



Eating Disorders Comparison Chart

Individuals with eating disorders or disordered eating have various symptoms and degrees of severity. This chart is an accurate generalization of eating disorder populations as a whole, but may not apply to individuals.

	Anorexia Nervosa	Bulimia Nervosa	Binge Eating Disorder	Eating Disorder - NOS
Body Weight	Less than 85% of expected body weight, or BMI of 17.5 or less	Normal weight to overweight	Usually, but not always, overweight	Underweight, healthy weight, or overweight
Eating Behavior	Extremely restrictive, very low caloric intake, may engage in food rituals, may be obsessed with food handling and cooking	Binge episodes – characterized by a feeling of loss of control over eating, followed by guilt; may have history of dieting, leading to restricting and overeating cycles	Binge eating episodes; may have history of repeated efforts of dieting, leading to restricting and overeating cycles.	Rules for eating – may restrict at most times or overeat at times, may have episodes of binge eating
Purging?	May purge with exercise, self induced vomiting, and/.or diuretic/laxative use; other anorexics may only restrict	Self induced vomiting, laxative/diuretic use, very restrictive eating, or over exercise after binges	Usually does not purge or use compensatory behaviors	May engage in self-induced vomiting or diuretic/laxative use sporadically; may engage in excessive exercise or very restrictive eating after times of overeating.
Cognitive Functioning	Normal to high intelligence; concrete, black/white thinking, void of fantasy, strong tendency towards perfectionism.	Normal to high intelligence, overgeneralizes and overpersonalizes	Varies	Varies
Body Image	Distorted view, Perceives self as fat, Extreme concern with body weight/shape	Extreme concern with body weight/shape	Extreme concern with body weight/shape	Extreme concern with body weight/shape



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Physical Symptoms	Weight loss, amenorrhea, cold hands and feet, slow heart rate, low blood pressure, gastrointestinal symptoms, wasted muscles, dry, brittle hair and skin, lanugo (downy hair on body)	May gain weight, sore throat, nausea, stomach cramps, fainting spells, gastrointestinal symptoms, esophageal bleeds, swollen glands, dehydration, discoloration of teeth	Weight gain, gastrointestinal symptoms, joint pain	Weight loss or weight gain, gastrointestinal symptoms, fatigue, other symptoms will depend on specific behaviors.
Psychological Symptoms	Denial that there is a problem, intense fear of becoming fat or losing control, depressed mood, may appear unemotional or have flat affect, may exhibit obsessive compulsive behaviors; may have history of abuse	Guilt, anxiety after binges, may exhibit signs of lack of control, self destructive behavior – sexual promiscuity, stealing, etc; may have history of sexual, physical, or verbal abuse	Feelings of shame or self-hatred, individual may struggle with anxiety, depression and loneliness	Focus on food, body, and exercise
Health Consequences	Loss of bone mass (osteoporosis), dehydration (can result in kidney failure), risk of heart failure, infertility	Electrolyte imbalance can lead to heart failure, dehydration, tooth decay, gastric rupture	High blood pressure, high cholesterol levels, heart disease, diabetes, gallbladder disease, joint problems	Depending on behavior, can be a combination of other eating disorder health consequences
Social Relationships	Social withdrawal, not connected with people, excuses to not eat with others, decreased interest in sex	Withdrawn at times, but able to form close relationships	May be withdrawn at times, but able to form close relationships, interpersonal sensitivity	Varies – disordered eating may effect social relationships; person may become withdrawn



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	Anorexia Nervosa	Bulimia Nervosa	Binge Eating Disorder	ED-NOS
Gender Incidence	90-95% of people diagnosed are female; 10-5% are male;	80% of people diagnosed are female, 20% are male;	60% diagnosed are female, 40% are male	50-75% diagnosed are female, 50-25% are male;
LGBT Population	Increased risk of anorexia nervosa and bulimia nervosa among homosexual males, compared to heterosexual males ¹ . Studies show that there is no significant difference in body dissatisfaction between lesbian and heterosexual females (it was once thought that lesbians were protected), but gay men have more body dissatisfaction than heterosexual men ^{2,3} . Studies show that 10-42% of men suffering from eating disorders are homosexual, compared to approximately 6% of males are homosexual in general population ⁴ .			
Racial Minority Populations	There are no exact statistics on the incidence of eating disorders among racial minorities, because historically studies have focused on white, females. However, recent studies indicate that African American women are more likely to engage in diuretic/laxative use and fasting to control weight than Caucasian women ⁵ . African American girls consistently score higher than white girls on Eating Disorder Inventory Scales measuring features associated with eating disorder except body dissatisfaction and drive for thinness. Studies show that African American women may be twice as likely to suffer from BED than Caucasian women ⁶ . Studies show that eating disorder incidence is increasing among all minority populations in the US and risk increases as a person assimilates to the dominate culture.			

Sources:

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