athletica has similar methodologies and motivations to anorexia nervosa, however, they differ slightly. Individuals with anorexia nervosa and anorexia athletica can be motivated by distorted body image and a desire to change body weight, shape and/or size. However, those with anorexia athletica might also be motivated by a desire to achieve peak athleticism as opposed to a physical appearance or physique.

Additionally, both disorders involve individuals experiencing a caloric deficit, however, those with anorexia nervosa may completely restrict food intake whereas those with anorexia athletica may do the same or restrict through not increasing food intake to match exercise output.

Anorexia Athletica Symptoms

Warning signs of anorexia athletica can easily go undetected due to the overvaluation of fitness in our society. Individuals that exercise consistently and/or excessively are often seen as being more disciplined and motivated. Individuals in a disordered person's life might revere their dedication and unknowingly enable continued or increased exercise anorexia behaviours.

If you or someone you know is engaging in the following behaviours, it is important to consider the relationship to exercise:

- Exercise routinely significantly interfering with daily living activities.
- Exercise occurring in inappropriate settings.
- Continuing to exercise despite injury or medical illness.
- Continuing to exercise despite inclement weather.
- Feelings of anxiety, shame, guilt, or distress when not able to exercise.
- Using exercise as permission to eat.

- Using exercise as compensation for eating.
- Feelings of low self-esteem.
- Distorted body image.
- Hiding exercise.
- Feeling that exercise exertion is “never enough.”
- Withdrawal or isolation from support system.

Excessive Exercise Effects & Risks

When an individual engages in anorexia athletica behaviors, the caloric output of their exercise behaviors does not match or exceed the intake of their nourishment. This can cause serious physical and neurological side effects such as:

- Increased fatigue.
- Difficulty concentrating and/or focusing.
- Irritability.
- Increased risk of injury such as torn ligaments and fractures.
- Arthritis.
- Cardiovascular complications.
- Organ damage and/or failure.
- Lightheadedness/dizziness
- Irregular menstrual cycles.
- Fertility complications.

What Causes Anorexia Athletica?

Anorexia athletica can be caused by many of the same contributing factors as eating disorders such as distorted body image, societal pressures related to body appearance, mental health diagnoses, etc. Those with anorexia athletica may be motivated by a desire to achieve a certain body type or a desire to achieve athletic success.

For this reason, anorexia athletica flourishes in competitive sporting environments and often go unnoticed, as excessive exercise and a “fit” body are perceived as valuable and desirable in this sphere. Coaches and trainers should be wary not only of their competitor’s exercise habits but eating habits and should encourage appropriate nourishment as well as movement and training that supports rest days and time off to reduce risk of injury and give the body time for healing.

Individuals with other diagnosed mental illnesses can also be at increased risk of developing anorexia athletica as they might use exercise to cope with emotion dysregulation and can find themselves taking it further than is physically healthy or appropriate.

References:
[1] Kristjansdottir, H. Et al. (2019). Body image concerns and eating disorder symptoms among elite Icelandic athletes. *International Journal of Environmental Research & Public Health,* 16:15.
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What is Diabulimia?

First, it is important to understand what diabulimia is, as it is a unique diagnosis that many are not aware even exists. Diabulimia refers to a disorder that is "characterized by the limitation or skipping of insulin use by patients with type 1 DM, especially during adolescence, with the objective of weight control [2]."

Individuals diagnosed with type 1 diabetes do not naturally produce enough insulin, making it necessary for them to inject themselves with it to "process glucose and break down sugars from food to use as energy [3]." Skipping insulin injections results in the purging of calories through a process known as glycosuria.

In a 2017 BBC documentary, "Diabulimia: The World's Most Dangerous Addiction," Lead Psychiatrist for Diabetes at King's Health Partners, Khalida Ismail, notes that diabulimia has 3 significant features:

1. Diabulimia only occurs in individuals with Type 1 diabetes,
2. People with diabetes have a fear that insulin causes weight gain,
3. The anxiety of weight gain is so intense that it leads them to omit the quantity of insulin they take so they can lose weight [3].

