

Other Specified Feeding or Eating Disorder (OSFED)

Berkshire Eating Disorders Service (BEDS) Information Booklet

What is OSFED?

There are 3 main types of eating disorder

1. Anorexia Nervosa (AN)
2. Bulimia Nervosa (BN)
3. Binge Eating Disorder (BED)

Sometimes, symptoms do not fit the full criteria but are similar to them. When this happens you may be diagnosed with Otherwise Specified Feeding or Eating Disorder (OSFED).

Examples of OSFED

- Atypical AN: all the criteria for AN are met except, despite significant weight loss, weight remains in normal range.
- BN (low frequency and or limited duration): all the criteria for BN are met except binge eating and compensatory behaviours happen less than once a week and/or for less than 3 months.
- BED (low frequency and or limited duration): all the criteria for BED are met except binge eating happens less than once a week and/or for less than 3 months.
- Purging Disorder: purging behaviour (self induced vomiting; misuse of laxatives, diuretics, or other medications) in the absence of binge eating, aimed at influencing weight.

General Signs and Symptoms:

- Overly focused on and/or secretive behaviour around food
- Self-consciousness when eating in front of others
- Low confidence and self-esteem
- Poor body image
- Irritability and mood swings
- Tiredness due to poor eating
- Social withdrawal
- Feelings of shame, guilt, and anxiety around food
- Difficulty concentrating
- Feeling out of control when eating
- Constant preoccupation with weight, shape and food



Physical Impact:

OSFED puts you at higher levels of physical risk. Physical health problems vary with the type of presentation/symptoms and increase with the severity of OSFED.

Physical risks associated with restrictive eating include:

- Feeling tired and lethargic
- Physically feeling weak, tired, and cold
- Weak bladder
- Constipation as a result of gut function decreasing
- Feeling bloated
- Reduction in the quality of the hair, skin, and nails
- Cholesterol level increases
- Excess hair on the face, arms, and body (lanugo)
- Loss of bone mass (osteopenia and osteoporosis)
- Frequently your libido may reduce, and periods may stop
- Organ damage
- Slowed/abnormal heart rhythm and heart failure



Physical risks associated with vomiting and other compensatory behaviours include:

- Low potassium
- Potassium plays a vital role in the function of nerves, particularly the nerves of the heart. If potassium levels fall, the heartbeat may become irregular and, in some cases, cause a heart attack.
- Swollen glands in neck
- Stones in salivary duct
- Problems with teeth and gums caused by the acid from vomit.
- Damage to the vocal chords and throat
- Dehydration
- Electrolyte imbalance (e.g. disrupted potassium levels)
- Permanent bowel damage/weakening
- This may lead to long-term and severe constipation
- Diuretic misuse may cause:
- Metabolic imbalances e.g. insulin resistance
- Increasing excretion of sodium
- Low potassium
- Hypotension and postural hypotension
- Kidney failure.
- Diet pills use/misuse requires medical monitoring and advice.
- Excessive exercise may cause substantial physical damage especially if pre-osteoporosis or osteoporosis is present.

Medical Monitoring

You may require ongoing medical monitoring to minimise and/or detect physical health risks. Medical monitoring may include any of the following:

- Regular weight monitoring
- Regular blood tests
- Blood pressure monitoring
- ECG to assess heart rhythm
- Bone density scan



The lines between forms of eating disorders are not as clear-cut as they seem. People can move between symptoms over time and may not fall 'neatly' into any group.

Facts and Figures:

- Some people with OSFED may feel frustrated about receiving a non-specific diagnosis; often individuals feel that perhaps they aren't 'bad enough' to meet the criteria for a different diagnosis. However, this is not the case. OSFED can cause just as much emotional distress and have significant physical health risks.
- Any of the symptoms associated with bulimia, anorexia, or binge eating disorder can be part of OSFED, and these would come with the same short-term and long-term risks as in the case of these specific eating disorders.
- Did you know that OSFED makes up the highest percentage of eating disorder diagnoses? A 2017 study by Hay et al. found that OSFED counts for 47% of total eating disorder diagnoses. Anorexia accounted for 8% of cases, bulimia 19% and binge eating disorder for 22%.
- Studies suggest around a quarter of people with eating disorders are male.
- BEAT estimate that around 1.25 million people in the UK have an eating disorder

Emotional Impact

Depression, anxiety, and low self-esteem are common difficulties for individuals with an eating disorder. Starvation can lower your mood and reduce your ability to think clearly, whilst bingeing and chaotic eating may create chaos in your moods. You may experience difficulties in your relationships and feelings of loneliness or isolation. Rigid rules and patterns of thinking are common and being preoccupied with weight/shape can have a significant emotional impact.

If you find yourself not coping or in crisis, please contact the number on the back page for support. You have made a positive step to support yourself by coming for treatment. Please remember that typically, all of the above start to improve as eating gets under control.

In a crisis:

In our Service Booklet, you will find more details about useful contacts and resources. If you are experiencing an acute mental health problem or crisis, the below contacts will be able to help:

- Crisis Resolution and Home Treatment Team (CRHTT)
 - **0800 129 9999**

This is a mental health crisis team operating 24 hours a day across the whole of Berkshire.

- Samaritans 24/7 helpline
 - **116 123**
- SHOUT 24/7 text helpline
 - **Text SHOUT to 85258**
- BEAT (The UK's Eating Disorder Charity)
 - **0808 801 0677**

BEAT's helpline is open 365 days a year midday-midnight (Mon-Fri) and 4pm-midnight (weekends). BEAT also has a number of alternative ways to access support, such as a webchat service and email support line. You will find more details on their website www.beateatingdisorders.org.uk.

In an emergency, or if you feel at immediate risk, please call 999.



SHaRON (Support Hope and Recovery Online Network)

Have you signed up to SHaRON yet? Our Support, Hope and Recovery Online Network (SHaRON) is a safe and confidential space where users can seek support and advice from BEDS staff (available 9am-5pm Mon-Fri) as well as each other (24/7). In addition to live chats, blogs and discussion forums, a library of resources and podcasts are accessible on SHaRON. When you sign up, you will be added to a 'subnet' specifically for other individuals diagnosed with similar difficulties to you. This will allow you to connect with individuals who can relate to your experiences and develop an online community of hope and understanding.



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