



Diagnostic Criteria for Eating Disorder Not Otherwise Specified (ED-NOS)

The Eating Disorder Not Otherwise Specified 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, 4th Edition (DSM-IV).

Examples include:

1. For females, all the criteria for Anorexia Nervosa are met except that the individual has regular menses.
2. All the criteria for Anorexia Nervosa are met except that, despite significant weight loss, the individual's current weight is in the normal range.
3. All the criteria for Bulimia Nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur at a frequency of less than twice a week or for a duration of less than 3 months.
4. The regular use of inappropriate compensatory behavior by an individual of normal body weight after eating small amounts of food (e.g. self-induced vomiting after the consumption of two biscuits).
5. Repeatedly chewing and spitting out, but not swallowing, large amounts of food.
6. Binge-eating disorder: recurrent episodes of binge eating in the absence of the regular use of inappropriate compensatory behaviors characteristic of Bulimia Nervosa.

(DSM-IV-TR, American Psychiatric Association, 2000)



Is This Really an Eating Disorder?

Yes. Basically, ED-NOS 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 EDNOS, many of us are relieved to learn "it's not anorexia" or "it's not really bulimia." This is a serious misunderstanding. A person who clinically doesn't meet all the criteria for one or the other diagnosis is suffering just as badly and deserves help just as much as anyone else. ED-NOS can wreak havoc on an individual's life the same as any other eating disorder.

ED-NOS in the Mainstream

Lately, there have been new labels for different types of eating disorders floating around. For example, Orthorexia, Diabulimia, Pregorexia, or Manorexia. Orthorexia was made up to describe 'over-emphasis' on healthy eating. Diabulimia was made up to describe people with Type 1 diabetes who omit insulin as a way to purge. Pregorexia defines eating disorders in women who are pregnant. And Manorexia describes a man who is suffering with anorexic or bulimic symptoms. Anyone that might be described with these labels would really fall into Anorexia Nervosa, Bulimia Nervosa or EDNOS categories, depending on their individual symptoms.

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




Our Story

Our stories vary as widely as the range of symptoms in ED-NOS. 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.

But the emotions driving us to avoid life by focusing on food, weight, and body image are always the same. 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 when we strip away the calories, the weight, the number of binges, the hours spent at the gym, our stories are the same as everyone else.

We looked to food to solve the problems in our lives that we are 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, hoping that one day it would give us the peace of mind that it promised.

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. What we learned was 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 of our lives to taking care of ourselves and dealing with life as it is given to us.

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 the debris of our shattered lives. But 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.



More on Recovery

We also learned that we were unable to find 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 EDA. If we could, we went to meetings in our community where we met others who were struggling like we were and even more who were recovered. If there were no meetings in our area we went online. We found the EDA message board and chat room. Suddenly we realized that we were not alone; in reality we had never been alone.

Countless others have been in our shoes. And many of them had recovered through intense dedication to themselves, help from others, and by following the 12 Steps of EDA. As we listened and read we began to learn more about the program of EDA and how, through daily changes in our response to life, we could be free and learn to live life on life's terms.

We found a sponsor or buddy to help us along the path. Working one-on-one with another person helped us build trust in others and made us accountable. Though there were times where we felt overwhelmed with fear and apprehension we continued on. Recovery isn't perfect and we had to learn to be gentle on ourselves as we relearned to live. But it is only through painstaking work that we can finally be free. This has worked for many of us and it can work for you.



eating disorders
anonymous

Talks about
ED-NOS

"Eating Disorder Not
Otherwise Specified"

