

Eating disorders

This factsheet is about eating disorders, their symptoms and treatment options. This information is for adults affected by mental illness in England. It's also for their loved ones and carers and anyone interested in this subject.

Key Points.

- You will use food to try to manage your feelings if you have an eating disorder.
- There are different types of eating disorders.
- You will have an unhealthy relationship with food and weight. You may eat too little or too much food.
- Eating disorders often start during your teenage years or early adulthood. You may develop them as an adult.
- Eating disorders can lead to serious physical health problems.
- Treatments for eating disorders can be medication, talking therapies and family therapy.

This fact sheet covers:

1. [What are eating disorders?](#)
2. [What are the different types of eating disorders?](#)
3. [How are eating disorders diagnosed?](#)
4. [What causes eating disorders?](#)
5. [What should I do if I think I have an eating disorder?](#)
6. [What treatment should I be offered?](#)
7. [What if I am not happy with my treatment?](#)
8. [Can I be detained in hospital under the Mental Health Act?](#)
9. [What can I do to manage my symptoms?](#)
10. [What are the risks and complications of eating disorders?](#)
11. [Information for carers, friends and relatives](#)

[Top](#)

1. What are eating disorders?

An eating disorder is a mental illness. You will use food to try to manage your feelings. If you have an eating disorder you will have an unhealthy relationship with food. This may be eating too much or too little food. Or eating a lot of food in one sitting. You may become obsessed with food and your eating patterns if you have an eating disorder.

Anyone can develop an eating disorder. It doesn't matter what your age, gender, cultural or racial background is.

[Top](#)

2. What are the different types of eating disorders?

There are many different eating disorders. This factsheet covers Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder and 'Other Specified Feeding and Eating Disorders'.

Anorexia Nervosa

You will try to keep your weight as low as possible if you have anorexia. You may think you are overweight even if others say you are dangerously thin. You may fear gaining weight and dismiss ideas to encourage you to eat more.

Behavioural symptoms ¹	Physical signs ²
<ul style="list-style-type: none">• Strict dieting. Such as counting the calories in food excessively, avoiding food you think is fattening and eat only low-calorie food.• Being secretive. Such as hiding food, lying about what you have eaten and avoiding eating with other people.• Cut food into tiny pieces to make it less obvious that you have eaten little.• Take appetite suppressants such as diet pills.• Over exercising and get upset if something stops you from exercising.• Becoming socially isolated.• Making self-sick. This is known as purging.	<ul style="list-style-type: none">• Feel weak and have less muscle strength.• Difficulty concentrating.• Dizzy spells.• Constipation, bloating and stomach pain.• Grow soft, fine hair on your body and face. Hair falling out.• Feeling cold. Swollen feet, hands or face. Low blood pressure.• Setting high standards and being a perfectionist.• Sleeping problems.• Getting irritable and moody.• In girls and women periods can stop, become irregular or do not start.• Loss of interest in sex.

Bulimia Nervosa

You will have an unhealthy eating cycle if you have bulimia. You will eat a lot of food and then do something to yourself to stop weight gain. You may make yourself vomit, take laxatives or over exercise.

The eating is called 'binging' and what you do after is called 'purging'.³ You will usually have an average body weight. This may mean other people do not notice you are having these problems.⁴

Behavioural symptoms^{5,6}	Physical signs⁷
<ul style="list-style-type: none">• Eating large amounts of food. This is known as bingeing.• Feel guilty or ashamed after bingeing and purging.• Spending a lot of time thinking about food.• Not able to control your eating.• Have a distorted view of your body shape or weight.• Have mood swings.• Secretive about your bingeing and purging.• Feel anxious and tense.• Can be associated with depression, low self-esteem, alcohol misuse and self-harm.• Disappearing soon after eating.	<ul style="list-style-type: none">• Calluses on the back of your hand. These are caused by forcing yourself to be sick.• Stomach pain, bloating and constipation.• Gastric problems.• Being tired and not having energy.• In girls and women - periods stop or are not regular.• Frequent weight changes.• Hands and feet swelling.• Damage to teeth.

Binge eating disorder (BED)

You will eat a lot of food in a short period of time on a regular basis if you have BED. As with bulimia, you won't feel in control of your eating. It is likely to cause you distress. You may feel disconnected and struggle to remember what you have eaten.⁸

Behavioural symptoms ⁹	Physical signs ¹⁰
<ul style="list-style-type: none"> • Eat faster than normal during a binge. • Eat when you're not hungry and until you feel uncomfortably full. • Eat alone or secretly. • Have feelings of guilt, shame or disgust after binge eating. • Low self-esteem and depression and anxiety. 	<ul style="list-style-type: none"> • Overweight for your age and height. • Tiredness and difficulty sleeping. • Constipation and bloating.

Other eating disorders and eating problems

Other Specified Feeding and Eating Disorder (OSFED)

OSFED means you have symptoms of an eating disorder. But you don't have all the typical symptoms of anorexia, bulimia or BED. You could have a mixture of symptoms from different eating disorders. This does not mean that your illness is less serious.¹¹ It used to be known as Eating Disorder Not Otherwise Specified (EDNOS).

Orthorexia nervosa¹²

Orthorexia is not a recognised clinical diagnosis. But many people struggle with the symptoms. Orthorexia is when you pay too much attention to eating food that you feel is healthy and pure. It may begin as a healthy diet but becomes rigorous and obsessive. You may become socially isolated because you plan your life around food.