Diabulimia Statistics & Facts

Research continues to grow on this disorder but the following has been determined thus far:

- "Between 11.5% and 27.5% of adolescents with type 1 diabetes meet the diagnostic criteria for an ED, most commonly bulimia nervosa or binge eating disorder [4]."
- Approximately 30% (⅓) of those with type 1 diabetes mismanage insulin to avoid weight gain or lose weight [4].
- "Insulin omission is the most favored means of weight control in people with type 1 diabetes [4]."

Physical Diabulimia Symptoms

Physical signs of diabulimia will undoubtedly manifest, as the individual requires insulin and, therefore, would display certain symptoms of insulin-deficient such as :

- Excessive thirst (also known as “polydipsia) [1].
- Excessive urination (also known as “pollakiuria”) [1].
- Weakness/Fatigue [1].
- Unexplained fluctuations in blood glucose [4].
- Frequent diabetic ketoacidosis only improves when in hospital [4].
- Irregular heart rate.
- Nausea/vomiting
- Rapid weight loss.
- Bladder infections.
- Blurred vision.
- Dry/brittle skin/hair.

Behavioral Symptoms of Diabulimia

Behavioral signs of diabulimia may be more obvious to a loved one, as they do not require testing and will signify that something harmful might be occurring. Some of these signs include:

- Expressing anxiety/fear of gaining weight.
- Praising those in small/thin bodies.
- Refusal to allow others to observe injections.
- Talking about insulin’s impact on weight.
- Expressing negative body image and/or low self-esteem.
- Isolating oneself.
- Increased symptoms or expression of depression and/or anxiety.
- Avoiding medical appointments.

Health Consequences of Diabulimia

Diabulimia is clearly a dangerous disorder, as the individual’s type 1 diabetes diagnosis confirms that their body is not producing enough insulin on its own and that the body needs this insulin to perform optimally. The consequences of untreated and continuous diabulimia can be devastating to both the body and the mind.

Short and Long-Term Risks of Diabulimia

Omission of insulin can lead to severe consequences ranging from short-term discomfort to long-term, life-threatening body impacts such as:

- Loss of menstrual cycle.
- Reduced immune system functioning.
- Reproductive difficulties.
- Nerve Damage.
- Numbness or weakness in limbs (neuropathy) [2].
- Impairment or loss of vision (retinopathy) [2].
- Diabetic kindness disease (nephropathy) [2].
- Osteoporosis.
- Liver disease.
- Heart disease.
- Loss of limbs.
- Death

Mortality Rates

As mentioned above, death is a very real and possible consequence of diabulimia behaviors. One study determined that mortality associated with insulin restriction appeared to occur most often due to eating disorder motivations for restriction than “other psychological distress such as anxiety, depression, fear of hypoglycemia, and diabetes distress [4].”

The mortality rate for those with type 1 diabetes and an eating disorder diagnosis is 17 times higher than those with type 1 diabetes alone [5].

Diabulimia Causes

As with all eating disorders, diabulimia does not have one singular cause but many psychological, biological, and situational factors that contribute to its development. Many of the risk factors are similar to those related to eating disorder development such as being a “young female, a history of dietary restraint and dieting, weight gain, low self-esteem, and family dysfunction [4].” However, “these risks are intensified by type 1 diabetes because the foundation stone for successful management of the condition is a focus on food [4].”

Biological Factors

Some biological factors that may predispose someone to diabulimia behaviors include:

- Having type 1 diabetes
- Family history of eating disorders
- Being female
- A diagnosis of anxiety or depression

Psychological Factors

An individual's mental wellness and psychological makeup can also contribute to the development of diabulimia. Some of these factors include:

- Perfectionist or neurotic personality traits.
- A history of trauma.
- Experiencing bullying.
- Social pressures and cultural ideals surrounding body weight, shape, appearance.
- A lack of effective coping skills.
- Struggling with anxiety or depression.
- Difficulty regulating emotions.
- Autonomy over insulin injections.

