National Eating Disorder Information Centre

BULLETIN

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Orthorexia Nervosa: A "healthy" obsession

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WHAT IS ORTHOREXIA NERVOSA?

Dr. Steven Bratman first used the term "orthorexia nervosa" in an essay published in a 1997 issue of *Yoga Journal* to describe an obsessive preoccupation with eating healthy foods (Bratman, 2017). The word "orthorexia" is derived from the Greek roots "ortho" meaning "correct" or "straight", and "orexi" meaning "appetite" (Dunn & Bratman, 2016). Bratman has stated that he did not mean for "orthorexia nervosa" (ON) to refer to a unique eating disorder; rather, he used it in his alternative medicine practice when treating patients subscribing to needlessly strict diets (Bratman, 2017). Following the publication of Bratman's 1997 essay, scholars began researching the possibility of ON as an eating disorder (Bratman, 2017). ON may develop out of a desire to eat nutrient-rich and wholesome foods, which in and of itself is not a cause for concern. It is when the roots of this desire grow deeper and one's food-related thoughts and behaviours become rigid and inflexible that this desire is detrimental to one's health.

An individual may adopt a certain dietary pattern in an attempt to maximize health, but if it involves tight rules about the types of foods that are allowed and those that must be restricted or completely excluded, integrating such eating practices into one's lifestyle may cause a myriad of negative effects. These include a constant fixation on the purity and nutritional quality of foods, feelings of guilt resulting from an inability to adhere to the strict rules of the diet, and missing out on social experiences due to the potential lack of permissible food options (Costa, Hardan-Khalil, & Gibbs, 2017). Restricting a great variety of food from one's diet may also eventually lead to nutritional deficiencies and health complications. Thus, there are many potential biopsychosocial effects of ON (Costa et al., 2017).

The aim of this article is to provide an overview of the emergence of ON as a public health concern, with particular attention on its link to social media usage.

LITERATURE AND MEDIA COVERAGE

The literature on ON currently stands in the shadow of research about other eating disorders such as anorexia nervosa and bulimia nervosa (Costa et al., 2017). A Medline via Ovid search conducted on November 21st, 2018 for the term 'orthorexia' yielded 97 results; however, 15,197 were retrieved for anorexia nervosa, 5,750 for bulimia nervosa, and 2,604 for binge-eating disorder. Interestingly, a Google search conducted on the same date for 'orthorexia' retrieved 603,000 results, with the first 10 pages containing relevant videos and articles from online newspapers and blogs. This corresponds to more accessible media reports compared to academic research surrounding this topic. Further, the abundant non-academic and grey literature on ON may indicate significant public interest in this form of eating disorder.

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While academic studies of ON have been conducted, there remains to be a consensus among clinicians and researchers about its legitimacy as a unique eating disorder. First, it is not currently recognized as an eating disorder in the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (DSM-5)

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(Dunn & Bratman, 2016). The symptoms of ON often overlap with those of other eating disorders, which further complicates the understanding of its presentation. It has been suggested that individuals with ON could be more appropriately diagnosed with anorexia nervosa, or even obsessive-compulsive disorder (Mathieu, 2005). The lack of standardized criteria for diagnosing ON hinders understanding of its etiology, trajectory, and treatment. While Bratman developed a 10-question screening tool, it is not meant to be used to diagnose ON (Dunn & Bratman, 2016). The tool also lacks data supporting its validity and reliability (Dunn & Bratman, 2016). From this screening tool, a 15-question instrument called the ORTO-15 was developed (Dunn & Bratman, 2016). Using the ORTO-15, a low score corresponding to questions such as "Are your eating choices conditioned by your worry about your health status?" and "Do you think that the conviction to eat healthy food increases your self-esteem?" reflects orthorexic behaviours and extreme dietary practices (Dunn & Bratman, 2016). Having been translated into multiple languages for use in different countries, the ORTO-15 and its adaptations appear most frequently in the literature that does exist on ON (Dunn & Bratman, 2016). This complicates the ability to draw conclusions about the prevalence of ON and the degree to which it is experienced among diverse populations. For instance, the Polish ORTO-15 consists of nine questions and has a cut-off score of only 24 rather than the original 40 (Costa et al., 2017). Of note, the reliability and validity of the ORTO-15 has been questioned (Missbach et al., 2015; Barrada & Roncero, 2018). To this end, Barrada and Roncero (2018) developed the 31-item Teruel Orthorexia Scale, and their preliminary research suggests that it is a more useful tool in distinguishing eating patterns that are positive and fulfilling from those that are overly rigid and restrictive.

Thus, despite widespread interest in ON, further studies to produce robust epidemiological data are still needed, and mental health and eating disorder experts have yet to come to a consensus about its inclusion as a distinct eating disorder the DSM and appropriate criteria for diagnostic purposes.

