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## Eating Disorders

Although clinically defined as psychological disorders, eating disorders are associated with substantial and sometimes life-threatening nutritional and physiological complications. In general, eating disorders can be defined as an ongoing disturbance of eating behavior or behavior intended to control body weight, which considerably impairs physical health or psychosocial functioning.

Typically patients suffering from eating disorders present with the following:

- Abnormal eating patterns
- Obsessive ideation about body size and weight
- Distorted body image

Etiology is multidimensional and complex and includes the interrelationship of psychological as well as physiological variables. Behavioral studies have suggested several risk factors that include the following characteristics:

- Environment
- Family
- Personal

In addition, progress in immunological research has suggested that etiology is partly the result of a strong interrelationship among the endocrine, nervous, and immune systems ([American Dietetic Association, 2001](#); [Fairburn, 2002](#); [Schebendach, 2000](#)).

Eating disorders occur on a continuum ranging from normal eating to diagnosable eating disorders ([Striegel-Moore, 1986](#); [Rosen, 1998](#)). It is important to note that the diagnosis should not be based solely on physical appearance or even biochemical data, as these signs often do not appear until the disease state is progressed. Registered dietitians (RD) working with patients with eating disorders should seek continuing education specific to eating disorders and in counseling and/or psychology in order to be prepared for the unique and very multidimensional psychological and physiological signs and symptoms associated with eating disorders. The conditions that fall under the category "Eating Disorders" as described in the fourth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders ([American Psychiatric Association DSM-IV, 1994](#)) and in the tenth edition of the International Classification of Diseases (ICD-10) are as follows:

- [Anorexia nervosa](#)
- [Bulimia nervosa](#)
- [Eating disorders not otherwise specified](#) (EDNOS).
  - Included in the EDNOS criteria is [binge eating disorder](#). Binge eating disorder is also included in Appendix B of DSM-IV, which is a section reserved for new potential diagnoses for which there were insufficient data to justify inclusion as a separate diagnostic criterion ([Fairburn, 2002](#)).

Efforts have been made to ensure that those meeting partial but not full criteria for an eating disorder received adequate medical attention. In 1996, the American Academy of Pediatrics published its Diagnostic and Statistical Manual for Primary Care to account for behaviors in children and adolescents that do not meet full DSM-IV criteria but who still require medical attention. Two new disorder complexes were added that were not defined in the DSM-IV: dieting and body image behaviors and purging/binge-eating behaviors. The definition of these behaviors identified disordered eating as occurring on a continuum and described them as requiring medical and psychiatric attention ([Wolraich, 1996](#)).

Most information in the literature on body dissatisfaction and eating disorders has focused on women. However, recent information has indicated that body dissatisfaction presents substantial problems and increases risk of eating disorders in men as well ([McCabe, 2004](#)).

Males and females with eating disorders are similar except:

- Binging and overexercising occurs more often in men
- Laxative abuse is more common in women
- More pre-morbid obesity in men

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- Higher incidence of alcoholism or depression in men
- Men are more likely to begin diet for sport performance or to avoid health consequences associated with obesity
- Men are often not diagnosed
- Boys and girls have similar shapes and percentage of body fat until age 9-12 years, when girls begin to gain body fat caused by increasing levels of estrogen
- Onset of puberty not as distinct for boys and the changes that occur physically in boys, especially, an increase in lean body mass, are more socially desirable
- Early pubertal development in a boy typically leads to positive self-esteem, which is not the case for girls
- In boys, late developers have difficulty meeting cultural ideals and may have a lower self-esteem
- Men are as dissatisfied with their bodies as women are, just in a different way (40% of men want to lose and 40% want to gain, as compared with women, where 80% would like to lose)
- The popular male goal to meet muscular bodybuilding ideal is difficult without drugs and leads to low self-esteem; concerns with body image may predispose men to anabolic steroid use (Anderson, 2000; Drewnowski, 1999; Muise, 2003; Pope, 2000)

For a more thorough discussion of body image and eating disorders in men, the references cited above are useful. Additional information and resources:

- [A number of resources are available for men suffering from eating disorders](#), accessed July 30, 2004
- [For Men: Sports & Compulsive Exercising in Males](#), accessed July 30, 2004.

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