

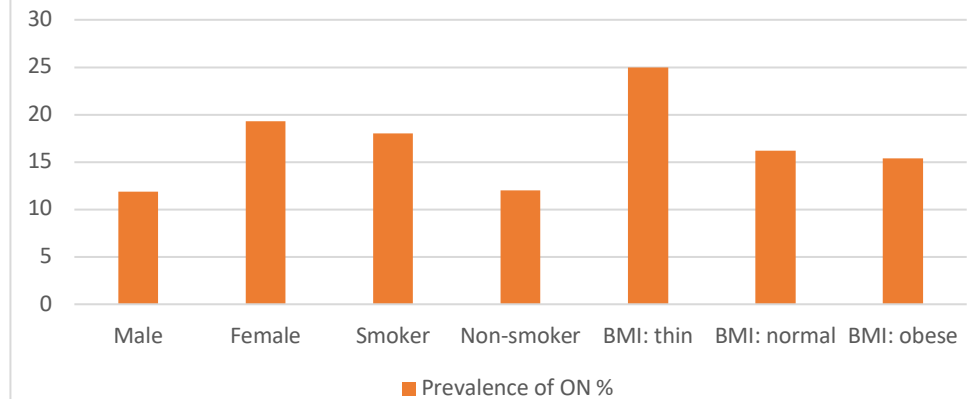
# Orthorexia Nervosa (ON) and Other Specified Feeding or Eating-Disorder (OSFED)

## What is Orthorexia and OSFED?

OSFED is an umbrella term for a variety of eating disorders that vary from the three specific disorders that are anorexia, bulimia and binge-eating disorder. This category accounts for the highest percentage of eating disorders with a wide range of ages, genders, and ethnicities experiencing symptoms [1].

Orthorexia Nervosa (ON) is defined as an “unhealthy” and compulsive obsession with “clean-eating”, optimal health and fitness to the extent of crippling anxiety and distress. Though the focus is on eating, the restrictive obsession can lead to malnourishment, loss of relationships and poor quality of life, increasing the risk of development of other mental and physical health issues. Whilst the *Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> edition* (DSM-5) doesn't yet diagnose orthorexia as a singular eating disorder, it currently classifies under OSFED. In today's society where optimal health is promoted everywhere, it becomes easier for those to mask an eating disorder as “healthy-eating” leading to increased cases being left unsupported and untreated [2].

Prevalence of ON % based on a study on university students aged 19-51 in Spain



Results interpreted from data collected in a study that analysed the prevalence of ON in university students in Spain aged 18-51. Highest prevalence shown in women and those with BMI: thinness [5].

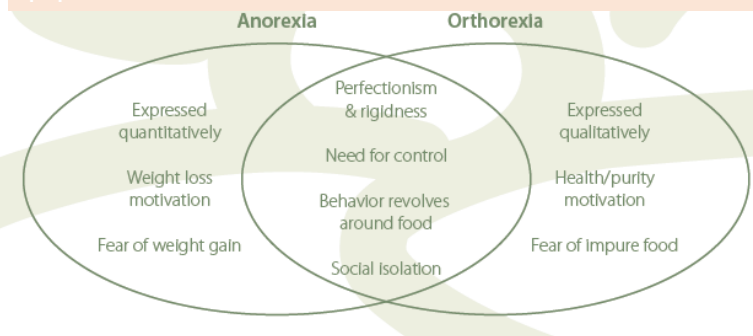
## The Difficulty of Diagnosing ON

A hypothetical case was made in a study to identify the clinical complications for treating and diagnosing ON where the patient was presented to a clinic on the grounds of developing obsessive behaviour in the quality and health of foods [3]. Clinical testing showed the patient had no abnormalities upon physical examination, blood tests were within normal limits, reported no clinical depression, suicidality, hallucinations or paranoia. However, the patient presented obsessive behaviour around conversations had about “prohibited” foods resulting in disgust and distress, compulsive food preparation and an exaggerated faith that the inclusion or elimination of certain foods could cure or prevent illness.

There is increasing debates whether orthorexia is a singular syndrome or a variance of others. To meet DSM-5 diagnostic criteria, patients must weigh minimally for their height and age and must have an intense fear of gaining weight. The unfortunate issue with ON diagnosis is that clinical diagnostics do not account for the mental trauma caused to a patient and the emotional side effects that ultimately cause impairments to their emotional well-being, despite the appearance of “normal health”. One study argues that though the principle diagnostics of an ED is minimal weight, ON shares strikingly similar psychological and behavioural traits [4].

## Behavioural and Psychological Similarities between Orthorexia and Anorexia

In the study above it concluded that behavioural aspects such as perfectionism, compulsiveness, body dissatisfaction and drive for thinness were all common markers for ON [5] - as much as they are with anorexia nervosa (AN). Below the diagram depicts the similarities that these conditions share [6].



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