"CLEAN EATING" AND INSTAGRAM

One proposed risk factor for the development of a healthy eating preoccupation is the rise of the "clean eating" movement. In fact, those who present with extreme healthy food preoccupations might describe themselves as adherents to a "clean eating" lifestyle (Costa et al., 2017). To be clear, feeding one's body the nutrients that are required to sustain health and that help prevent disease is not necessarily pathological; however, when eating only foods deemed to be "good" and "healthy" becomes a chronic and unwavering fixation, there may be associated negative biopsychosocial effects that warrant serious concern.

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Instagram is an interesting platform, as it is dominated by visual content rather than text (Turner & Lefevre, 2017). The hashtag #food is one among the top 25 used on the platform (Turner & Lefevre, 2017), with pictures of "healthy" food receiving more supportive engagement compared to "unhealthy" food (Sharma & De Choudhury, 2015). A search of Instagram on November 21st, 2018 yielded 41.6 million posts containing the hashtag #cleaneating. When scrolling through these posts, the photos feature colourful plates of fruits and vegetables with photos of people exercising dispersed throughout the page.

Instagram accounts featuring pictures of "healthy" foods and eating tips have the ability to influence hundreds of thousands of people, allowing users to become influencers within the so-called clean eating online community. However, choosing to follow numerous accounts featuring "healthy" eating/"clean" eating messages may promote the development of an obsession with consuming only "healthy" foods while restricting "unhealthy" foods. Turner and Lefevre (2017) examined this relationship between social media use and orthorexic behaviours and, in comparing different platforms, found that high Instagram usage was associated with an increase in ON symptoms. This association between Instagram use and ON is important to understand, as the number and popularity of healthy eating and clean eating accounts only seems to be growing.

While the findings of Turner and Lefevre (2017) do suggest that Instagram use may serve as a risk factor for ON, it is too early to claim that there is a clear association, given that there are only two published studies that have investigated the potential relationship between social media engagement and ON [also see Santarossa, Lacasse, Larocque & Woodruff (2018)]. Moreover, as mentioned previously, the body of research on ON in general is very small.

WHERE DO WE GO FROM HERE?

The landscape on which our understanding of ON currently sits is uneven. On one end, there is a relative abundance of anecdotal narratives, experiential evidence, and media coverage of ON as a very real and harmful disorder. On the other end, there exists little academic work on ON, a lack of validated measurement tools, and disagreement over whether it is a unique disorder. In response to the inconsistencies within the current literature, Dunn and Bratman (2016) proposed diagnostic criteria that include the following for identifying ON.

Moroze, Dunn, Craig Holland, Yager, and Weintraub (2015) have further recommended that ON should be ruled out when the observed eating disturbances are exacerbations of symptoms of another mental health condition such as obsessive-compulsive disorder or psychotic disorder, or food restrictions as part of an organized religious practice or the treatment of a medical condition requiring a special diet. Additionally, in March 2018, an international task force created to advocate for the inclusion of ON in the DSM convened to discuss proposed diagnostic criteria (Società Italiana per lo Studio dei Disturbi del Comportamento Alimentare, 2018; SWPS Uniwersytet Humanistycznospołeczny, 2018).

For now, we do know that extreme preoccupation with "healthy" or "clean" eating may cause significant biopsychosocial impairment. Given the potential seriousness of orthorexic behaviours, it is important to consider measures that we can take to lessen the pressure to restrict dietary intake to only "clean" foods experienced by many individuals.

- Encourage following diverse social media accounts to avoid the consistent presentation of clean eating images and captions
- Examine our own social media posting habits – do we promote restrictive eating with our posts?
- Discourage dieting as a practice
- Encourage balanced and healthy lifestyles that include eating a variety of food for both nutrition and pleasure
- Avoid placing foods in "good"/"bad" categories
- Avoid using language that intentionally or unintentionally exaggerates associations between diet and disease or validates dieting behaviours (words are important!)
- Work towards building safe communities that are accepting of all body sizes to reduce the perceived need to engage in orthorexic and dieting behaviours

PROPOSED DIAGNOSTIC CRITERIA

Criterion A

Obsessive focus on "healthy" eating, as defined by a dietary theory or set of beliefs whose specific details may vary; marked by exaggerated emotional distress in relationship to food choices perceived as unhealthy. Weight loss may ensue as a result of dietary choices, but this is not the primary goal. This focus is evidenced by the following:

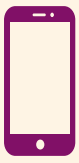
1. Compulsive behaviour and/or mental preoccupation regarding affirmative and restrictive dietary practices believed by the individual to promote optimum health.
2. Violation of self-imposed dietary rules causes exaggerated fear of disease, sense of personal impurity and/or negative physical sensations, accompanied by anxiety and shame.
3. Dietary restrictions escalate over time, and may come to include elimination of entire food groups and involve progressively more frequent and/or severe "cleanses" (partial fasts) regarded as purifying or detoxifying. This escalation commonly leads to weight loss, but the desire to lose weight is absent, hidden or subordinated to ideation about healthy eating.

