The editors of this timely text, *Developing an Evidence-Based Classification of Eating Disorders: Scientific Findings for DSM–5*, have done an excellent job compiling strong research studies addressing varied theoretical perspectives and approaches to the controversies surrounding the reclassification of eating disorder diagnoses. Given the relatively specific and circumscribed nature of the eating disorder categories, Striegel-Moore, Wonderlich, Walsh, and Mitchell have impressively coordinated top-notch researchers in the field and organized an integrated analysis of the roles and functions of alternative reconceptualizations of eating disorder definitions for the DSM–5.

Many edited texts on fairly narrow topics such as eating disorders fail to offer sufficient breadth across relevant aspects of the field. Striegel-Moore et al. cover a broad array of sequelae pertinent to the manifestations of anorexia, bulimia, binge eating disorder,
and atypical eating disorders; age and cultural differences within each; assessment concerns; and controversies about the classification eating disorder not otherwise specified (ED NOS) and other redefinitions, subtypes, and more. Some aspects are addressed in greater depth and in more than one chapter, but all hang together quite well under the larger and potentially unwieldy rubric of evidenced-based, scientific findings for DSM–5.

The only section that seems obtuse when compared with the otherwise unified flow of the text is the addition of the last few chapters on cultural differences among Native American, Japanese, Canadian, and indigenous Pacific populations; specific relevance of these group differences to the recategorization process for the DSM–5 is less apparent than other factors discussed among the other 17 chapters. The culturally focused chapters could effectively compose a separate text addressing potential cultural issues influencing how eating disorders are differentially manifested, identified, diagnosed, and treated in non-White populations. This would have both research and strong clinical utility.

Strengths of these chapters include the authors’ descriptions of symptom similarities and differences across various populations. Unique developmental and phenomenological characteristics are briefly characterized that would also support the notion of considering what cross-cultural factors might optimize recognition of certain eating disorder symptoms during diagnosis and/or treatment planning.

Several chapters emphasize the advantages of dimensional methods of diagnostic classification. For example, Sysko and Walsh in Chapter 1, Thomas and Vartanian in Chapter 2, and Crosby et al. in Chapter 7 define various aspects of a dimensional versus categorical classification process. In previous and current editions of the Diagnostic and Statistical Manual of Mental Disorders, eating disorders have been classified by means of predominantly descriptive categorization of criteria differentiation. The problems inherent in categorical methods relative to dimensional methods neatly support the empirical basis of the latter. Categorical approaches refer to clinical descriptions of observed or reported behaviors and subjective perceptions of attitudes or self-concept, such as fear of gaining weight and fear of loss of control. Such approaches lack the rigor, validity, and reliability of quantitatively derived methods of criteria distinction and inclusion.

In categorical classification methods, the meaningfulness of criteria is generally derived from cluster-analytic techniques that are generally more prone to subjective description and subtype differentiation within categories (Crosby et al., Chapter 7). Wilfley, Bishop, Wilson, and Agras, in their 2007 article on classification of eating disorders, pointed out that the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM–IV; American Psychiatric Association, 1994) used descriptive approaches and determined final diagnostic inclusion information largely through consensus of expert opinion rather than through assessment of quantitatively supported data. Proponents such as those mentioned in this text argue in favor of dimensional reclassification so that such subjectivity or potential biases can be minimized.
Dimensionally based assessment methods use factor analysis to establish quantitative degrees of difference among symptoms, and diagnostic meaningfulness is defined along these dimensional continua. According to Crosby et al. (p. 93), a common eating disorder assessment instrument that uses a dimensional approach is Garner’s 1991 Eating Disorder Inventory–2, which identifies degrees of body dissatisfaction, drive for thinness, and bulimic behavior; Fairburn and Cooper’s 1993 Eating Disorder Examination is another that recognizes four differentiating dimensions: degree of eating concerns, shape concerns, weight concerns, and restraint behavior.

