

The American Psychiatric Association Recommends Changes for Eating Disorder Diagnoses

This week, the American Psychiatric Association (APA) released their proposals for changes to the next version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), due for release in 2013. The DSM is the comprehensive listing and description of all mental disorders; it is published by the APA, and is used by the mental health community as a means of psychiatric diagnosis and classification.

Task forces established by the APA, along with the National Institute of Mental Health, and others began in 1999 to make revisions for the next edition of the DSM, the DSM-V. Under the proposed revisions, released this week, eating disorders will see substantial changes, which could, if adopted, help clarify the diagnoses, and could have an impact on illness recognition and access to care. The proposed changes will be subject to review over the next few months, with final edits taking place by April 2010. If you would like to submit your feedback to the proposed changes, visit www.dsm5.org. Look under the Eating Disorders section and there is a way for anyone to provide comments; these will all be reviewed. The website will be open until April 20.

Some of the main proposed changes are listed below, or visit www.dsm5.org for a complete list.

1) Binge Eating Disorder

- a) The addition of Binge Eating Disorder as an independent diagnosis. Having previously been classified as an Eating Disorder, Not Otherwise Specified, Binge Eating Disorder could now be a diagnosis in its own right.
- b) Binge Eating Disorder is proposed to be defined as:
 - A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 1. eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances
 2. a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)
 - B. The binge-eating episodes are associated with three (or more) of the following:
 1. eating much more rapidly than normal
 2. eating until feeling uncomfortably full
 3. eating large amounts of food when not feeling physically hungry
 4. eating alone because of being embarrassed by how much one is eating
 5. feeling disgusted with oneself, depressed, or very guilty after overeating
 - C. Marked distress regarding binge eating is present.
 - D. The binge eating occurs, on average, at least once a week for three months.



E. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior (i.e., purging) and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

2) Anorexia Nervosa

- a) Criteria for diagnosis wording should be changed from “refusal to eat”; the APA recommendation states that such wording is “possibly pejorative and difficult to assess, as it implies intention”, and should therefore be altered.
- b) In the current DSM, one must have a “fear of weight gain” to meet criteria for diagnosis. The recommendation is that the new criteria be behavioral.
- c) It is recommended that the requirement for amenorrhea, or absence of a menstrual cycle, be deleted in the new version. This criterion was required in past editions, but was not present in all cases, and can not be applied to men, young girls, or post-menopausal women.

3) Bulimia Nervosa

- a) For the new edition, it is recommended that the required minimum frequency of episodes of binge eating and inappropriate compensatory behaviors be reduced to once/week over the last three months. (It has been twice/per week.)