

# Orthorexia: When Healthy Eating Becomes Unhealthy

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## Introduction

With the increasing number of different diets being followed today, the line between making healthy lifestyle changes, and restrictive and obsessive behavior can be blurry. In the late 1990s, the term **orthorexia nervosa (ON)** was termed to describe the obsession with eating only healthy and “pure” foods. This disorder can be physically, psychologically, and socially impairing, much like other eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating disorder. However, ON does not appear in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), meaning it is not a recognized eating disorder at this time. While there is currently no formal diagnostic criteria, there are validated tests for measuring behaviors and risk factors for developing ON, such as the **ORTO-15**, which appears frequently in the literature. Most of the existing literature comes from Europe, so more clinical trials must be done in the U.S. and elsewhere in the world before it can be considered for the DSM.

## History

In 1956, Dr. Norman Jolliffe recommended a “**prudent diet**” for cardiac health, which was low in saturated fat and high in fruits and vegetables<sup>1</sup>. While these recommendations are not unhealthy or restrictive in nature, the name of the diet encourages people to carefully plan what they eat, which may become obsessive for some people.

In 1963, Jean Nidetch, founder of Weight Watchers, followed Dr. Jolliffe’s prudent diet and used it as a basis for the original Weight Watchers food plan<sup>2</sup>.

With the turn of the 20<sup>th</sup> century and the beginning of industrial agriculture, the organic food movement began. Surrounding this movement was craze and confusion about the new usage of synthetic nitrogen fertilizers and pesticides. Due to the lack of information about the safety of these substances, many people became fearful of eating conventionally grown foods<sup>2</sup>.



<https://www.ams.usda.gov>

Even incorporating “wellness lifestyles” can be problematic because while they claim to be inclusive and healthy, they place moral values on foods. Examples of hidden diet words buried in “wellness lifestyles” include **detox, clean, whole, cleanse and guilt-free**.

Today, we see fad diets and food labels claiming to be “healthy and organic.” Conflicting nutrition information is everywhere and it makes choosing foods difficult for consumers.

## Definition

The term orthorexia was coined by physician Steven Bratman in 1997 after seeing his patient’s exhibit rigid and obsessive behaviors surrounding food choices<sup>3</sup>. Orthorexia is a form of disordered eating, but should not be confused with anorexia and bulimia. Here is how they are different:

Orthorexia	Bulimia Nervosa	Anorexia Nervosa
Fear and anxiety surrounding the <b>quality</b> of food (additives, dyes, pesticides)	Periods of starvation and bingeing followed by compensatory behaviors such as vomiting, laxatives, and exercise	Concerned with <b>quantity</b> of food
Extreme desire to eat healthy, “correct,” and “pure” foods	<i>Impulsive</i> behavior	Intense fear of gaining weight
Obsessive <i>compulsive</i> features		Limit caloric intake

The word *orthorexia* has Greek origins

- ❑ *Orthos*: Correct or right
- ❑ *Orexis*: Appetite
- ❑ *Orthorexia*: A fixation of eating pure, healthy, & natural foods

Although orthorexia is not yet recognized as a medical or psychological condition, the American Psychiatric Association recognizes that the disorder exists and is important, but significant research is lacking<sup>2</sup>. Because orthorexia is not heavily researched, many health care professionals are unaware of the warning signs which can leave an eating disorder unnoticed and untreated.

## Warning Signs of Orthorexia

- ❑ Excessive worry and time spent thinking about food
- ❑ Need for control of meal preparation and discomfort when others prepare meals for them
- ❑ Missing gatherings that involve food, isolating themselves from activities<sup>4</sup>
- ❑ Performing food rituals
- ❑ Feeling superior for eating “pure” and feeling disgust or disbelief for those who do not
- ❑ Tendency to advocate their healthy lifestyle to family and friends<sup>5</sup>
- ❑ May be attempting to treat a chronic illness
- ❑ Progressively eliminating foods and whole food groups
- ❑ Following many “heathy lifestyle” blogs and social media accounts
- ❑ Shopping frequently at health food stores<sup>5</sup>

## Dangers

- ❑ **Malnutrition**: The exclusion of certain foods and entire food groups can lead to vitamin and mineral deficiencies which can cause an array of health issues if left untreated<sup>4</sup>
- ❑ **Weight loss**: While weight loss is not the main goal of orthorexia, it can occur due to calorie restriction from a limited diet
- ❑ Adoption of co-occurring mental disorder → anorexia, eating disorders not otherwise specified, obsessive compulsive disorder, depression, anxiety

## Current Research

Currently, there is little research on the prevalence of orthorexia, as there is no formal diagnostic criteria. Existing research is mostly based on non-clinical samples and case studies. Therefore, there is a need for more clinical trials and psychometric instruments to aid in diagnosis and measuring treatment progress.