Criterion B

The compulsive behaviour and mental preoccupation becomes clinically impairing by any of the following:

1. Malnutrition, severe weight loss or other medical complications from restricted diet.
2. Intrapersonal distress or impairment of social, academic or vocational functioning secondary to beliefs or behaviours about healthy diet.
3. Positive body image, self-worth, identify and/or satisfaction excessively dependent on compliance with self-defined "healthy" eating behaviour.

These suggestions are especially relevant for folks in close relation to or working with those engaging in or at increased risk of adopting orthorexic behaviours (Costa et al., 2017). Recovery in the context of ON is a tricky subject, as treatment options have yet to be thoroughly researched and validated (Costa et al., 2017). Given the comorbidity of orthorexic behaviours with other eating disorders, treatment used for these established disorders, ideally delivered by a multidisciplinary team that includes physicians, psychotherapists, and dietitians, may be a positive place to begin (Koven & Abry, 2015). As previously mentioned, more research is required to establish the grounds to diagnose and treat ON. Moreover, in a society where the concern for health and well-being only seems to be expanding (Koven & Abry, 2015; Costa et al., 2017), we must consider the harm this movement might inflict and how it may be prevented.



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REFERENCES

1. Barrada, J. R. & Roncero, M. (2018). Bidimensional structure of the orthorexia: Development and initial validation of a new instrument. *Anales De Psicología / Annals of Psychology, 34*(2), 283–291. https://doi.org/10.6018/analesps.34.2.299671
2. Bratman, S. (2017). Orthorexia vs. theories of healthy eating. *Eating and Weight Disorders, 22*(3), 381–385. https://doi.org/10.1007/s40519-017-0417-6
3. Costa, C. B., Hardan-Khalil, K., & Gibbs, K. (2017). Orthorexia nervosa: A review of the literature. *Issues in Mental Health Nursing, 38*(12), 980–988. https://dx.doi.org/10.1080/01612840.2017.1371816
4. Dunn, T. M., & Bratman, S. (2016). On orthorexia nervosa: A review of the literature and proposed diagnostic criteria. *Eating Behaviors, 21*, 11–17. https://doi.org /10.1016/j.eatbeh.2015.12.006
5. Koven, N. S. & Abry, A. W. (2015). The clinical basis of orthorexia nervosa: emerging perspectives. *Neuropsychiatric Disease and Treatment, 11*, 385–394. http://dx.doi.org/10.2147/NDT.S61665
6. Mathieu, J. (2005). What is orthorexia? *Journal of the American Dietetic Association, 105*(10), 1510–1512. https://doi.org/10.1016/j.jada.2005.08.021
7. Moroze R. M., Dunn, T. M., Craig Holland, J., Yager, J., & Weintraub, P. (2015). Microthinking about micronutrients: a case of transition from obsessions about healthy eating to near-fatal "orthorexia nervosa" and proposed diagnostic criteria. *Psychosomatics, 56*(4), 397–403. doi: 10.1016/j.psym.2014.03.003
8. Nevin, S. M., & Vartanian, L. R. (2017). The stigma of clean dieting and orthorexia nervosa. *Journal of Eating Disorders, 5*(37), 1–10. https://doi.org/https://dx.doi.org/10.1186/s40337-017-0168-9
9. Santarossa, S., Lacasse, J., Laroque, J., & Woodruff, S. J. (2018). #Orthorexia on Instagram: a descriptive study exploring the online conversation and community using the Netlytic software. *Eating and Weight Disorders – Studies on Anorexia, Bulimia and Obesity.* doi: 10.1007/s40519-018-0594-y
10. Sharma, S., & De Choudhury, M. (2015). Measuring and characterizing nutritional information of food ingestion content in Instagram. *Proceedings of the 24th International Conference on World Wide Web* ACM, 115–116.
11. Società Italiana per lo Studio dei Disturbi del Comportamento Alimentare. (2018, Feb 2). *XI Congresso Nazionale SISDCA programma*. Retrieved from http://www.sisdca.it/public/xi-congresso-nazionale-sisdca---ver-28.02.2018.pdf
12. SWPS Uniwersytet Humanistycznospołeczny. (2018). *Interdyscyplinarne Laboratorium Badań nad Zachowaniami Zdrowotnymi i Procesami Poznawczymi.* Retrieved from https://www.swps.pl/uczelnia/spolecznosc/48-nauka/jednostki-badawcze
13. Turner, P. G., & Lefevre, C. E. (2017). Instagram use is linked to increased symptoms of orthorexia nervosa. *Eating and Weight Disorders, 22*(2), 277–284. https://doi.org/https://dx.doi.org/10.1007/s40519-017-0364-2References

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