**Supplemental Material**

**Supplement A**. Below is an expanded citation list for statements made in the Haynos, Egbert, Fitzsimmons-Craft, Levinson, & Schleider (2023) editorial:

1. Eating disorder manuscripts are more frequently rejected from general, high-impact journals and recommended to eating disorder-specific journals than other similar psychiatric concerns due to the belief that eating disorders represent a “specialty” problem (1–3).
2. Even this commentary on the dangers of the over-specialization of the eating disorders field has been previously recommended to an eating disorder specialty journal (4).
3. Funding for eating disorder research lags considerably behind psychiatric disorders with comparable prevalence ($0.73 USD/affected individual for eating disorder research funding versus $86.97 USD/affected individual with schizophrenia) (5).
4. This trend is particularly concerning considering the severity, mortality, and societal impact associated with eating disorders (6–8).
5. The point prevalence of eating disorders is reported as ~8% when using narrow classification standards and ~19% when using broader definitions (9).
6. These are likely low estimates limited by potentially biased methods (e.g., retrospective chart review) (10).
7. Since the onset of COVID-19, eating disorder hospitalizations have doubled and adolescent emergency visits have more rapidly increased for eating disorders than other psychiatric concerns (11,12).
8. Further, while certain forms of eating disorder behavior (e.g., self-induced vomiting) are relatively uncommon within the general population, at least one analysis suggest that approximately 50% of adolescents and adults engage in subclinical forms of disordered restrictive eating (13).
9. Even subclinical disordered eating has been linked to myriad negative consequences (e.g., suicide, non-suicidal self-injury) (14).
10. 95% of individuals with an eating disorder have a co-occurring affective disorder and at least 20-35% of those with an affective disorder have an eating disorder (15).
11. This elevated co-morbidity suggests overlapping mechanisms between eating disorders and other psychiatric concerns (16).
12. Further, eating disorder symptoms complicate the treatment of other psychiatric disorders (17)
13. Despite eating disorder articles being under-published in general psychiatry outlets (1–3)...
14. ...the most downloaded publication of 2021 from the high-impact outlet, *JAMA Psychiatry,* focused on the neurobiology of anorexia nervosa (18,19).
15. Eating disorders are severe, debilitating, often persistent, and costly (~$400 billion/year in the U.S.) (8,20).
16. Anorexia nervosa is second only to opioid use disorder in lethality and other eating disorders share high premature mortality (21).
17. Providers are often faced with life-or-death decisions in eating disorder care (22,23).
18. ...eating disorders have been inaccurately stereotyped as affecting only young, White, affluent, cisgender women (24).
19. Although this misperception has been recently challenged by data demonstrating that eating disorders affect broader demographics than previously acknowledged (25)...
20. ...women are over-represented among eating disorder research samples (~95% of participants in eating disorder studies) and professionals (~84% eating disorder academics are women compared to ~40-55% in broader academic mental health) (26–28)
21. It is documented that women are disadvantaged in high-impact publishing and grant funding (even, ironically, within the female-dominated eating disorder field) (2,29,30)...
22. ...disorders that disproportionally affect women (e.g., endometriosis, premenstrual dysphoric disorder) are underfunded relative to disease burden (31).
23. One editorial examined data on the quality of randomized, controlled trials on eating disorders compared to panic disorder and agoraphobia, finding that studies on eating disorders were rated of lower quality (32).
24. Most healthcare providers do not receive training in eating disorders and do not assess for or treat these disorders (33).
25. Most eating disorders go undetected, untreated, or ineffectively treated (34).
26. < 20% of individuals with an eating disorder *ever* receive treatment (35).
27. The mechanisms promoting eating disorders remain poorly understood and eating disorder treatment effects have not improved in decades (20,36)
28. A literature review by Ahuvia et al. found that body image interventions decrease depression to the same degree as treatments specifically targeting depression. Thus, other fields could also benefit from dialogue with eating disorder researchers (37)

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**Supplement B.** Review Decisions on this Commentary: A Case Study in Over-specialization

**B1. Review 1:** General Psychiatry Journal (Impact Factor: 17.7)

Decision: Rejection without Review

Editor Comments:

I very much appreciate your having allowed us to see your paper. I regret that it is not possible to accept it for publication. Due to the large number of manuscripts the Journal receives and the requisite high rejection rate (about 90%), all decisions regarding publication are final.

I realize that this decision is probably reaching you sooner than anticipated. Due to the very large number of manuscripts that we receive, our office is forced to undertake an initial review of all papers, before considering a subset further. This process is actually quite competitive. Typically, we review fewer than 50% of the paper that we receive. Even with this initial level of review, we still are forced to reject the majority of papers we consider for outside review.

In terms of the specific factors influencing thinking with your paper, we actually receive a tremendous amount of papers examining one or another clinical characteristic or risk factor in various samples. As a rule, we do not review these papers, as we receive far more outstanding papers than we can ever possibly review, let alone publish. Moreover, papers on clinical characteristics, using observational data, compose the large majority of papers we receive. **For papers in this area, we tend to focus on those papers that address issues that are of very general interest. I am afraid that your paper focuses on an issue that is probably more appropriate for a more specialized journal.**

As I am sure you are aware, the limited space in the Journal prevents our including many excellent papers. Our decision, therefore, is not necessarily a reflection on your work.

**Note:** Bolding added by authors for emphasis

**B2. Review 2**: General Psychiatry Journal (Impact Factor: 25.8)

Decision: Rejection without Review

Editor Comments: Cannot Reproduce due to Confidentiality Statement

**B3. Review 3**: General Psychiatry Journal (Impact Factor: 44.6)

Decision: Rejection without Review

Editor Comments:

Thank you for your recent submission to [journal redacted]. We have now had time to consider your manuscript and unfortunately, on this occasion, we have decided not to publish it because we believe it would be better suited elsewhere. The editors found the topic and piece interesting and felt that it will likely spark some debate about eating disorder research, publishing, and clinical care; but unfortunately our [redacted] section (Personal Views, Reviews) is extremely full at the moment, and we do not have the bandwidth to prioritize your manuscript for further consideration.

I'm sorry not to have better news on this occasion and trust you will find a good home for this piece quickly. I hope you will consider us again with future pieces.