Diabulimia Treatment

As more is learned about diabulimia, an understanding of what is effective treatment is growing. One important consideration is the reason for insulin omission, as this will change what treatment method is appropriate. One study detailed, "insulin omission to avoid hypoglycemia will require different treatment to that of insulin omission linked to body image concerns and weight control [4]."

The study also specified that diabulimia may be a "method of coping with diabetes-specific distress, fear of hypoglycemia, needle anxiety, and generic psychological problems, so it is important to do a full assessment of eating behaviors, health beliefs, and predisposing and perpetuating factors before embarking on any intervention [4]."

While there are no evidence-based, diabulimia-specific treatment guidelines at this time, "the default position for the treatment of people presenting with two complex conditions has to be a multidisciplinary team approach integrating knowledge of both diabetes and eating disorders [4]."

Many of the treatments that support eating disorder recovery can be helpful for diabulimia, as they approach “the initial priorities of treatment are to stabilize eating and eliminate any purging behavior, which in the case of diabulimia is insulin omission or restriction [4].” The individual can then process the psychology behind the disorder itself.

Processing of the eating disorder motivations and beliefs must also consider the diabetes-specific triggers in supporting an individual toward recovery. For example, “The weight gain consequent upon improved glycaemic control is a risk for relapse and needs to be anticipated early in therapy [4].”

Diabulimia is a harrowing disorder, however, early intervention shows positive outcomes and it is a curable disorder.

Resources

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Author: Margot Rittenhouse, MS, LPC, NCC

What is Avoidant/Restrictive Food Intake Disorder (ARFID)?

Avoidant/Restrictive Food Intake Disorder (ARFID) is an eating disorder diagnosis that, while lesser known, is commonly experienced by both adults and children. Many misinterpret ARFID behaviors as "picky eating," which can be a dangerous and harmful mistake.
Having a knowledge of ARFID and how to recognize and address symptoms is key to early intervention and recovery.

Avoidant/Restrictive Food Intake Disorder Definition

Although less well-known than eating disorders such as anorexia nervosa or bulimia nervosa, ARFID is common enough to have its own diagnostic criteria specified in the Diagnostic & Statistical Manual of Mental Illness, Fifth Edition (DSM-5) as well as its own code in the International Classification of Diseases.

ARFID DSM-5 Criteria

The DSM-5 specifies the following criteria must be met for a diagnosis of Avoidant/Restrictive Food Intake Disorder (ARFID):

- An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidant based on the sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:

    1. Significant weight loss (or failure to achieve expected weight gain or faltering growth in children)
    2. Significant nutritional deficiency
    3. Dependence on enteral feeding or oral nutritional supplements
    4. Marked interference with psychosocial functioning.

- The disturbance is not better explained by lack of available food or by an associated culturally sanctioned practice.

- The eating disturbance does not occur exclusively during the course of anorexia nervosa or bulimia nervosa, and there is no evidence of a disturbance in the way in which one's body weight or shape is experienced.

- The eating disturbance is not attributable to a concurrent medical condition or not better explained by another condition or disorder, the severity of the eating disturbance exceeds that routinely associated with the condition or disorder and warrants additional clinical attention [1]."

ARFID vs. Anorexia: What are the Differences?

ARFID and Anorexia Nervosa can appear similarly to many and it is true they share some behavioral characteristics such as severe restriction of food intake that leads to significant weight loss, nutritional deficiency, and/or interference in psychosocial functioning.

The biggest difference between the two is the motivation behind the restrictive behaviors. Individuals with ARFID are "not driven by the weight and shape concerns that typify AN [2]." In plain, individuals that struggle with anorexia nervosa experience disturbance in their body weight or shape that motivates their restrictive behaviors. Those with ARFID do not have this same disturbance and are often motivated by other aspects such as sensory characteristics of food.

Individuals with ARFID are also not fearful of weight gain and individuals with anorexia nervosa are.

