

DSM-IV Criteria for Eating Disorders

ANOREXIA NERVOSA

- Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g. weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected)
- Intense fear of gaining weight or becoming fat, even though underweight
- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight
- In postmenarcheal females, amenorrhea, i.e., the absence of at least 3 consecutive menstrual cycles
 - Restricting Type: during the current episode of Anorexia Nervosa, the person has *not* regularly engaged in binge-eating or purging behaviors
 - Binge-Eating/Purging Type: during the current episode of Anorexia Nervosa, the person has regularly engaged in binge-eating or purging behaviors

BULIMIA NERVOSA

- 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, enemas, or other medications; fasting; or excessive exercise
- The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months
- Self-evaluation is unduly influenced by body shape and weight
- The disturbance does not occur exclusively during episodes of Anorexia Nervosa
 - Purging Type: during the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas
 - Nonpurging Type: during the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas

DSM-IV Criteria for Impulse Control Disorders

INTERMITTENT EXPLOSIVE DISORDER

- Several discrete episodes of failure to resist aggressive impulses that result in serious assaultive acts or destruction of property
- The degree of aggressiveness expressed during the episodes is grossly out of proportion to any precipitating psychosocial stressors
- The aggressive episodes are not better accounted for by another mental disorder or a general medical condition

KLEPTOMANIA

- Recurrent failure to resist impulses to steal objects that are not needed for personal use or for their monetary value
- Increasing sense of tension immediately before committing the theft
- Pleasure, gratification, or relief at the time of committing the theft
- The stealing is not committed to express anger or vengeance and is not in response to a delusion or hallucination
- The stealing is not better accounted for by Conduct Disorder, a Manic Episode, or Antisocial Personality Disorder.

PYROMANIA

- Deliberate and purposeful fire setting on more than one occasion
- Tension or affective arousal before the act
- Fascination with, interest in, curiosity about, or attraction to fire and its situational contexts (e.g., paraphernalia, uses, consequences)
- Pleasure, gratification, or relief when setting fire, or when witnessing or participating in their aftermath
- The fire setting is not done for monetary gain, as an expression of sociopolitical ideology, to conceal criminal activity, to express anger or vengeance, to improve one's living circumstances, in response to a delusion or hallucination, or as a result of impaired judgment (e.g., in dementia, Mental Retardation, Substance Intoxication)
- The fire setting is not better accounted for by Conduct Disorder, a Manic Episode, or Antisocial Personality Disorder.

TRICHOTILLOMANIA

- Recurrent pulling out of one's hair resulting in noticeable hair loss
- An increasing sense of tension immediately before pulling out the hair or when attempting to resist the behavior
- Pleasure, gratification, or relief when pulling out the hair
- The disturbance is not better accounted for by another mental disorder and is not due to a general medical condition (e.g., a dermatological condition)
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning

PATHOLOGICAL GAMBLING

- **Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:**
 - **Preoccupied with gambling (e.g., reliving past gambling experiences, planning the next venture, or thinking of ways to get money with which to gamble)**
 - **Needs to gamble with increasing amounts of money in order to achieve the desired excitement**
 - **Repeated unsuccessful efforts to control, cut back, or stop gambling**
 - **Restless or irritable when attempting to cut down or stop gambling**
 - **Gambles as a way of escaping from problems or relieving a dysphoric mood**
 - **After losing money gambling, often returns another day to get even (“*chasing one’s losses*”)**
 - **Lies to family members, therapist, or others to conceal the extent of involvement with gambling**
 - **Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling**
 - **Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling**
 - **Relies on others to provide money to relieve a desperate financial situation caused by gambling**
- **The gambling behavior is not better accounted for by a Manic Episode.**