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## Other specified feeding or eating disorders (OSFED)

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### Summary

- People with OSFED (Other Specified Feeding or Eating Disorder) have symptoms that do not fit exactly with a diagnosis of anorexia nervosa, bulimia nervosa or binge eating disorder.
  - OSFED is not a lifestyle choice, but is a complex and serious mental health condition.
  - Symptoms of OSFED might be similar to one or a combination of the other eating disorders.
  - OSFED is one of the most common eating disorders in Australia.
  - Like other eating disorders, recognising the warning signs of OSFED early and seeking help is the quickest way to get on the road to recovery.
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People with other specified feeding or eating disorders (OSFED) have symptoms that do not fit exactly with a diagnosis of anorexia nervosa, bulimia nervosa or binge eating disorder. OSFED was previously referred to as eating disorders not otherwise specified (EDNOS).

OSFED is more frequently diagnosed than other eating disorders, and is just as serious as better known disorders, such as anorexia nervosa. People with OSFED have a complex and serious mental health condition.

People with OSFED have symptoms and problems similar to those faced by people with other eating disorders. OSFED occurs in people of all ages and, in 2012, it was estimated that over 350,000 of over 900,000 Australians with eating disorders (or 38 per cent) had OSFED, making it one of the most common eating disorders. If left untreated, a person with OSFED is at risk of developing severe physical and psychological problems such as those seen in anorexia nervosa and bulimia nervosa.

### Symptoms of OSFED

People with OSFED have symptoms that might be similar to, but not exactly the same as, other eating disorders. In other words, some people with OSFED might have signs and symptoms that are similar to anorexia nervosa, while others might have symptoms more like bulimia nervosa or binge eating disorder. What all people with OSFED have in common is that they have very disturbed eating patterns and usually a distorted body image, and often an intense fear of gaining weight.

### Physical symptoms of OSFED

Physical signs and symptoms include:

- fluctuating body weight or loss or gain of significant body weight
- loss of periods (in women) and failure to begin menstrual cycle (in girls) – although you can still have your periods and have OSFED
- loss of libido
- getting sick more often than usual – a possible sign of a distressed immune system
- signs of damage from frequent vomiting, such as swelling around the cheeks and jaw, damaged teeth and bad breath
- fainting or dizziness.

### Psychological symptoms of OSFED

Psychological signs and symptoms include:

- preoccupation or obsession with eating, dieting, exercise or body image
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- sensitivity to comments about food, eating, dieting, exercise or body image
- feelings of shame, guilt and disgust, especially after eating
- increased anxiety or irritability around meal times
- a distorted body image or extreme dissatisfaction with body shape – people can think they are fat when they have a healthy or low body weight
- low self-esteem, depression, anxiety, self-loathing or irritability.

### **Behavioural symptoms of OSFED**

Behavioural signs and symptoms of OSFED include:

- dieting behaviour – dieting, counting kilojoules, reporting new food allergies and avoiding food groups that were once enjoyed
- unexplained disappearance of food – hiding of binge eating episodes
- secretive behaviour around food – hiding uneaten food or saying they have eaten when they haven't
- becoming more antisocial and withdrawn
- eating alone and avoiding other people at meal times
- vomiting (less frequently than once a week, so not meeting the diagnostic criteria for bulimia nervosa)
- chewing and spitting of food
- frequent trips to the bathroom after eating
- increased interest in food preparation – such as planning, buying and preparing food for others but not eating it themselves
- increased interest in body shape and weight loss
- obsessive rituals around food – for example, cutting food into very small pieces or eating very slowly
- use of laxatives, enemas, diuretics or appetite suppressants
- behaviour related to body image – constantly checking in the mirror, pinching parts of the body to measure fat.

### **Long-term effects of OSFED**

Ongoing and untreated OSFED has the risk of a variety of problems including:

- inflammation and rupture (tearing) of the throat and stomach from frequent vomiting
- constipation and diarrhoea
- kidney failure
- weakened bones (osteoporosis)
- slowed growth (in young people)
- infertility in men and women
- irregular heartbeats or a slow heart rate that can lead to heart failure.

### **Diagnosis of OSFED**

Eating disorders cover a spectrum of conditions and people with OSFED do not fit neatly into a specific group. You need to see a doctor to get a diagnosis as soon as possible.

A GP who has experience treating eating disorders is a good first point of contact. Other healthcare professionals can recognise eating disorders, but may not be able to give you a physical check-up.

To diagnose OSFED, a doctor will need to do a full physical check-up, carry out blood tests and ask questions to find out what type of symptoms you have. Your doctor will need to make sure that any changes in body weight are not caused by another undiagnosed physical illness or mental health condition.

Some people might have what is known as 'disordered eating' rather than a diagnosed eating disorder. An example of disordered eating may be if a person is losing weight because they are eating a restricted range of foods due to textural aversion, as can occur in Autistic Spectrum Disorder. Another example is a person with dementia who may

be refusing to eat.

## Treatment of OSFED

Like other eating disorders, recognising the warning signs early and seeking help is the quickest way to get on the road to recovery.

Research is continuing into which treatments are best for eating disorders. For OSFED, your individual treatment will depend on the type of symptoms you have. Current evidence suggests that it is best to get treatment started as early as possible and that using a team of professionals with expertise in different fields is the best way to get results.

Once OSFED is diagnosed, your doctor will organise a team to help you on the journey to recovery. The types of healthcare professional who might be involved include:

- psychiatrist
- psychologist
- dietician
- family therapist
- social worker.

Treatment needs to help both physical and psychological health. Family therapy [<https://www.aaft.asn.au/aaft/family-therapy/>] and specialist psychotherapy can be effective, but there are other psychotherapy and behavioural therapy options.

Your healthcare professionals will need to ask a lot of questions to help you work out the link between the way you think and your eating behaviour. Support groups can be helpful, but they do not replace treatment from healthcare professionals.

Other treatment options include medications and supplements to help with any physical problems and, in some cases, medication to help your mental health (for example, antidepressants).

## Where to get help

- In an emergency, always call triple zero (000)
- A GP experienced in supporting people with eating disorders
- **Eating Disorders Victoria Helpline**. Tel. 1300 550 236 – support from Monday to Friday 9 am to 5 pm
- Community health centre
- **Lifeline**. Tel. 13 11 14
- **SuicideLine**. Tel. 1300 651 251
- **Kids Helpline**. Tel. 1800 55 1800
- **Butterfly Foundation's National Support Line**. Tel. 1800 ED HOPE (1800 33 4673) – support from Monday to Friday 9 am to 5 pm (except public holidays)

**This page has been produced in consultation with and approved by:**

Eating Disorders Victoria (EDV)

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