ARFID Statistics & Facts

There are few studies conducted on ARFID, however, some known facts are that:

- 5% to 14% of those in pediatric inpatient eating disorder programs meet criteria for ARFID [3].
- 22.5% of those in pediatric day eating disorder treatment programs struggle with ARFID [3].
- Patients with ARFID are more likely to be male [3].
- ARFID is most common in younger populations [3].
- Compared with anorexia nervosa and/or bulimia nervosa, those with ARFID are more likely to struggle with comorbid psychiatric diagnoses [3].

Avoidant/Restrictive Food Intake Disorder Signs & Symptoms

Onset of ARFID often occurs in children, making recognition of symptoms key to early intervention and recovery into adolescence and adulthood. Some signs of ARFID might include:

Physical

The physical impact of ARFID can be severe, as the body becomes increasingly malnourished the more limited an individual's intake is. Some physical red flags of ARFID may be:

- Dry/brittle hair and/or nails.
- Abnormal lab results.
- Difficulty regulating body temperature.
- Stomach cramps.
- Menstrual irregularities.
- Dizziness.
- Fainting.
- Problems falling/staying asleep.
- Muscle weakness.
- Impaired immune system and/or getting sick more frequently.

Behavioral/Emotional

Behaviorally, signs of ARFID are commonly confused as being "simply picky-eating." ARFID, however, takes "picky eating" to a more clinical level and may present as the following:

- Refusal to eat certain foods which sometimes comes along suddenly.
- Eating slowly.
- Poor school performance.
- Fear of choking or vomiting from eating.
- Reporting no appetite.
- Expressing negative thoughts/beliefs about food related to sensory factors.
- Preference of eating alone.
- Limiting food intake based on food texture.
- Restriction in food amount and types.
- Limited range of preferred or "acceptable" foods.

What are ARFID Health Risks?

As ARFID is characterized by nutritional deficiency, the long-term physical and mental effects can be dire. If left untreated, ARFID can lead to:

- Impaired and/or slowed developmental growth.
- Impaired immune system functioning.
- Damage to the vital organs.
- Cardiovascular complications.
- Increased risk of heart failure.
- Bone and muscle loss.
- Menstrual irregularities.
- Fertility complications.
- Severe impact on daily functioning in career/education.
- Relationship impairment.
- Increased emotional dysregulation such as depression and/or anxiety.
- Increased suicidal ideation.
- Death.

ARFID Causes & Risk Factors

There are many biological, social, and psychological factors that can contribute to development of Avoidant/Restrictive Food Intake Disorder.

Biologically, those whose parents or immediate relatives have struggled with ARFID or a prior eating disorder diagnosis are more likely to experience one themselves. Researchers are continuing to search for the specific neurobiology behind this but have at the very least, consistently united this correlation.

Those that struggle with co-occurring mental health diagnoses are also more likely to struggle with ARFID. This may be the result of using ARFID behaviors to cope with emotional dysregulation, or, depression and anxiety could be a side effect of malnutrition from ARFID behaviors.

Children that experience physical illness may be at increased likelihood to develop ARFID behaviors as they may associate certain foods with pain, nausea, or other symptoms of the illness.

Those with adverse childhood experiences or experiences of trauma are also more at-risk for ARFID development. These experiences could include food insecurity, a chaotic home environment or family dynamic, and/or verbal, emotional, physical, and/or sexual abuse.

Socially, the messages a child or adolescent is given, both at home and in public, can impact their risk of developing ARFID. If food rules related to certain types of food exist in the individual's environment, they are likely to internalize these for themselves. They might also create their own interpretations of food rules which could lead to increased rigidity in "acceptable" foods.

Avoidant/Restrictive Food Intake Disorder Treatment Options

Although ARFID is less "in the spotlight" than other eating disorder diagnoses, it is not less treatable. In fact, many of the evidence-based treatments for eating disorders such as anorexia nervosa, bulimia nervosa, and Binge Eating Disorder (BED) are also proven effective in treating ARFID. Some of these treatments include Cognitive Behavioral Therapy and Dialectical Behavior Therapy.

