Eating Disorders — Cardinal Criteria + Clinical Tells

OSCE Preparation · OSCE Exam · DSM-5-TR Criterion Language

SPIRAL 2 — CRITERIA + TELLS

Week 1

1. ARFID — Avoidant/Restrictive Food Intake Disorder

F50.82

A **Eating/feeding disturbance** (e.g., apparent lack of interest in eating; sensory-based avoidance; concern about aversive consequences) manifesting as **persistent failure to meet nutritional/energy needs**, associated with ≥1 of:

- Significant weight loss (or failure to achieve expected weight gain)
- Significant nutritional deficiency
- Dependence on enteral feeding or oral supplements
- Marked interference with psychosocial functioning

B **NOT explained by** food unavailability or cultural/religious practice

C **NOT AN, BN, or BED** — no evidence of **body weight/shape disturbance**

D Not attributable to medical condition or another mental disorder (or exceeds what is expected)

CLINICAL TELLS — WHAT CLIENTS SAY

- "I only eat certain textures/colours"
- "I'm scared I'll choke" (after one incident)
- "Food just doesn't interest me"
- "Other people's chewing makes me feel sick" sensory
- "I can't eat with others" probe — is it sensory or shame?
- No mention of wanting to lose weight or be thin

PROBE QUESTIONS

- *"Are you worried about your weight or how your body looks?"* [→ rules out AN]
- *"What happens when you try to eat that food?"*
- *"Have you ever choked or been sick from eating?"*
- *"Do certain textures or smells bother you a lot?"*
- *"How long has eating been this way for you?"*

KEY DDX

- **vs AN:** No body image disturbance in ARFID. Directly ask about weight/shape concerns.
- **vs medical:** Exclude GI pathology, dysphagia, food allergy — but ARFID persists beyond what medical condition explains.
- **vs ASD:** Sensory food avoidance common in ASD — ARFID may be comorbid. Don't exclude ARFID if ASD present.

2. Anorexia Nervosa (AN)

F50.01 Restricting / F50.02 Binge-Purge

A **Restriction of energy intake** relative to requirements → **significantly low body weight** (in context of age, sex, developmental trajectory, physical health) **LOW WEIGHT REQUIRED**

B **Intense fear of gaining weight** or of becoming fat, OR persistent behaviour that **interferes with weight gain**, even though at significantly low weight

C Disturbance in the way in which one's **body weight or shape is experienced**, undue influence of body weight or shape on self-evaluation, OR persistent **lack of recognition of the seriousness** of current low body weight

Subtypes:

R **Restricting type:** No recurrent binge/purge episodes in last 3 months

BP **Binge-Purge type:** Recurrent binge eating OR purging behaviour in last 3 months

CLINICAL TELLS

- "I feel fat even though people say I'm thin"
- Counts calories obsessively, cuts food into tiny pieces
- Wears baggy clothes to hide body
- Exercises even when exhausted/sick
- Denies anything is wrong with their weight

PROBE QUESTIONS

- *"What do you think about your current weight?"*
- *"How would you feel if you gained weight?"*
- *"Do you ever feel that your body looks different to how others see it?"*
- *"Can you tell me what you ate yesterday?"*

- 🎯 Amenorrhoea (ask in females)
- 🎯 Lanugo, cold intolerance — medical signs

- 💬 *"How much exercise do you do in a week?"*
- 💬 *"Has your period stopped or become irregular?" [females]*

⚡ KEY DDX

- ⚡ **vs BN:** AN requires significantly LOW WEIGHT. BN = normal/above weight.
- ⚡ **vs ARFID:** AN has body image disturbance (Criterion C). ARFID does not.
- ⚡ **vs MDD:** MDD can cause weight loss but no body image distortion or fear of weight gain.
- ⚡ **Comorbid:** OCD, anxiety disorders, MDD common — but AN criteria must be primary.

