

Orthorexia Nervosa and Eating Disorder Symptoms in Registered Dietician Nutritionists in the United States

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Orthorexia nervosa (ON) is a proposed disorder characterized by obsessions about healthy eating. Since it is not an official DSM-V diagnosis, there is no agreed upon constellation of symptoms. However, some common symptoms include obsessive thoughts about food, self-punishment with fasts or overexercise, restrictive eating behaviors, and a belief that self-esteem is based on dietary choices. While there are similarities between ON and the DSM-V eating disorder diagnoses (EDs), not much is known about the relationship between ON and EDs. Registered dietician nutritionists (RDNs) seem to be a particularly at-risk group for both EDs and ON. Prior research suggests between 41-82% of RDNs struggle with ON, although none of these studies were conducted in the United States.

Tremelling et al (2017) sought to investigate the prevalence of risk for ON and ED in a sample of RDNs and to determine if the core symptoms of EDs (restraint, eating concerns, shape concerns, and weight concerns) were also present in ON. Participants included 636 RDNs (615 women and 21 men) who completed surveys by email. A random sample of 2,500 RDNs were asked to participate in the study but only 27% responded. Participants were asked whether they had any type of treatment for a current or previous ED, height and weight, and were administered the Orthorexia Nervosa Questionnaire (ORTO-15) and the Eating Disorder Examination Questionnaire (EDE-Q).

Results indicated that nearly half of participants (49.5%) scored at high risk for ON and 12.9% scored at high risk for ED. Both participants who were at risk for ON and participants who reported treatment for ED scored higher on the EDE-Q than a control group. The authors concluded that there is a high prevalence of risk for ON and EDs among RDs in the US and symptoms of ON seem to be closely related to symptoms of EDs in this population. ON seems to involve the core components of ED symptomology including eating concern, restraint, and preoccupation with body shape and weight.

The authors suggest that future research evaluate the clinical consequences for patients related to their provider having ON and/or ED and whether ON and ED symptoms in RDNs may be related to weight bias, which prior research has demonstrated to be prevalent in RDNs. The study was limited by the low survey response rate (only 27%); there may be unique characteristics about the individuals who chose to participate that could have biased results. It is unclear whether individuals with pre-existing EDs and/or ON are more likely to choose a career as a RDN or if there is something about the work of being an RDN (and the increased focus on optimal food choices) that contributes to the development of EDs and/or ON. The authors argue that targeted approaches to prevent EDs and ONs in RDNs (ie. cognitive dissonance programs) should be implemented.

Reference: Tremelling K, Sandon L, Vega G, McAdams C (2017) Orthorexia nervosa and eating disorder symptoms in registered dietician nutritionists in the United States. *Journal of the Academy of Nutrition and Dietetics*.