Family-Based Treatment (FBT), also known as "The Maudsley Method," is also shown to be effective in treating ARFID, as FBT is effective for adolescents and children with eating disorders. FBT acknowledges the importance of the family dynamic in a child or adolescents' life and uses this dynamic to both educate the individual and family and support behavior change in both parties.

Exposure Therapy can also be helpful for those with ARFID, as they often develop fear-based beliefs around certain foods. Exposure to these foods in the absence of their feared result will help them to rewrite their belief systems based on experience.

ARFID differs in presentation from other eating disorders, however, it is no less serious than these disorders. While curable, early intervention is key to leading struggling individuals to long-term remission and recovery from ARFID.

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Author: Margot Rittenhouse, MS, LPC, NCC

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What is Orthorexia: Symptoms, Complications and Causes

Orthorexia nervosa, while not an officially designated mental health diagnosis, is an increasingly concerning disorder. Evolving out of diet culture and the societal emphasis on “clean” and “healthy” food, orthorexic tendencies are viewed as socially acceptable due to a lack of understanding of the disorder and the dangers it presents.

Orthorexia Definition

The term orthorexia was coined in the 1990s by Steven Bratman, a practitioner of alternative medicine, and referred to “an almost pathological fixation on and obsession for healthy eating [1].” Individuals that struggle with orthorexia are typically focused on the quality as opposed to the quantity of food.

Orthorexia Nervosa Definition

It is important to clarify that Orthorexia Nervosa is not an official mental health diagnosis that is classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or the International Classification of Disease (ICD-10).

Steven Bratman proposed possible criteria for Orthorexia Nervosa diagnosis in 2016 including:

1. An obsessive focus on “healthy” eating and avoidance of “unhealthy” foods,
2. Mental preoccupation regarding dietary practices, and
3. Very rigid dietary rules with violations causing exaggerated emotional distress (fear of disease, anxiety, shame, and negative physical sensations) [1].

Many debate whether Orthorexia is a lifestyle phenomenon or a disease, however, “reports of physical (malnutrition and weight loss), psychological (fatigue and emotional instability), and social consequences (social isolation, diminished quality of life, and stigma) comply with current concepts of mental disorders [1].”

Even so, Orthorexia is more a term used to describe specific disordered eating tendencies and pathology but cannot be considered an independent mental disorder or official diagnosis.

Eating Freely

Signs of Orthorexia Nervosa

Orthorexia Nervosa behaviors can become severe diagnostic concerns and cause problematic long-term effects if not recognized and treated early. Below are warning signs that an individual's eating behaviors may have become disordered.

Physical

Physical warning signs of orthorexic behaviors are more challenging to spot than other eating disorder diagnoses, however, there are a few indications:

- Weight fluctuations.
- Reduced concentration.
- Difficulty sleeping.
- Vital/lab fluctuations.
- Constipation.
- Dehydration.
- Malnourishment symptoms due to food rules reducing the amount of food being consumed.
- Fine soft hair growth.
- Thinning hair due.

Behavioural/Emotional

Possible orthorexia nervosa behaviors can be more clear when considering the following behavioral and emotional symptoms:

- Obsession with the origin of foods (where/how prepared).
- Obsessive concerns regarding food and possible medical or health concerns.
- Rigid food rules.
- Increased supplement usage.
- Reduced consumption of food based on food rules centered on beliefs of "health."
- Concern about food preparation and techniques and control over these things.
- Unwillingness to eat food not prepared by the individual themselves or whose preparation was not supervised by the individual.
- Judgment of those that do not adhere to their food rules.
- Linking self-esteem or self-view to adherence to food rules.
- Obsessively checking nutrition labels.
- Daily life revolves around food preparation or rules.
- Withdrawing from others.

