Orthorexia Nervosa

In 1997 physician Stephen Bratman coined the term orthorexia and described it as "an unhealthy obsession with eating healthy food." The term has moved into common usage; however it has not been clinically defined by the APA or included in the DSM-5. Orthorexia as described by Bratman and observed in clinical practice shares features of both anorexia nervosa and obsessive-compulsive disorder, and is distinguishable from anorexia based on an excessive or compulsive drive to be "pure" or "natural" as opposed to thin. As with anorexia, this elusive goal is never attained, and the sense of failure reinforces the internal drive to avoid even more foods.

Orthorexia should not be confused with a constructive desire to improve one's health through improved eating practices or an appropriate interest in good nutrition. Orthorexia is suggestive of an underlying (and as yet unidentified) pathology that causes eating and related activities, such as food shopping and preparation, to become out of proportion and compulsive, impairing normal functioning and daily life.

Although an individual with orthorexia may not endorse a desire for thinness, he or she may nevertheless become malnourished or even emaciated due to food rules, restrictions and avoidance. This malnutrition further will further impair cognitive functioning, increase anxiety, and perpetuate dysfunctional behaviors. The worse an individual with orthorexia feels, the more he or she may blame certain foods or food additives that must be eliminated or further restricted, and the more he or she may insist to others that the diet is healthy.

Orthorexia is less likely to be about health and more likely to be a conscious or unconscious attempt to manage anxiety, an attempt to bolster self-esteem by demonstrating admirable traits such as willpower and self-restraint, or an unsuccessful attempt to "cleanse" away one or more traumatic memories or experiences. It may also conceal a belief that one is unacceptable due to one's intolerable desire for certain enjoyable or "indulgent" foods and a fear that "giving in" to these desires may result in an unacceptable loss of control. Like anorexia, orthorexia may be ego-syntonic and reinforced by societal approval, resulting in denial of the problem and unwillingness to seek treatment.

Treatment for orthorexia would be expected to include nutritional restoration, treatment for anxiety, and a move away from the faulty logic that to stay "safe," food intake must be cognitively over-regulated. Exposure and response prevention may help to decrease food phobias, and treatments for post-traumatic stress disorder may be beneficial if a trauma history is indeed revealed.

Sample Criteria for Orthorexia Nervosa

Criterion	Description
A	Pathological preoccupation with nutrition and diet far beyond that which is necessary for health, and undue influence of diet on self-evaluation, evidenced by characteristics such as: 1. Phobic avoidance of or response to foods perceived to be unhealthy, such as refusal to be in proximity to such food or experiencing panic while watching others eat the food. 2. Severe emotional distress or self-harm after eating a food considered unhealthy. 3. Persistent failure to meet appropriate nutritional needs leading to nutritional deficit and/or psychological dependence on individual nutrient supplements in place of food intake due to the belief that synthetic nutrients are superior to those found in food or that food is contaminated (except in cases where food is known to be contaminated). 4. Following a restrictive diet prescribed for a medical condition that the individual does not have, or in order to prevent illness not known to be influenced by diet. 5. Insisting on the health benefits of the diet in the face of evidence to the contrary. 6. Marked interference with social functioning or activities of daily living, such as isolation when eating, avoidance of social functions where food is served, or neglect of work, school or family responsibilities due to food-related activities.
B	Not the result of a lack of available food or a culturally sanctioned practice.
C	The individual endorses a drive for health or life extension rather than a drive for thinness.
D	The eating disturbance is not attributable to a medical condition or another mental disorder such as anorexia nervosa, bulimia nervosa or obsessive-compulsive disorder.

Author's note: No standardized or validated criteria for orthorexia exist at this time. The criteria above were created based on the author's clinical experience as an eating disorder dietitian following the format of eating disorder diagnoses in the Diagnostic and Statistical Manual of Mental Disorders. Additionally, Dunn & Bratman published their proposed criteria for orthorexia in a paper titled On orthorexia nervosa: A review of the literature and proposed diagnostic criteria in *Eating Behaviors*, 21, 11 -17. Further research and discussion will be needed to generate a consensus on what behaviors constitute orthorexia, what the root illness entails, and how best to help individuals who are suffering. Currently a combination of clinical judgment, individualized treatment and symptom management are the gold standard of care.

Reprinted with permission from: The Eating Disorders Clinical Pocket Guide, 2nd Edition. Jessica Setnick.