



On orthorexia nervosa: A review of the literature and proposed diagnostic criteria



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ARTICLE INFO

Article history:

Received 27 July 2015

Received in revised form 13 November 2015

Accepted 16 December 2015

Available online 18 December 2015

Keywords:

Orthorexia nervosa

Eating disorders

Unhealthy eating

ABSTRACT

There has been a growing interest among clinicians and researchers about a condition where people restrict their diet based not on quantity of food they consume, but based on its quality. Bratman (1997) coined the term “orthorexia nervosa” to describe people whose extreme diets – intended for health reasons – are in fact leading to malnutrition and/or impairment of daily functioning. There has also recently been intense media interest in people whose highly restrictive “healthy” diet leads to disordered eating. Despite this condition being first described in the U.S., and receiving recent media interest here, orthorexia has largely gone unnoticed in the North American literature. This review article details the literature of orthorexia nervosa, describing its emergence as a condition first described by a physician in a yoga magazine, to its being discussed in the scientific literature. It also reviews prevalence studies and discusses marked shortcomings in the literature. Finally, diagnostic criteria are proposed, as are future directions for research.

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1. Introduction

Concerns about individuals who engage in pathologically healthful eating have been of interest in recent years, primarily to European researchers and clinicians. While a review (Vandereycken, 2011) of

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Dutch speaking eating disorder specialists ($n = 111$) reports that most are aware of the condition “orthorexia nervosa” (ON), peer-reviewed scholarship regarding this topic has largely been absent in the U.S. literature, with only a single article on the topic appearing in a refereed, North American journal (Moroze, Dunn, Holland, Yager, & Weintraub, 2015). The public’s awareness of this condition began changing in the summer of 2014. This is when a young woman in New York named Jordan Younger, author of a highly successful blog called “The Blonde Vegan,” surprised her 70,000 Instagram followers by admitting that she suffered from an eating disorder that was not based on the quantity of her food intake, but its quality (Pfeffer, 2014). Younger reported that her drive for healthy eating had become pathological and resulted in malnutrition. Major media outlets reported her plight and she was interviewed on programs like ABC News’ Good Morning America and Nightline programs (J. Younger, personal communication, April 9, 2015) inspiring a flurry of other media coverage, such as articles in the *Wall Street Journal* and *Popular Science* (Reddy, 2014; Schwartz, 2015). It is remarkable that this kind of media coverage has been generated for a condition not recognized by the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-5) and not well understood. The purpose of this paper is to review the literature of ON and discuss diagnostic criteria.

2. Review of the literature

2.1. Method

The key words “orthorexia,” “orthorexia nervosa,” “pathologically healthy eating” and “disordered healthy eating” were searched in the databases Academic Search, Biological Abstracts, Google Scholar, MEDLINE/PubMed, and PsychINFO. From these results, articles appearing in peer-reviewed journals, books, and book chapters were reviewed. Except for Bratman’s (1997) original article, we excluded articles that were commentary only, review articles that merely discuss the literature, and items that were unavailable using interlibrary loan/document delivery request through an academic library. Works that were published in a language other than English ($n = 3$) were translated via Google Translate.¹

2.2. Background

ON was first described by physician Steven Bratman in 1997, in an article in *Yoga Journal*. To describe what he saw as a pathological obsession with healthful eating, he coined the term “orthorexia nervosa,” from the Greek “ortho” meaning “straight or “correct,” and “orexi,” meaning appetite. He would later more fully detail the condition in a book (Bratman & Knight, 2000). Other than a review of this book in *JAMA* (Fugh-Berman, 2001) that encourages the term orthorexia nervosa entering the “medical lexicon,” the first article appearing in a peer-reviewed journal was a 2004 Italian study that described ON as a “maniacal obsession” in the pursuit of healthy foods (Donini, Marsili, Graziani, Imbriale, & Cannella, 2004). This seminal paper would give credibility to the condition and the term used to describe it, marking the transition of ON from informal musing into a concept worthy of scientific exploration.

