Identifying the Characteristics of Eating Disorders Not Otherwise Specified (EDNOS)

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Introduction

According to the diagnostic manual used to classify eating disorders (*DSM-IV-TR,* 2000), an eating disorder is marked by a disturbance in body shape and weight. Typically, individuals with eating disorders engage in extreme behaviors in order to maintain a body weight that they consider ideal. Extreme weight control behaviors lead to malnutrition and medical complications that make the condition life-threatening. Currently, the diagnostic system recognizes three eating disorders: Anorexia, Bulimia, and EDNOS. The EDNOS group is composed of those who do not meet full criteria for Anorexia or Bulimia, have a combination of both subthreshold Anorexia and Bulimia, and those who meet the criteria for Binge-eating disorder, which is not yet an official diagnostic category. A problem with the EDNOS diagnosis is that it is often given to individuals that exhibit a combination of symptoms from different categories without ever meeting criterion for one specific disorder.

The following study sets out to challenge the current *DSM-IV* criteria for eating disorders by identifying the commonalities among diagnostic groups.

Method

Participants:

- 463 females, 26 males, 3 unidentified
- Ages 14- 57 years old (*M*= 23.94; *SD*= 6.98)
- BMI ranged from 10.0- 58.52 with 301 people having a BMI within the normal range(18.5-24.9), 102 people having an overweight or obese BMI (≥25), 25 people having a low BMI (17.5-18.5), and 53 people having a BMI that met Anorexic threshold used in research (BMI <17.5).

Materials:

- Online survey containing several eating disorder scales:
- The Eating Disorder Diagnostic Scale (Stice, Telch, & Rizvi, 2000)
- Eating Disorders Quality of Life Scale (Adair et al., 2007)
- 48 Demographic Questions

Procedure:

- **Purchased licenses for the EDQLS and received approval for the study by College of Saint Benedict and Saint John's University Institutional Review Board**
- **Recruitment**

1. Used Joy Project social media sites (Twitter and Facebook) and e-mail database
2. E-mails sent to students at two Minnesota higher educational institutions
3. Flyers posted on community boards around Minneapolis/ St. Paul

- **Created a 22 item Eating Disorder Severity Index (Alpha=0.95):**
  - 4 questions from the EDDS
  - 3 general questions about satisfaction with weight/shape
  - 15 questions from the EDQLS

Abstract

Eating Disorder Not Otherwise Specified (EDNOS) is the catch-all eating disorder diagnosis for those who do not meet all criteria for Anorexia or Bulimia, and it is the most commonly diagnosed eating disorder in both clinical and community samples. EDNOS also has the highest mortality rate of all eating disorders. The present study sets out to determine why individuals with EDNOS have such a severe eating disorder and whether the diagnostic system needs to be changed.

Conclusions

- There is a substantial amount of diagnostic cross-over between the reported eating disorder diagnoses. The increased amount of crossover between groups may suggest a high degree of commonality between the diagnoses. Castellini et al. (2011) also found a significant rate of crossover and relapse among an eating disorder sample. The core psychopathology of the eating disorder behaviors was reported to be similar among diagnostic groups. This data suggests that a single common pathology might underline all eating disorders and that the current classification system for eating disorders, especially EDNOS category, may need revision to adequately address this commonality.

- Many people seek help for their eating disorder, but report having trouble getting adequate support from their insurance provider to receive treatment or the level of treatment necessary for full recovery. In the US, treatment for an eating disorder typically costs between $500-$2,000 per day (Eating Disorders Coalition [EDC], 2008). Therefore, not receiving adequate health coverage can leave families with great financial burdens, which may further impact feelings of guilt and shame for the individual with an eating disorder. In fact, the Eating Disorders Coalition (2008) reports that only 1 in 10 individuals receive treatment for their eating disorder. Not receiving treatment for an eating disorder leads to serious medical conditions, impaired quality of life, and increased mortality rates.

- There was significant correlation between BMI and the Eating Disorders Quality of Life Scale, suggesting that there is some relationship between weight status and quality of life. People with lower BMI, may have a lower quality of life when an eating disorder is present. However, other factors may contribute to quality of life status, and BMI should not be the sole indicator of eating disorder severity.

- There was not a statistically significant correlation between BMI and the Eating Disorder Severity Index .This suggests that other factors besides weight and height ratio impact an individual's eating disorder psychopathology. A weight status may not be an indication of mental health severity in eating disorder diagnosis and treatment.

Results

Diagnosis:

- 72 people reported first being diagnosed with EDNOS. 55 eventually developed Anorexia or Bulimia. This suggests that many people are first diagnosed with non-specific eating disorder that cannot be clearly defined as Anorexia or Bulimia, but eventually display physiological or behavioral patterns that are categorizable.
- 23 people's insurance didn't cover EDNOS; 6 from MN.
- 30 people first diagnosed with a threshold eating disorder had also been diagnosed with EDNOS at some point during the course of their disorder. 24 people first diagnosed with Bulimia were eventually diagnosed with Anorexia. 39 people first diagnosed with Anorexia were eventually diagnosed with Bulimia. This data strongly suggests that there is more commonality to the eating disorder groups that often results in crossover between disorders.

Insurance and Treatment:

- 277 (56%) people have sought help for an eating disorder
- 101 did not feel that the severity of their eating disorder was addressed by their treatment providers. One participant said, "I feel too old to get help. I've been told this is a disease for teenagers and I need to grow up and get over it already. - Quote from a medical professional."
- 120 were denied treatment by their insurance provider; 30 were from MN
- 75 people's insurance plan did not cover the level of care needed; 18 from MN. 43 people's insurance didn't have coverage for eating disorder specific treatment; 6 from MN.
- 82 people's insurance company forced them to end treatment early:
  - 28 met a weight-threshold provided by their insurance company; 6 from MN
  - 53 were only allowed certain number of days/ hours ; 11 from MN
- 102 people from MN reported having been diagnosed with an eating disorder; 100 reported having some sort of treatment.

Comments about what has prevented them from seeking treatment:

"I am ashamed of having an eating disorder. I feel like it makes me a very bad person and I am worthless and horrible because of it."

"I did not have any support in seeking treatment."

"Afraid of being diagnosed with a mental illness, afraid of being forced to gain weight without help for the mental aspects wrong with me, afraid of stigma, afraid of the attention, afraid of disappointing my mother."

Body Mass Index:

- The correlation between BMI (M = 22.7; SD = 5.845; N = 481) and Eating Disorders Quality of Life (M = 86.812; SD = 27.86; N = 477) was significant, r (415) = 0.130, p = 0.008. According to the eating disorder scale, as BMI decreases, so does the quality of life. This information should be interpreted with caution, however, since the scale asked several questions specifically related to physiological changes with low body weight.

- The correlation between BMI (M = 22.7; SD= 5.845; N = 481) and the Eating Disorder Severity Index (M = 77.84; SD= 23.3, N = 458) was not significant, r (450) = 0.030, p = 0.527. Eating disorder psychopathology and BMI status remain independent of each other. As BMI increases or decreases, eating disorder psychopathy may not change. Furthermore, those with normal weight status, often the case with people having EDNOS, may report having severe eating disorder psychopathology.