



Understanding Changes in *DSM-5*

EATING DISORDERS

Based on research, a number of changes were made in *DSM-5* in terms of eating disorders. One of these changes in anorexia nervosa was the removal of the requirement for not having three menstrual cycles. This was removed since not having a menstrual cycle is related more to the state of one's nutrition. Thus, it is a secondary factor to not eating. This also allowed for the disorder to be diagnosed in males. For bulimia nervosa, the frequency of binge eating and inappropriate compensatory behavior was reduced from twice a week for 3 months to at least once a week for 3 months.

One goal of *DSM-5* was to reduce the use of the diagnosis of *eating disorder not otherwise specified* (EDNOS) (Keel, Brown, Holland, & Bodell, 2012). For example, previously, in *DSM-IV*, binge eating disorder was not listed. A large proportion of individuals who would now be diagnosed with binge eating disorder were diagnosed in *DSM-IV* with an EDNOS. It was the goal of *DSM-5* to minimize the use of this category by adding binge eating disorder.

In order to determine the effects of anticipated changes to the eating disorder criteria in *DSM-5*, Eric Stice and his colleagues (Stice, Marti, & Rohde, 2012) reclassified the female participants in an 8-year prospective community sample. This study annually assessed 496 adolescents for 8 years beginning at age 13. Overall, they found that the changes in *DSM-5* eating disorders resulted in higher prevalence rates as compared with *DSM-IV*. These findings suggest 1 in 8 young women experience some type of eating disorder before they reach the age of 21.

DSM-5 also includes a category of *other specified feeding or eating disorder*. This category includes examples of the other eating disorders but with

fewer symptoms. One example is atypical anorexia nervosa in which all criteria except weight loss are met. Another example is bulimia nervosa of low frequency or limited duration. Other examples are binge eating disorder of low frequency or limited duration, purging disorder without binge eating, and night eating disorder in which excessive food is consumed after the evening meal.

From a research standpoint, Kate Fairweather-Schmidt and Tracey Wade (2014) interviewed 699 female twins three times between 12 and 20 years of age. In particular, they were interested in differences between the eating disorder categories in *DSM-IV* and *DSM-5*. Just over 10% of this sample had an eating disorder. These results were similar whether using *DSM-IV* or *DSM-5*. Further, genetic influences that were associated with traditional eating disorders such as anorexia nervosa and bulimia were also associated with similar symptoms when diagnosed as *other specified feeding or eating disorder*. The authors concluded that there is less clinical utility to the diagnosis of *other specified feeding or eating disorder*.

The changes in the eating disorders section of *DSM-5* have also brought forth more large-scale controversies. One perspective asks if we are trying to turn some common behaviors such as overeating into a mental disorder (Frances, 2013; Frances & Widiger, 2012). That is, should we view binge eating as a clinical disorder? Further, should binge eating of low frequency be included as an *other specified feeding or eating disorder*? While it is true that binge eating is seen as a part of other disorders such as bulimia nervosa and anorexia nervosa, should it be considered a disorder on its own, especially at low frequencies? Moreover, is it logical to consider binge eating a mental disorder but not label obesity as one also?