Research on the development of classification processes for diagnosing eating disorders as well as for other disorders for the DSM–5 is increasingly supporting the use of a dimensional approach, as seen, for example, in the work of Phillips et al. (2010), Regier (2007), and Wilfley et al. (2007). These authors have argued that such quantitative methods of dimensionality increase the consistency and meaning of differences among symptoms and minimize the confusion common to descriptive methods that frequently introduce subtypes within each category and overlapping qualities between diagnostic categories. Examples in current DSM–IV eating disorder classifications would include anorexia, restricting type; anorexia, binge-eating/purging type; bulimia, purging type; and bulimia, nonpurging type (American Psychiatric Association, 1994).

Perhaps most comprehensively addressed in the book is the conflict-laden “waste basket” diagnosis ED NOS. Several chapters attempt to clarify the original definition—in particular, its intent and utility—as well as discuss problems with both clinical and research applications of this reluctantly necessary category since its inception in 1987 in the DSM–III–R (American Psychiatric Association, 1987).

Thomas and Vartanian (Chapter 2) are particularly adept at elucidating subtleties across comparison groups studied in the meta-analyses of ED NOS. They describe attempting to “provide a quantitative summary of eating pathology, general pathology and physical health between ED NOS and each of the officially recognized eating disorders” (p. 21). The importance of their approach is in reducing vagueness, which hinders ED NOS interpretations by quantifying and thus clarifying inclusion criteria or suggesting the eradication of the category altogether.

Mayou, Levenson, and Sharpe (2003) and Phillips et al. (2010) have reviewed research on the nosology and taxonomy of DSM–5 diagnostic considerations for somatoform disorders and body dysmorphic disorder, respectively. Like Engel et al. in Chapter 5 and Field, Corliss, Skinner, and Horton in Chapter 6, these authors have addressed various ineffective and sometimes misleading applications of functional classification systems that are used for physical disease. They have discussed how careful reclassification of DSM-5 diagnoses can reduce discrepancies when using ED NOS by reserving it solely for atypical pathological eating patterns: for example, atypical anorexia, in which an individual is not fat phobic but otherwise meets criteria for anorexia.
Becker, Thomas, and Pike in Chapter 20 address such idiosyncratic eating syndromes from yet another, potentially more clarifying perspective with regard to the overuse of ED NOS, which can happen when less specific inclusion criteria are allowed. They propose that considering anxiety and mood disorders as the primary diagnosis and eating disorders as a secondary diagnosis could allow for integration of idiosyncratic presentations such as anxiety with and without food- or weight-phobic behavior. This could significantly reduce the frequency of eating disturbances garnering the ED NOS diagnosis.

If one considers a frequently described purpose of a diagnostic and statistical manual and diagnostic labels—to assist the clinician in treatment planning—the goal of seeking to minimize if not eliminate the use of a broad, amorphous diagnostic category such as ED NOS seems consistent. Hats off to the authors and editors of Developing an Evidence-Based Classification of Eating Disorders, who saw the wisdom in compiling a comprehensive text that addresses the use of quantified, not just metaphorical, conceptualizations of the symptoms that empirical data on these complex conditions support.

*Developing an Evidence-Based Classification of Eating Disorders* is an excellent reference and resource for researchers, educators, and clinicians, particularly for those interested in a comprehensive understanding of the scientific progression of eating disorder research over the decades. Dense and copious in its research jargon in many areas, this text is not an exploration or dialogue about sociocultural and interpersonal research or theory on eating disorders. It is therefore less relevant, for example, for the mental health practitioner who treats a handful of bulimic college students in a typical suburban clinical practice setting. It is most useful for serious researchers and graduate-level educators teaching advanced abnormal psychology and/or a course specific to eating disorders as a group of interrelated but nosologically different disturbances spanning numerous psychological, physiological, cultural, behavioral, affective, and cognitive domains.

**References**


