July 1st, 2019

Dear Berrien County and SW Michigan,

Included in letter you will find additional information regarding our Dewpoint Services, SWMC Nutritional Wellness Services and SMEDA Lakeshore.

Let's start with Well of GRACE Ministries' Dewpoint group. Dewpoint is a professionally led support group for teen girls and women who are in treatment for an eating disorder. We provide two separate groups Dewpoint: ED for individuals with anorexia nervosa, bulimia nervosa, and avoidant/restrictive food intake and eating disorder nos. Dewpoint: BED is for individuals with binge eating disorder without purging and food addiction. Another arm of our Dewpoint services offers families support, this is called our Caregiver's support group which runs fall, winter and spring. Finally, Well of GRACE Ministries staff works to educate and provide resources within the community through staff members providing educational seminars, reaching out to schools (middle, high school and colleges), and others in the community.

SWMC Nutritional Wellness provides 1:1 counseling support at Well of GRACE Ministries' office in Stevensville. It is simply a satellite office space for individuals with eating disorders seeking 1:1 treatment.

And last, SMEDA (Southwestern Michigan Eating Disorder Association) Lakeshore chapter meets once per month at Well of GRACE Ministries (please call 269 428-9355 or email mary@wellofgraceministries.com to find out more information). **Members:** Membership in SMEDA includes both professionals and community members who have been touched by someone with an eating disorder. It could be a daughter, a student, a patient, a client--anyone involved in this illness. Professionals include persons providing therapy, nutritional counseling, and/or medical care; working together as a team to help people with eating disorders. **The Organization:** ***The mission of the Southwest Michigan Eating Disorder Association (SMEDA)*** is to use education to prevent eating disorders among people in Southwest Michigan and to improve the identification of, and treatment outcomes for, those with eating disorders.

SMEDA's Goals:

- To ***educate*** the public in our community about anorexia nervosa, bulimia nervosa and other eating disorders
- To ***educate*** professionals in our community about eating disorders and their diagnosis and treatment
- To ***advocate*** for better detection and care for patients suffering from eating disorders
- To ***further the knowledge and expertise*** of SMEDA's members and others who work with persons who have eating disorders so they can better serve the community.

Thank you for all that you do, we look forward to working alongside other professionals to provide specialized support to individuals with eating disorders.

Best regards,

Mary Andres, MA, LPC

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Cheat Sheet/Quick Reference

Anorexia Nervosa

According to the DSM-5 criteria, to be diagnosed as having Anorexia Nervosa a person must display:

- Persistent restriction of energy intake leading to significantly low body weight (in context of what is minimally expected for age, sex, developmental trajectory, and physical health)
- Either an intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain (even though significantly low weight).
- Disturbance in the way one's body weight or shape is experienced, undue influence of body shape and weight on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

Subtypes:
Restricting type
Binge-eating/purging type

Bulimia Nervosa

According to the DSM-5 criteria, to be diagnosed as having Bulimia Nervosa a person must display:

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
- Eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
- A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).
- Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting, or excessive exercise.
- The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for three months.
- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

Additional Eating Disorder Diagnosis-to be determined by therapists. Referral Dewpoint ED group.

Avoidant/Restrictive Food Intake Disorder (ARFID)

According to the DSM-5 criteria, to be diagnosed as having ARFID a person must display:

- An Eating or Feeding disturbance as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:

1. Significant loss of weight (or failure to achieve expected weight gain or faltering growth in children).
2. Significant nutritional deficiency
3. Dependence on enteral feeding or oral nutritional supplements
4. Marked interference with psychosocial functioning

- The behavior is not better explained by lack of available food or by an associated culturally sanctioned practice.
- The behavior does not occur exclusively during the course of anorexia nervosa or bulimia nervosa, and there is no evidence of a disturbance in the way one’s body weight or shape is experienced.
- The eating disturbance is not attributed to a medical condition, or better explained by another mental health disorder. When is does occur in the presence of another condition/disorder, the behavior exceeds what is usually associated, and warrants additional clinical attention.

Other Specified Feeding or Eating Disorder (OSFED)

According to the DSM-5 criteria, to be diagnosed as having OSFED a person must present with a feeding or eating behaviors that cause clinically significant distress and impairment in areas of functioning, but do not meet the full criteria for any of the other feeding and eating disorders.

A diagnosis might then be allocated that specifies a specific reason why the presentation does not meet the specifics of another disorder (e.g. Bulimia Nervosa- low frequency). The following are further examples for OSFED:

- **Atypical Anorexia Nervosa**: All criteria are met, except despite significant weight loss, the individual's weight is within or above the normal range.
- **Binge Eating Disorder** (of low frequency and/or limited duration)**:** All of the criteria for BED are met, except at a lower frequency and/or for less than three months.
- **Bulimia Nervosa** (of low frequency and/or limited duration): All of the criteria for Bulimia Nervosa are met, except that the binge eating and inappropriate compensatory behavior occurs at a lower frequency and/or for less than three months.
- **Purging Disorder:** Recurrent purging behavior to influence weight or shape in the absence of binge eating
- **Night Eating Syndrome:** Recurrent episodes of night eating. Eating after awakening from sleep, or by excessive food consumption after the evening meal. The behavior is not better explained by environmental influences or social norms. The behavior causes significant distress/impairment. The behavior is not better explained by another mental health disorder (e.g. BED).

Binge Eating Disorder

According to the DSM-5 criteria, to be diagnosed as having Binge Eating Disorder a person must display:

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
  - Eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
  - A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).
- The binge eating episodes are associated with three or more of the following:
  - eating much more rapidly than normal
  - eating until feeling uncomfortably full
  - eating large amounts of food when not feeling physically hungry
  - eating alone because of feeling embarrassed by how much one is eating
  - feeling disgusted with oneself, depressed or very guilty afterward
- Marked distress regarding binge eating is present
- Binge eating occurs, on average, at least once a week for three months
- Binge eating not associated with the recurrent use of inappropriate compensatory behaviors as in Bulimia Nervosa and does not occur exclusively during the course of Bulimia Nervosa, or Anorexia Nervosa methods to compensate for overeating, such as self-induced vomiting.
- Note: Binge Eating Disorder is less common but much more severe than overeating. Binge Eating Disorder is associated with more subjective distress regarding the eating behavior, and commonly other co-occurring psychological problems.

According to the DSM-5 criteria this category applies to where behaviors cause clinically significant distress/impairment of functioning, but do not meet the full criteria of any of the Feeding or Eating Disorder criteria. This category may be used by clinicians where a clinician chooses not to specify why criteria are not met, including presentations where there may be insufficient information to make a more specific diagnosis (e.g. in emergency room settings).