Orthorexia Nervosa

Orthorexia nervosa is an obsession with “healthy” eating. Food quality and purity become fixations. A person suffering from orthorexia nervosa, like a person suffering from anorexia nervosa, will begin to spend an increasing amount of time on diet planning and food preparation. As with other eating disorders, self-punishment commonly follows what one feels is a “slipup.”

People with orthorexia nervosa often become critical judges of how other people eat. Although the focus is not on thinness, people with orthorexia nervosa will sometimes become dangerously underweight. Orthorexics do not have one specified diet that they all adhere to—some are raw foodists, vegans, fruitarians, etc. Dr Steven Bratman, who originally coined the term “orthorexia,” describes one person who would only eat yellow foods. A focus on food additives and organic foods is common.

Orthorexia nervosa is not firmly established as an eating disorder, as are anorexia nervosa, bulimia nervosa, or binge-eating disorder. Orthorexia can overlap into anorexia and vice versa. It also is believed that orthorexia nervosa is highly related to obsessive-compulsive disorder. Many differences are found, including orthorexic bulimics, orthorexic binge-eaters, and even overweight or obese orthorexic people.

Risks of orthorexia nervosa
Eventually, the highly restricted style of eating can have serious health effects, with some reported cases of resultant death. Each person’s diet will differ, as people with orthorexia often have different definitions of what the most healthful diet is. This means that specific risks are individualized. Macronutrient and micronutrient deficiencies are pervasive within this population. Social isolation is common, as sufferers begin to spend more time planning their diet and avoiding any situations that could potentially affect their diet. People with orthorexia nervosa lose the ability to gauge their hunger and to determine how much food they need.

Causes of orthorexia nervosa
According to the National Eating Disorders Association, although the focus is always on health, underlying motivations can include “safety from poor health, compulsion for complete control, escape from fears, wanting to be thin, improving self-esteem, searching for spirituality through food, and using food to create an identity.”

Questions to ask
In 2004, researchers at the University of Rome concluded that 6.9% of the 400 subjects studied suffered from orthorexia, with more men having it than women and with an increased prevalence among those with a lower level of education.

If you think you or someone you know has orthorexia nervosa, ask the following questions:
• Do you feel that your focus on healthfulness is severely limiting your ability to enjoy food?
• Is your diet impacting the time that you spend with loved ones or on enjoyable activities?
• When you stray from your self-prescribed diet, do you feel a great deal of shame or remorse?
• Do you feel more in control and able to deal with daily stress when following the correct diet?
• Do you find yourself judging others for how they eat and sometimes verbalizing your disapproval?
• Do you often take your own food with you to social events or any other place where you might get hungry and need to eat?
• Do you plan your meals several days or weeks in advance?
• Does your self-esteem depend on your ability to stick to your diet plan?
• Do you often feel an uncontrollable desire to eat when feeling nervous, excited, happy, or guilty?

**Treatment for orthorexia nervosa**
Generally, treatment will involve physical rehabilitation, most often involving treatment of any deficiencies or other conditions that have developed as a result of the restricted diet, and psychological therapy for any underlying emotional problems. Treatment often is similar to that utilized in the treatment of other eating disorders.

**References and recommended readings**


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