

# Preface

Epitomized by the prototypical disorders of anorexia nervosa and bulimia nervosa, *feeding and eating disorders* span a wide range of disturbance related to eating, weight regulation, and body image, and impact individuals across gender, sexual orientation, racial/ethnic, and socioeconomic lines. It has been estimated that up to 20 million women and 10 million men in the USA may be affected by a clinically significant eating disorder at some point in their lives, and many more will have sub-syndromal disturbances in eating, body image, and weight concerns [1]. The impact of feeding and eating disorders is substantial, with significant medical, psychological, and functional consequences. Anorexia nervosa, for example, appears to carry the highest mortality rate of all psychiatric disorders, and the long-term physical, emotional, and social sequelae add to further burden—for the individual and society.

The high prevalence and pernicious impact of full-syndrome feeding and eating disorders as well as subclinical troubles in eating and body image should prompt careful attention to the possible presence of eating-disordered symptoms in all patients in clinical practice, whether or not issues of eating or weight are part of the chief complaint. Moreover, feeding and eating disorders may coexist with other mental and medical conditions or may manifest

in atypical ways. Mental health clinicians and practitioners across clinical specialties and disciplines will benefit from additional knowledge and skills related to the recognition and initial management of feeding and eating disorders. With enhanced detection, assessment, and appropriate referral, more individuals struggling with problematic eating patterns or ideas about body or weight may have the benefit of treatment.

Many changes were made in the categorization and diagnosis of eating disorders with the transition of the Diagnostic and Statistical Manual (DSM) from DSM-IV-TR to DSM-5, including combining diagnoses from different chapters and revising the diagnostic criteria of others.

In this book, illustrative cases are utilized to demonstrate the eight feeding and eating disorders, in addition to a range of presentations that are not clearly as “typical” but which still may be common in clinical practice. Changes in DSM-5 affecting the feeding and eating disorders are reviewed. Strategies and clinical pearls related to the recognition, assessment, and management of eating disorder pathology in patients in clinical practice are discussed through the viewpoint of vivid case presentations.

Clinical material is drawn from the author’s clinical work with patients over years and in different treatment settings, as well as idealized and prototypical diagnostic presentations. All cases presented have been developed by the author combining characteristics of real individuals as well as fictitious elements. No case presented represents a specific individual. First names were created and assigned alphabetically and have no connection to actual patients.

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## References

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2. Wade TD, Keski-Rahkonen A, & Hudson J. (2011). Epidemiology of eating disorders. In M. Tsuang and M. Tohen (Eds.), *Textbook in Psychiatric Epidemiology* (3rd ed.) (pp. 343–360). New York: Wiley.



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