🔄 3. Bulimia Nervosa (BN) F50.2

A **Recurrent episodes of binge eating** characterised by BOTH:
- Eating, in a discrete period of time, an **amount that is definitely larger than most people** would eat
- A sense of **lack of control** over eating during the episode

B Recurrent **inappropriate compensatory behaviour** to prevent weight gain — self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise

C Binges and compensatory behaviours both occur, on average, **≥1×/week for 3 months**

D Self-evaluation is **unduly influenced by body shape and weight**

E **Does NOT occur exclusively during AN** — if low weight + purging, diagnose AN binge-purge type

🎯 CLINICAL TELLS

- 🎯 "I eat a huge amount then make myself sick" (may not volunteer this)
- 🎯 Goes to bathroom after meals
- 🎯 Buys large amounts of food, empty wrappers hidden
- 🎯 Dental erosion, swollen parotid glands (Russell's sign)
- 🎯 "I feel totally out of control when I start eating"
- 🎯 Normal weight — easily missed if not asked
- 🎯 Shame and secrecy are dominant features

💬 PROBE QUESTIONS

- 💬 *"Do you ever eat a really large amount of food in a short time?"*
- 💬 *"When you eat like that, do you feel out of control?"*
- 💬 *"After eating, do you ever do anything to try to stop weight gain?"*
- 💬 *"How often does this happen?"*
- 💬 *"Do you think a lot about your weight and shape?"*
- 💬 *"Do you ever use laxatives or make yourself vomit?" [direct — necessary]*

⚡ KEY DDX

- ⚡ **vs BED:** BN has compensatory behaviour. BED does not. Both have binges.
- ⚡ **vs AN binge-purge:** If significantly low weight → AN binge-purge. BN = normal/above weight.
- ⚡ **AOD:** Stimulant use can suppress appetite; rule out substance-induced pattern.

😔 4. Binge Eating Disorder (BED) F50.81

A **Recurrent binge eating episodes** associated with **≥3 of the following:**
- Eating much more rapidly than normal
- Eating until uncomfortably full
- Eating large amounts when not physically hungry
- Eating alone because of feeling embarrassed by how much one is eating
- Feeling disgusted with oneself, depressed, or very guilty afterward

B **Marked distress** regarding binge eating

C Occurs **≥1×/week for 3 months**

D **NOT associated with recurrent use of inappropriate compensatory behaviour** — and does not occur exclusively during AN or BN

🎯 CLINICAL TELLS

- 🎯 "I eat in secret, I'm ashamed of how much I eat"
- 🎯 "I can't stop once I start, I eat until I feel sick"
- 🎯 "Afterwards I feel disgusted with myself"
- 🎯 No purging, no laxatives, no excessive exercise to compensate
- 🎯 Often presents with obesity or distress about weight — but weight not required for dx
- 🎯 "I'm not even hungry when it starts"

💬 PROBE QUESTIONS

- 💬 *"Do you ever eat a very large amount in one sitting?"*
- 💬 *"How do you feel during and after those episodes?"*
- 💬 *"Do you do anything afterward to compensate — vomiting, exercise, fasting?" [→ rules out BN]*
- 💬 *"How often does this happen?"*
- 💬 *"Do you tend to eat alone? Why?"*

⚡ KEY DDX

- ⚡ **vs BN:** BED has NO compensatory behaviour. This is the only distinguishing feature from BN.
- ⚡ **vs Obesity:** Obesity alone is not a mental disorder. BED requires binge pattern + distress.
- ⚡ **vs MDD with atypical features:** Overeating in depression is different — ask about loss of control + the ≥3 binge features.

💊 REQUIRED AOD + MEDICAL SCREEN (OSCE RUBRIC REQUIREMENT)

For all eating disorders, ask: **"Are you using any substances — alcohol, cannabis, prescription or other drugs?"**
Consider substance/medication-induced disorder if intake pattern temporally linked to substance use.
Medical: thyroid dysfunction (weight changes), GI disorders (nausea/vomiting), diabetes (omission of insulin for weight loss in AN/BN).
Always ask: "Are you on any medications?" — stimulants, corticosteroids can affect appetite/weight.