UNDERSTANDING YOUR DIAGNOSIS

OSFED

Also called Other Specified Feeding or Eating Disorder

A real eating disorder that does not fit neatly into one named box. It is just as serious, and it deserves full treatment.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 40 people	Ages 15 to 25	Yes - people fully recover	Millions of US teens and adults

What this is

- OSFED stands for other specified feeding or eating disorder. It is a full eating disorder that fits no single named box.
- Missing one line of a checklist does not make you less ill. The danger to your body is the same, and so is the treatment.
- Patterns include restricting while you still look well, purging without binges, night eating, and skipping insulin doses.
- Being told you are not sick enough is a failure of the system, not a fact about you. You are sick enough to be treated.

What it can look and feel like

- You have cut back what you eat, you follow strict food rules, and a meal that does not go to plan frightens you.
- How you feel about yourself rises and falls with your shape or your weight more than with anything else in your life.
- You make yourself sick, or use laxatives, water pills, or punishing exercise, to undo eating, even without any binges.
- You wake in the night and cannot get back to sleep until you have eaten, and you remember it clearly in the morning.
- Binges and the guilt afterward do happen, just not often enough or for long enough to tick somebody else's box.
- You feel cold, tired, and foggy, you get dizzy standing up, and your periods may have stopped or turned irregular.
- Someone has told you that you look fine or look healthy, and it made you want to try harder rather than ask for help.

What is happening in your brain and body

- Starving the body slows it down no matter how you look: your heart rate drops, you feel cold, and standing spins you.
- Purging strips out potassium and other body salts, which can upset your heart rhythm. That is what makes it dangerous.
- Stomach acid wears away tooth enamel, swells the glands under the jaw, and leaves marks on the back of the hand.
- Night eating comes from your body clock drifting, so hunger signals arrive late and sleep and eating fall out of step.
- Feeding a starved body too fast is risky, so the first days back are done slowly with blood tests to keep you safe.

What can make it more likely

- Genes carry roughly **half** of the risk, and the same genes sit behind every eating disorder, not one in particular.
- Dieting and restriction are the strongest trigger. Restriction is what sets off the urge to binge or purge later on.
- Perfectionism, low self-worth, and finding hard feelings difficult to sit with all keep an eating disorder running.
- Bullying, comments about bodies, illness, and big life changes often come just before the eating starts to change.

What to expect

- Full recovery happens, and it happens more often the earlier treatment starts. Waiting does not make this any simpler.
- Patterns often shift over time. People move between the named eating disorders and OSFED, and that is expected.
- The first weeks are hardest, because eating regularly feels wrong before it feels normal. That flips with practice.
- Your team should offer you the same level of care as anyone with a named eating disorder. Ask for that plainly.

What helps

Treatment works. Most people get better.

Talking therapies

- **CBT-E**, a therapy built for eating disorders, is first choice for adults, at about **20 sessions** over 20 weeks.
- It settles regular eating first, then works on the food rules, the body checking, and the self-judgment underneath.
- **Family-based treatment** is first choice for teenagers, and parents take charge of meals for a while, on purpose.
- **DBT** skills help when binges or purges are driven by feelings that get too big to sit with on your own.
- Recovery targets come from your own history and growth, never from a number pulled off a chart or a table.

Medicines

- No medicine is approved for OSFED itself, so medicine supports the therapy rather than replacing any part of it.
- **Fluoxetine**, an antidepressant, has the best evidence for binge and purge patterns and can cut how often they happen.
- **Sertraline** has trial evidence for night eating, reducing night waking and night eating over about **8 weeks**.
- **Bupropion** is avoided in anyone who purges, because it raises seizure risk when your body salts are already low.
- Your prescriber sets every dose with you, and checks potassium and a heart tracing before certain medicines start.

Everyday things that help

- Eat at regular times through the day, on a schedule rather than by appetite. Regular eating is what stops the swings.
- Work with a dietitian. A plan you did not have to build yourself takes a lot of pressure off every single meal.
- Have your body salts and a heart tracing checked at the start, and again whenever purging picks back up.
- Step away from scales, mirror checking, food tracking apps, and any account that ranks bodies. They feed the illness.
- Tell one person you trust. Eating disorders shrink in daylight, and secrecy is the thing that keeps them alive.

Get help right away if

- Fainting, chest pain, a racing or skipping heartbeat, or a seizure means go to the emergency room now.
- Vomiting blood, severe belly pain, or a day of not keeping fluids down needs to be seen the same day.
- If you think about ending your life or hurting yourself, call or text **988**, or go to the nearest emergency room.

Questions to ask your care team

- *Do my body salts and a heart tracing need checking today?*
- *Which eating disorder therapy will I get, and who delivers it here?*
- *What level of care do I need, and does having OSFED change that answer?*
- *How will we set my recovery targets, and what are we basing them on?*

Where this information comes from

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

American Psychiatric Association. (n.d.). *What are eating disorders?* https://www.psychiatry.org/patients-families/eating-disorders/what-are-eating-disorders

MedlinePlus. (n.d.). *Eating disorders*. National Library of Medicine. https://medlineplus.gov/eatingdisorders.html

National Alliance on Mental Illness. (n.d.). *Eating disorders*. https://www.nami.org/about-mental-illness/mental-health-conditions/eating-disorders/

National Eating Disorders Association. (n.d.). *Other specified feeding or eating disorder (OSFED)*. https://www.nationaleatingdisorders.org/osfed/

National Institute of Mental Health. (n.d.). *Eating disorders*. U.S. Department of Health and Human Services. https://www.nimh.nih.gov/health/topics/eating-disorders

NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.