

Other Nonspecified Feeding or Eating Disorders: Pushing the Envelope

To the Editor: The current major classificatory systems in psychiatry (*DSM-5-TR* and *ICD-11*) describe 6 main diagnostic categories but are silent on a panoply of aberrant eating behaviors that could be a focus of clinical attention. Although still nascent, literature on these behaviors is rapidly increasing, awaiting formal acknowledgment. Herein, we describe some of these disorders that are still captured by the redundant category of other nonspecified feeding or eating disorders.

Orthorexia nervosa, coined by Bratman,¹ refers to pathological obsession with healthy eating.² While those with other eating disorders such as anorexia nervosa and bulimia nervosa are preoccupied with quantity of food intake, in orthorexia the main focus is quality of food intake.

Anorexia nervosa by proxy, a term first used by Katz et al,³ describes the condition wherein a mother with anorexia nervosa projects her body image concerns onto her child or underfeeds them.⁴ Some authors⁵ have advanced the hypothesis that children of mothers with a history of anorexia constitute a high-risk group for malnutrition and stunted growth.

Pregorexia refers to cases in which women adopt unhealthy behaviors (eg, extreme dieting, excessive exercise, and self-induced vomiting) to avoid pregnancy-related weight gain.⁶ As such, pregorexia can be construed as anorexia during pregnancy. This conceivably can have detrimental effects on the general health of both mother and fetus.

Anorexia athletica refers to a sport-related eating disorder—unhealthy eating and weight control behaviors of athletes engaged in sports in which achieving and maintaining low body weight are required or needed to achieve an advantage in competitions.⁷

Hypergymnasia refers to excessive/compulsive exercise, seen in anorexia athletica, as a means of weight control. Interestingly, some athletes (eg, hammer throw) seek a large body with excess body fat to benefit in competitions; this has been designated *adipositas athletica*.

Drunkorexia/alcoholimia refers to a compensatory restrictive dietary pattern when consuming alcohol.⁸ Experiencing enhanced alcohol effects and avoiding weight gain could drive this behavior.

Picky/fussy/faddy eating describes the habitual tendency to limit the variety of foods eaten. A closely related pattern, *food neophobia*, specifically refers to avoidance of and reluctance to eat new foods. Both can obviously result in dietary deficiencies. Though this could be just a phase in some children, adults can be picky eaters as well. These behaviors can be subsumed as a subtype of the official diagnosis of avoidant/restrictive food intake disorder.^{9,10}

Emetophobia is a specific phobic disorder implying irrational fear of vomiting, including fear of feeling nausea, seeing or hearing another person vomit, or seeing vomitus itself, coupled with avoidance behaviors with resultant food restriction and subsequent weight loss.¹¹ Emetophobia is related to the experience of disgust, which entails both disgust propensity and sensitivity.

Gourmand syndrome is characterized by a preoccupation with food, a passionate preference for finer quality food, and a craving for food despite normal hunger and satiation signals.¹² It has been associated with lesions of the right anterior cerebral hemisphere (tumor, vascular, epilepsy, or trauma). It might be associated with impaired special memory, conceptual thinking, and visual

perception (hemispatial neglect). It can be envisioned as an impulse dyscontrol disorder.

Feederism is a paraphilia where feeders are sexually aroused by feeding their partners and encouraging them to gain weight, while feedees are aroused by being fed and gaining weight.¹³

Diabulimia describes the 2 to 3-fold increase in comorbidity of type 1 diabetes mellitus and eating disorders with the purposeful omission of insulin as a mechanism of weight loss.¹⁴ It has been demonstrated that these patients are likely to die 13 years younger than those who do not omit insulin.

Bigorexia nervosa (reverse anorexia) describes an overvalued idea that one's body is too small or not muscular lean enough.¹⁵ It is now considered a specifier for *body dysmorphic disorder* in the obsessive-compulsive and related disorders section of the *DSM-5-TR*. It is more common in males, especially those using the gym or engaging in sports focused on muscle mass.

In conclusion, this list is by no means all inclusive, but it sheds some light on a wide array of disturbed eating behaviors, seen on clinical grounds, that defy current nosological and taxonomic boundaries and need further clarification.

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