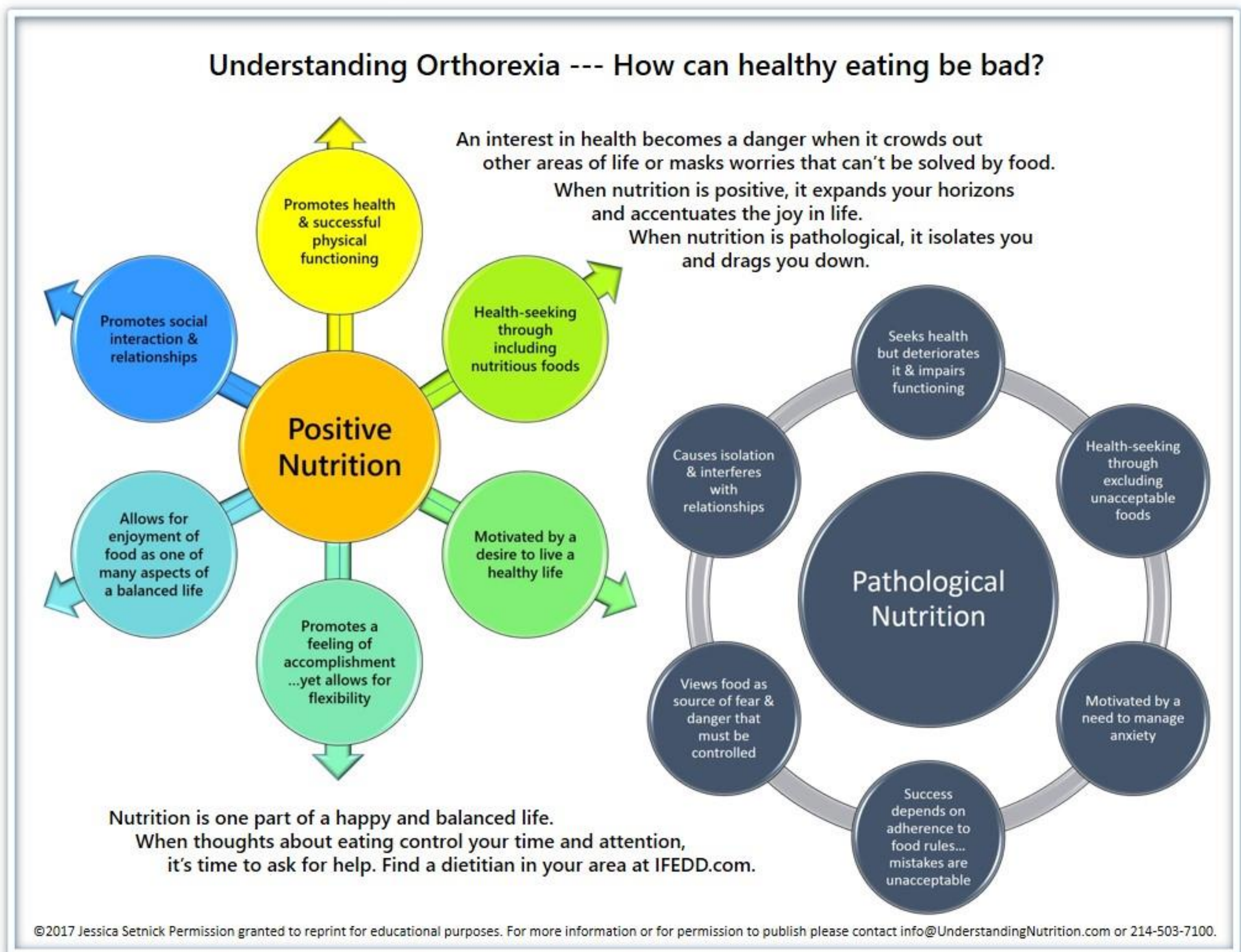
Dangers of Orthorexia

Many begin orthorexic behaviors to be more aware of what they are consuming and attempt to live “healthier” lives. Our societal beliefs and the impacts of diet culture and the wellness industry encourage many of the values held in Orthorexia Nervosa such as a focus on “purity” of food content and origin and “clean” eating. Emphasis on these aspects often becomes an obsession and results in food rules and rigidity that severely limit what an individual is comfortable consuming. Ultimately, what began as well-intentioned and socially accepted behaviors becomes disordered.