2.3. Case studies

Case studies have long been the mechanism to permit potentially new medical conditions to be introduced into the scientific literature (Vandenbroucke, 1999). Case studies often help drive early attempts at evidence-based treatment and other best practices (Cabán-Martínez &

García-Beltrán, 2012; Edwards, Dattilio, & Bromley, 2004). Soon after the Donini et al. (2004) article appeared, case studies detailing individuals thought to have ON started circulating in the literature. The cases below are important as each describes pathological eating driven by a desire not for thinness, but to have a diet perceived to promote good health. In each case, the authors argue that the patient they describe suffers from ON.

Zamora, Bonaechea, Sánchez, and Rial (2005) thoughtfully describe the case of a 28-year-old woman with severe malnutrition, marked hypoproteinemia, and vitamin B₁₂ deficit, with a Body Mass Index (BMI) of 10.7. At age 14 she was reportedly told by a nutritionist to eliminate fats from her diet to help control severe acne that was refractory to traditional treatments. At age 16, she progressively restricted the types of food she ate to an extreme “lacto-ovo-vegetarian” diet. By age 24, she had eliminated eggs and milk products. By the time of her presentation to the Zamora group, the patient’s weight dropped to 27 kg after isolating herself from friends and family and eating only uncooked vegetables. Zamora et al. (2005) report that the patient had no typical anorexia behaviors: she did not report a desire to be thin, nor did she have distorted body image. She simply believed that different types of proteins or nutrients in the same meal produced toxins and were to be avoided.

Park et al. (2011) recount the case of a 30-year-old male who, in a sole effort to treat a tic disorder, restricted his diet to only 3–4 spoons of brown rice and fresh, unsalted vegetables. After three months, he became “bedridden.” His extreme dietary restriction resulted in severe medical consequences, resulting in a 38-day hospital stay to treat metabolic acidosis, subcutaneous emphysema, pneumothorax and pancytopenia. They do not report that he had self-perceived body image disturbance, nor concerns of being overweight.

Saddichha, Babu, and Chandra (2012) report a 33-year-old woman with an eight year history of maintaining an exclusive diet of only fresh fruits, raw vegetables, and uncooked eggs. The patient did not report concerns about her body type or weight, but reportedly became obsessed about healthful eating. She reportedly was worried that cooking foods would ruin their nutritional qualities. During this time, she reportedly cut ties with her friends and family and developed a BMI of 14.5 requiring medical intervention. Saddichha et al. (2012) conceptualize this case as ON being a prodrome to developing schizophrenia. They note that the patient had ON symptoms for seven years before showing signs of a first time psychotic break. Her psychosis reportedly had nothing to do with food, but concerned paranoid and bizarre ideas about her family. These authors note other cases of eating disorders preceding schizophrenia and argue that the ON was a distinct process not better accounted for by psychotic illness.

Finally, Moroze et al. (2015) discuss a 28-year-old male with three years of reduced nutritional intake, limited to self-made “protein shakes” that included only pure amino powders. He stated that he avoided commercial shakes, as they had unnecessary fillers. This restriction resulted in severe malnutrition, he presented with a BMI of 12.3, weighing 43.5 kg (50% of his ideal body weight). While this patient initially started restricting his diet in response to an episode of constipation, over the period of years, his beliefs reportedly turned to eating food based on its purity. At the time of his treatment, Moroze et al. (2015) note that the patient said that his body was a “temple” and his diet was designed to give him the “pure building blocks” that he needed to be healthy. The authors include a lengthy discussion regarding differential diagnosis. Noting that the patient had no body image concerns or issues regarding his weight, he was diagnosed with eating disorder not otherwise specified (as DSM-IV was in effect at the time of their evaluation).

2.4. Existing criteria for ON

As conceptualized by Donini et al. (2004), in ON, purity of food is valued above all else, including deleterious health effects from such a

¹ Balk, Chung, Chen, Trikalinos, and Kong (2013) report Google Translate as an acceptable method of translation for data extraction, particularly when descriptive statistics are being used.

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