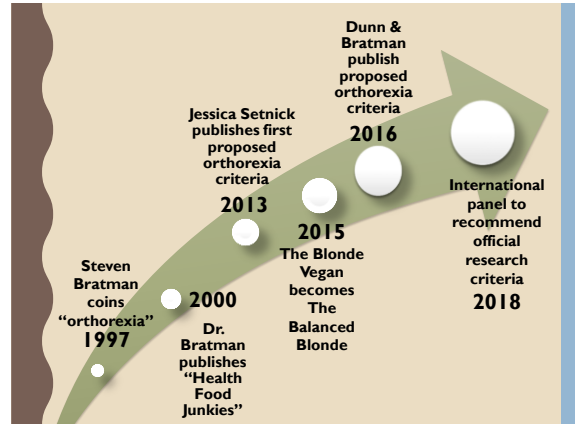


Orthorexia: When Good Nutrition Goes Bad

Jessica Setnick, MS, RD, CEDRD



ORTHOREXIA BASICS

1. Pathological preoccupation with nutrition and diet far beyond that which is necessary for health
2. To the point where it has become unhealthy
3. Undue influence of diet on self-evaluation

Source: The Eating Disorders Clinical Pocket Guide, Second Edition

ORTHOREXIA EXCLUSIONS

1. Not the result of a lack of available food or a culturally sanctioned practice.
2. The individual endorses a drive for health or life extension rather than a drive for thinness.
3. The eating disturbance is not attributable to a medical condition or another mental disorder such as anorexia nervosa, bulimia nervosa or obsessive-compulsive disorder.

Source: The Eating Disorders Clinical Pocket Guide, Second Edition

ORTHOREXIA EXAMPLES

1. Phobic avoidance of or response to foods perceived to be unhealthy, such as refusal to be in proximity to such food or experiencing panic while watching others eat the food.
2. Severe emotional distress or self-harm after eating a food considered unhealthy.
3. Persistent failure to meet appropriate nutritional needs leading to nutritional deficit and/or psychological dependence on individual nutrient supplements in place of food intake due to the belief that synthetic nutrients are superior to those found in food or that food is contaminated (except in cases where food is known to be contaminated).

Source: The Eating Disorders Clinical Pocket Guide, Second Edition

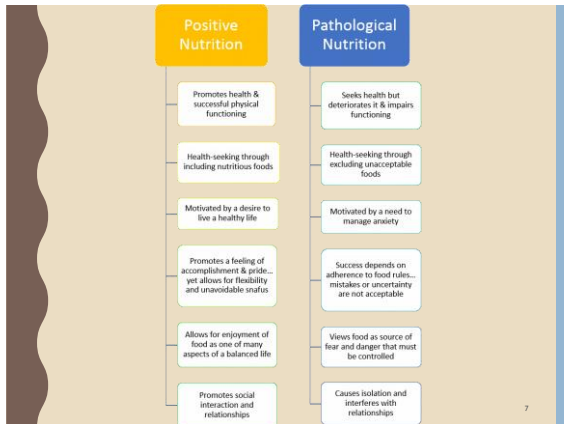
ORTHOREXIA EXAMPLES

4. Following a restrictive diet prescribed for a medical condition that the individual does not have, or in order to prevent illness not known to be influenced by diet.
5. Insisting on the health benefits of the diet in the face of evidence to the contrary.
6. Marked interference with social functioning or activities of daily living, such as isolation when eating, avoidance of social functions where food is served, or neglect of work, school or family responsibilities due to food-related activities.

Source: The Eating Disorders Clinical Pocket Guide, Second Edition

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RESEARCH IS NEEDED TO:

- A. Refine the Diagnosis
- B. Create & Evaluate Treatment
- C. Determine the Actual Disease
- D. Determine Risk Factors
- E. Create Prevention Programs
- F. Guide Professionals on Ethical Issues

Unanswered Questions

1. How is orthorexia different from:
anorexia nervosa?
Other eating disorders?
Obsessive-compulsive disorder?
Other anxiety disorders?
2. Where is the line between Orthorexia and:
Non-standard dietary theory?
Ethical/environmentally-driven food choices?
Strict adherence to medical nutrition therapy?
Culturally-sanctioned restrictive eating?
Religious practice?
3. Are there multiple diseases of orthorexia or just multiple pathways to orthorexia?

Ethical Issues

1. What makes orthorexia a mental illness vs. a personal choice?
2. Can a person with orthorexia be compelled to receive treatment?
3. Is it ethical to compel a person with orthorexia to violate his or her personal beliefs in the interest of treatment? What about life-saving measures?

GUIDING PRINCIPLES for RDNs

THE ONLY WAY TO HELP INDIVIDUALS WITH ORTHOREXIA IS TO INDIVIDUALIZE TREATMENT.

GUIDING PRINCIPLES for RDNs

THE MOST LIKELY PROFESSIONAL TO IDENTIFY ORTHOREXIA IS THE REGISTERED DIETITIAN.

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GUIDING PRINCIPLES for RDNs

**DIETITIANS
NEED TO ASSESS
FOR ANXIETY
AROUND
EATING AND
SELF-ESTEEM
CONNECTED TO
FOOD RULES.**

GUIDING PRINCIPLES for RDNs

**DIETITIANS NEED
TO BE VERY
COMFORTABLE
WORKING WITH
MENTAL HEALTH
PROFESSIONALS.
THIS INCLUDES
MAKING REFERRALS
AND FREQUENT
COMMUNICATION.**

PRACTICE APPLICATIONS

- Start asking patients and clients:
 - Do you experience guilt and shame around eating?
 - Do you eat differently when you are alone?
 - How much of your day do you spend on food planning and preparation?
 - Is the way you eat supportive to your lifestyle or has it taken over your life?

PRACTICE APPLICATIONS

- Make connections with mental health professionals
 - Do they have expertise with anxiety disorders?
 - Are they willing to see a patient with an eating disorder?
 - Will they be open to communicating frequently to provide the best patient care?
 - Will they feel comfortable leaving food and nutrition recommendations to you?

**THANK YOU
FOR ALL
THAT YOU
DO**

PLEASE STAY IN TOUCH

Jessica@UnderstandingNutrition.com
www.UnderstandingNutrition.com
On Twitter, Facebook & Instagram as
JessicaSetnick

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