Long-Term Side Effects of Orthorexia Nervosa

Orthorexia Nervosa behaviors are often misperceived by society as “healthy” and “good” and, therefore, can go undetected or untreated. Without intervention, individuals become severely malnourished and can result in serious medical complications such as:

- Malnourishment.
- Reduced cognitive functioning.
- Impaired immune system.
- Increased emotional dysregulation (IE: depression, anxiety, etc).
- Increased suicidal ideation and self-harming behaviors.
- Organ failure.
- Kidney issues.
- Alteration in menstrual cycle and function.
- Fertility issues.
- Cardiovascular and heart issues/heart disease.
- Isolation.
- Job performance impairment.
- Lowered bone density/osteoporosis.



Thank you to Jessica Setnick, MS, RD, CEDRD-S @ Understanding Nutrition

What Causes Orthorexia?

Like other eating disorders, there are various biological, psychological, and social aspects that contribute to development. Unlike other eating disorders, orthorexia can not only develop with approval from others based on social beliefs about food and the body, it can be perpetuated for the same reasons.

Biological Factors

Many of the biological factors that fuel anorexic beliefs and behaviors also fuel orthorexia, such as perfectionist tendencies. In other ways, orthorexia nervosa has similar neurological aspects to obsessive-compulsive disorder (OCD) such as obsessive fixations. Biological factors that contribute to orthorexia include:

- Family history of eating disorder behaviors.
- Perfectionistic and rigid personality traits.
- Obsessive personality traits.
- Childhood illness is related to diet or digestive issues.
- Medical problems that one believes can be cured through “pure” eating.

Psychological Factors

A large part of what contributes to orthorexia nervosa lies in psychology, as the disorder itself results from a cognitive fixation on the idea of “purity,” “cleanliness” and “health” in eating. Other psychological factors that contribute to orthorexia development include:

- Low self-esteem/self-worth.
- History of past trauma.
- Co-occurring mental health diagnosis, particularly of OCD or Generalized Anxiety Disorder.
- History of dieting.
- Core beliefs are related to purity, cleanliness, and health as well as core beliefs related to food and self-worth, value, or morality.
- Disordered familial beliefs surrounding food “purity” and “health.”
- Tendency toward extremism and obsessiveness.
- Reportedly feeling pressure to be perfect or achieve perfection/success.
- Need for control.

Environmental Factors: Orthorexia & Social Media

As mentioned above, there is no doubt that, while society may not cause Orthorexic tendencies, the messages perpetuated about the body, food, and exercise via television and social media do not help. For example, one study learned that those following the “healthy eating” community on Instagram had a high prevalence of orthorexic tendencies [4]. Aspects of diet culture, the wellness and beauty industry, and social media that contribute to orthorexic beliefs are:

- Emphasis on eurocentric beauty standards and the “thin ideal.”
- Photoshopping and filters that alter the appearance without consumer’s awareness.
- Messaging that appearance is connected to empowerment/worth/fulfillment/etc.
- Lack of regulation around what is posted regarding laxatives/diuretics.
- Disguising laxatives and diuretics as lollipops and shakes that are “weight loss supplements.”
- Perpetuation of concepts that there are “quick fixes” to alter one’s body entirely from its biological predisposition.

- Lack of awareness of reality versus highly-curated social media.
- Reduced consumer consciousness.
- Increased feelings of unworthiness or lack of value or "measuring up" to false portrayals of life and "highlight reels" via social media.

How to Treat Orthorexia Nervosa

Treatment for orthorexia nervosa differs somewhat from the treatment of other eating disorders, namely because it is not yet a formal diagnosis. As such, those that struggle with Orthorexia Nervosa might be misdiagnosed with Anorexia Nervosa or diagnosed with Other Specified Feeding and Eating Disorder (OSFED) in order to receive insurance coverage for any treatment. While this does allow individuals to be treated, it often leads to miscommunication regarding their symptoms. Even so, the clinical community has not yet decided whether Orthorexia is not a type of Anorexia Nervosa.

Resources

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Author: Margot Rittenhouse, MS, LPC, NCC
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