

Diagnostic Criteria Other Specified Feeding

The **Other Specified Feeding or Eating Disorder** category is for disorders of eating that do not meet the criteria for any of the other eating disorders that are in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-V).

Examples include:

1. All the criteria for Anorexia Nervosa are met except the individual's weight remains within or above the normal range, despite significant weight loss.
2. All the criteria for Bulimia Nervosa are met except the frequency of binge eating and inappropriate compensation behaviors occur, on average, less than once a week and/or for a duration of fewer than 3 months.
3. All the criteria for Binge Eating Disorder are met except the frequency of binge eating occurs, on average, less than once a week and/or for a duration of fewer than 3 months.
4. In Purging Disorder, purging behavior aimed to influence weight or shape is present, but in the absence of binge eating.
5. In Night Eating Syndrome, individuals have recurrent episodes of eating at night, such as eating after awakening from sleep or excess calorie intake after the evening meal. This eating behavior is not a cultural or acceptable social norm, such as the occasional late-night munchies after a gathering. Includes an awareness and recall of the eating, is not explained by external influences such as changes in the individual's sleep-wake cycle and causes significant distress.

(DSM-V, American Psychiatric Association, 2014)

Is This Really an Eating Disorder?

Yes. Basically OSFED is a catch all category, but don't be fooled; it is just as serious as any other eating disorder and the ambiguity can be misleading. When first learning of our diagnosis of OSFED, many of us are relieved to learn "It's not anorexia." or "It's not bulimia." This is a serious misunderstanding. A person who clinically does not meet all the criteria for one or the other diagnosis is suffering just as badly and deserves help just as much as anyone else. OSFED can wreak havoc on an individual's life the same as any other eating disorder.

OSFED in the Mainstream

OSFED is the most common eating disorder and affects both males and females. Sufferers usually show very disturbed eating habits and an intense fear of weight gain; some have a distorted body image and are overly conscious about their weight and body shape.

Physical signs may include weight loss, dehydration, or a compromised immune system due to nutrient deficiency. Psychological signs can include a preoccupation and dissatisfaction with food and weight and heightened anxiety levels or stress around mealtimes. Dieting behaviors, eating at unusual times or waking up in the night to eat, compulsive exercising and obsessive or ritualistic behavior regarding food and eating are also warning behavioral signs of OSFED.

The most important thing to remember is that all eating disorders, Anorexia, Bulimia, Binge Eating Disorder, Purging Disorders, Night Eating Syndrome, any combination of them, or any that fall into the clinical category of OSFED, are about the relationship with body, food, and emotions. They all have their complications and dangers, and they are ALL psychological illnesses. Half of all disorder cases fall into the OSFED category and the outcomes are no less serious.

Our Stories

Our stories vary as widely as the range of symptoms in OSFED. Some of us use a mixture of anorexic and bulimic behaviors to control our weight and feelings. Others compulsively exercise and eat only "healthy" foods to keep our bodies pure. Some of us have relapsed after a period of recovery but do not currently fall into another diagnosis. Still others struggle through episode after episode of bingeing.

Despite our differences, the emotions driving us to avoid life by focusing on food, weight, and body image are ones we all share. Some of us have felt "inadequate" because our symptoms don't place us in the Anorexic or Bulimic categories. But we have found that inside the rooms of EDA our stories are the same as those of everyone else.

We looked to food to solve the problems in our lives that we were scared to deal with. We believed that if we just tried a little bit harder that we would finally be happy. But when our best efforts failed we sunk further into our despair and held on even tighter to the eating disorder, fearful that losing our disordered behaviors would mean losing the semblance of peace of mind these sometimes afforded us.

When no amount of trying ever made life better, we had to admit defeat. Our eating disorder brought our lives to a state of complete chaos and we were desperate and beaten down. We knew we were crushed, but we didn't know what to do about it. We learned that until we believed we could recover, we were doomed to stay trapped in our misery.

Recovery

1. Starts with the willingness to admit there is a problem.
2. Requires a commitment to balancing food and exercise in our lives and may require professional help.
3. Is maintained through a daily re-commitment to taking care of ourselves, dealing with life on life's terms, and turning our attention to how we can best serve the greater good every day.

Many of us have had numerous failed attempts at recovery. We thought if we could just get our symptoms under control we would be ok. What we didn't realize is that our eating disorder was much bigger than just our behaviors with food. We may have had brief periods of eating more normally, but inevitably controlling our behaviors wasn't enough and we found ourselves back in the eating disorder.

We were forced to admit we were powerless to change until we were fully honest with ourselves about food and our emotions. At first we found it difficult to identify what we were feeling. The eating disorder had been with us so long, and had so effectively numbed us, that we were left afraid of our emotions and unable to identify them.

It took an immense amount of courage to face what was broken about our lives. There was much we wished we did not have to address. We found that we did not have to deal with everything all at once. It was enough to take things one day at a time. When we committed to finding balance and serenity we slowly began to let go of the eating disorder. It didn't happen overnight, but we continued to walk through our fear by putting one foot in front of the other, and were amazed looking back to see the tiny changes that had grown into a new way of looking at food, our bodies, and life.

A Road to Recovery

We slowly learned that we could not find lasting relief by ourselves. The eating disorder kept us isolated from others and part of our recovery required that we let others in. Honesty with ourselves wasn't enough; we had to be honest with other people to see any results. For many of us this meant getting professional help to learn how to keep our bodies nourished and to deal with any other health issues or trauma from our past that was keeping us stuck.

We also needed the community of people in recovery. If we could, we went to meetings in our community where we met others who were struggling like we were and others who were in recovery. If there were no meetings in our area we went online. We found the EDA online and phone meetings. Suddenly, we realized that we were not alone; in reality we had never been alone. Countless others had been in our shoes.

People in recovery typically do not get better overnight. They recovered through a daily process involving acceptance and appreciation of conditions as they are, determination to be honest, willingness to "take what works and leave the rest," and the 12 Steps of EDA.

Working one-on-one with another person, such as a sponsor, helped us build trust in others and made us accountable. Though there were times when we felt overwhelmed with fear and apprehension we continued. We always aim for progress, not perfection. Finding balance is difficult at first, and we had to learn to be gentle with ourselves.

We realized that by making daily changes in our response to life, we could be free, and live happily. The process worked for us. It can work for you, too.

OSFED

Other Specified Feeding or Eating Disorder¹



For more information please visit our website at:

www.4EDA.org

April 2017

¹ formerly ED-NOS:
"Eating Disorder Not Otherwise Specified"