

# Information Handout

Professional Version | US English

# Recognizing Anorexia Nervosa



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## Description

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Psychiatric diagnostic frameworks serve multiple purposes. Classification of mental disorders enables clinicians and researchers to speak a common language when describing patterns of experience and behavior, guides appropriate treatment interventions, and acts as a coding system for insurance purposes. The success of these classification frameworks has varied across diagnoses but in the best cases has led to improved understanding and treatment of conditions, and has helped many service users who find such classification helpful (Perkins et al, 2018).

Diagnostic frameworks are not without controversy. They have been criticized on grounds of reliability, validity, and distortions due to commercial interests (Zigler & Phillips, 1961; Frances & Widiger, 2012; Bell, 2017). Perhaps most importantly there are instances where they have had, and continue to have, extremely negative effects upon service users (Perkins et al, 2018). Diagnosis is not the only way of understanding people and their experiences. Many clinicians and their clients find that attending to our personal stories and narratives is a helpful approach, and psychological formulation is one technique for bringing together information about what has happened to an individual and the sense that they have made of it (British Psychological Society, 2018).

Notwithstanding the above caveats, the '*Recognizing...*' series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems. Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes.

Anorexia nervosa is characterized by the restriction of energy intake, leading to a severely low weight in the context of an individual's age, sex, and physical health. People with anorexia have an intense fear of gaining weight and a distorted perception of their own body weight or shape. *Recognizing Anorexia Nervosa* compares the DSM-5 and ICD-10 criteria for anorexia, and the *Anorexia Nervosa Checklist* is an assessment tool for clinicians.

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# Instructions

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The 'Recognizing...' series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems.

Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes. In particular it has been assumed that symptoms cause clinically significant distress or impairment unless otherwise stated.

Information for the 'Recognizing ...' series was drawn from:

- The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.
- The *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10)*. The ICD-10 is available in two versions: (1) The Clinical Descriptions and Diagnostic Guidelines (CDDG) or 'blue book' is intended for general clinical, educational and service use; (2) The Diagnostic Criteria for Research (DCR) or 'green book' was designed to facilitate research.

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# References

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American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub.

Bell, V. (2017). *We need to get better at critiquing psychiatric diagnosis*. Retrieved from <https://mindhacks.com/2017/09/19/why-we-need-to-get-better-at-critiquing-diagnosis/>

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Frances, A. J., & Widiger, T. (2012). Psychiatric diagnosis: lessons from the DSM-IV past and cautions for the DSM-5 future. *Annual Review of Clinical Psychology*, 8, 109-130.

Perkins, A., Ridler, J., Browes, D., Peryer, G., Notley, C., & Hackmann, C. (2018). Experiencing mental health diagnosis: a systematic review of service user, clinician, and carer perspectives across clinical settings. *The Lancet Psychiatry*, 5(9), 747-764.

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# Recognizing Anorexia Nervosa

	DSM-5	ICD-10
<b>Symptoms</b>	<b>3 of:*</b>	<b>5 of:</b>
1. Restriction of energy intake leading to weight that is less than minimally normal or expected in the context of: age, sex, developmental trajectory, and physical health.	✓	✓
2. Intense fear of gaining weight, intrusive dread of fatness, or persistent behavior that interferes with weight gain.	✓	✓
3. Disturbed perception of one's body weight or shape (e.g. a self-perception of being too fat).	✓	✓
4. Body weight or shape has an undue influence on self-evaluation.	✓	
5. Persistent lack of recognition of the seriousness of low body weight.	✓	
6. Endocrine disorder resulting in amenorrhea in females and a loss of sexual interest or potency in males.		✓
7. No persistent preoccupation with eating, and no recurrent episodes of overeating.		✓

\*Symptoms 1 and 2 must be present and at least one other symptom.

<b>Subtypes</b>		
Restricting: no recurrent episodes of binge eating or purging behavior in the last 3 months.	✓	
Binge eating / purging: recurrent episodes of binge eating or purging behavior in the last 3 months.	✓	

# Anorexia Nervosa Checklist

	DSM-5	ICD-10
<b>Symptoms</b>	<b>3 of:*</b>	<b>5 of:</b>
1. Restriction of energy intake leading to weight that is less than minimally normal or expected in the context of: age, sex, developmental trajectory, and physical health.	<input type="checkbox"/>	<input type="checkbox"/>
2. Intense fear of gaining weight, intrusive dread of fatness, or persistent behavior that interferes with weight gain.	<input type="checkbox"/>	<input type="checkbox"/>
3. Disturbed perception of one's body weight or shape (e.g. a self-perception of being too fat).	<input type="checkbox"/>	<input type="checkbox"/>
4. Body weight or shape has an undue influence on self-evaluation.	<input type="checkbox"/>	
5. Persistent lack of recognition of the seriousness of low body weight.	<input type="checkbox"/>	
6. Endocrine disorder resulting in amenorrhea in females and a loss of sexual interest or potency in males.		<input type="checkbox"/>
7. No persistent preoccupation with eating, and no recurrent episodes of overeating.		<input type="checkbox"/>

\*Symptoms 1 and 2 must be present and at least one other symptom.

<b>Subtypes</b>		
Restricting: no recurrent episodes of binge eating or purging behavior in the last 3 months.	<input type="checkbox"/>	
Binge eating / purging: recurrent episodes of binge eating or purging behavior in the last 3 months.	<input type="checkbox"/>	

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