Here is what we do know:

- ❑ Dieting is the #1 indicator of developing an eating disorder. In a large study of 14-15 year olds, those who practiced extreme restriction (often seen in orthorexia) were 18 times more likely to develop an eating disorder (ED)<sup>6</sup>.
- ❑ Orthorexia is perceived as more acceptable than other EDs which can cause ON to go unnoticed<sup>7</sup>.
- ❑ In a study of Spanish university students, it was found that those at risk for developing ON had higher prevalence of **perfectionism, interoceptive awareness, impulse regulation, and a drive for thinness**<sup>8</sup>.

Dimension EDI-2	Orthorexia	Nervosa	X <sup>2</sup>	df	p-value
	Yes(%)	No (%)			
Drive for Thinness	17.1	2.1	32.22	1	0
Bulimia	2.6	0	9.99	1	0
Body Dissatisfaction	26.3	12.4	9.69	1	0
Ineffectiveness	9.2	4	3.77	1	0.05
Perfectionism	14.5	4.8	9.98	1	0
Interpersonal Distrust	6.6	8.7	0.38	1	0.54
Interoceptive Awareness	13.2	1.3	27.74	1	0
Social Insecurity	11.8	8.5	0.88	1	0.35
Asceticism	15.8	3.7	17.12	1	0
Impulse Regulation	9.2	1.9	11.46	1	0
Maturity Fears	22.4	14.3	3.13	1	0.08

Table 1. Prevalence of eating disorders in a population at risk of ON and in a healthy population

## Food for Thought

It can be difficult to draw a line between sound dietary choices and orthorexia behaviors. For example, vegans avoid all animal products for a variety of reasons (ethics, sustainability, and health), which is technically a form of orthorexia, but most health professionals would not categorize this as an eating disorder. Most nutrition professionals believe that all foods can fit into a healthy diet, and therefore encourage clients not to think of foods as “good” or “bad.” Interestingly, the Academy of Nutrition and Dietetics website is called “**eatright.org**”<sup>2</sup>

 Academy of Nutrition and Dietetics

<https://eatrightmemphis.org/eatright-logo/>

What does eating “right” look like? Is this phrase sending an unhealthy message? This is part of the controversy surrounding orthorexia. With obesity rates skyrocketing, many professionals question if there is such a thing as “eating too healthy.” Other mental health professionals wonder if it is a stand-alone disorder, part of obsessive compulsive disorder, or part of another eating disorder<sup>4</sup>.

## Treatment & Prevention

- ❑ Foster a healthy relationship with food
- ❑ Positive role-modeling by parents, teachers, and health care professionals (avoid diet talk)
- ❑ Psychotherapy to increase the variety of foods eaten and exposure to feared foods<sup>9</sup>
- ❑ Weight restoration if needed<sup>9</sup>

## Registered Dietitian’s Role

- ❑ Pay attention to cues and identify warning signs to avoid being an ally to the obsession<sup>2</sup>. This can be tricky since an RDs job is to provide nutrition advice, but it can be done.
- ❑ Help improve client’s relationship with food through intuitive eating techniques and dispelling any incorrect information they may have about healthy eating patterns<sup>9</sup>.
- ❑ Refer to a psychologist when needed
- ❑ RDs should avoid becoming vulnerable to ON themselves. Unfortunately, there is a high rate of orthorexia nervosa tendencies and eating disorders among RDs<sup>10</sup>. Before helping clients, RDs should be encouraged to assess their own views of diet culture.

## References

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## Resources

There is hope for those struggling with orthorexia and other eating disorders.

**NEDA helpline:** 1-800-931-2237