Pica¹³

You eat non-food objects if you have Pica. Such as chalk, paint, stones and clothing. There is no nutritional benefit in these items. Some objects will pass through your body without harm. However, pica can be very dangerous. It can lead to health concerns such as dental and stomach problems.

We still don't understand what causes pica. There is a link to a lack of certain minerals such as iron. Some researchers believe it is a coping mechanism for some people.

Rumination disorder or 'chew and spit'¹⁴

You will chew and spit out food without swallowing it if you have rumination disorder. You may do this over and over again. This can affect anyone.

Selective Eating Disorder (SED)¹⁵

You will only eat certain foods and may refuse to try other foods if you have SED. This is common in young children. But the problem can continue into adulthood.

Diabulimia¹⁶

Diabulimia only affects people with type 1 diabetes. You will reduce or stop taking your insulin to try to lose weight. If you have type 1 diabetes you need your insulin to live.

Diabulimia is not a recognised medical term but it is what people call it.

[Top](#)

3. How are eating disorders diagnosed?

Doctors use guidelines for diagnosing different mental health conditions, such as eating disorders. When deciding on a diagnosis doctors will look at these guidelines. They will look at what symptoms you have had. And how long you have had these for. The main guidelines are:

- International Classification of Diseases (ICD-11), produced by the World Health Organisation (WHO), and
- Diagnostic and Statistical Manual (DSM-5), produced by the American Psychiatric Association.

A health professional will assess you to work out if they think you have an eating disorder. As part of the assessment they will:¹⁷

- ask about your feelings, thoughts and behaviours,
- see if there has been any rapid weight loss,
- check if your body mass index (BMI) is too high or too low,
- ask you about any diets that you are on,
- listen to the concerns that your family or carers have about your eating behaviour, and
- think about different reasons for your symptoms.

[Top](#)

4. What causes eating disorders?

We do not know exactly why someone develops an eating disorder. Some people believe that eating disorders develop because of social pressures to be thin.¹⁸ Social pressures could be social media and fashion magazines. Others believe it is a way to feel in control.

Most specialists believe that eating disorders develop because of a mix of psychological, environmental and genetic factors.^{19,20,21}

Psychological factors could be:

- being vulnerable to depression and anxiety,
- finding stress hard to handle,
- worrying a lot about the future,
- being a perfectionist,
- controlling your emotions,
- having obsessive or compulsive feelings, or

- a fear of being fat.

Environmental factors could be:

- pressure at school,
- bullying,
- abuse,
- criticised for your body shape or eating habits,
- having difficult family relationships, or
- having a job or hobby where being thin is seen as ideal. Such as dancing or athletics.

Genetic factors could be:

- changes in the brain or hormone levels, or
- family history of eating disorders, depression or substance misuse.

[Top](#)

5. What should I do if I think I have an eating disorder?

Ask for help early if you think that you may have an eating disorder. You have a greater chance of recovery if you seek help early. The first step is usually to make an appointment with your GP. They can refer you to specialist support if you need it.

If you aren't ready to ask for professional help speak to someone that you trust such as friend or relative. You could also ask confidential charities such as 'Beat' for advice. Look at the end of this factsheet for contact information.

[Top](#)

6. What treatment should I be offered?

You can check what treatment and care is recommended for eating disorders on the National Institute for Health and Care Excellence (NICE) website. NICE produce guidelines for how health professionals should treat certain conditions. You can download these from their website at www.nice.org.uk But the NHS does not have to follow these recommendations. They should have a good reason for not following them.

Medication should not be offered as the only treatment for any eating disorder.²²

Physical treatments like acupuncture, weight training and yoga should not be offered as treatment for eating disorders.²³

There are different types of psychological treatments for eating disorders, and you may be offered a combination of these. All of the treatments will include guided self-help and psycho-education.

Guided self-help programme

This is a self-help programme. You will look at the thoughts, feelings and actions that you have in relation to your eating. You should also have some short support sessions to help you follow the programme.

Psycho-education

Psycho-education means that you will learn about your symptoms and how to manage them.

What is the treatment for anorexia?

When treating anorexia, a key goal is for you to reach a healthy weight. Your weight will be monitored. Doctors may share your weight with your family members or carers.

There are different psychological treatments for anorexia in adults. Your doctor should talk to you about different treatments. You should be given your preferred treatment if it is available.²⁴

Individual eating-disorder-focused cognitive behavioural therapy (CBT-ED)²⁵

This is a long-term therapy. You will have individual sessions with your therapist. You will usually have 40 sessions over 40 weeks. At the beginning of your therapy you will usually have 2 sessions a week.

The therapy aims to help you to:

- reduce the risks to your physical health,
- learn about nutrition and how you can change the way you think,
- think about your body image concerns and self-esteem, and
- monitor what you are eating and how this makes you think and feel.

Maudsley Anorexia Nervosa Treatment for Adults (MANTRA)²⁶

This usually consists of 20 sessions. For the first 10 weeks you have weekly sessions. After that the sessions are more flexible. If you have a more complex problem, you may get up to 10 extra sessions.

The therapy:

- covers nutrition, how to manage your symptoms and how to change your behaviour once you are ready,
- helps you to develop a 'non-anorexic identity', and
- involves your family members and carers to help you to:
 - understand your condition and the problems it causes, and
 - change your behaviour.

Specialist supportive clinical management (SSCM)²⁷

This therapy will usually be 20 or more weekly sessions. This will depend on the severity of your anorexia. Its aims to:

- help you to recognise the link between your symptoms and your eating behaviour,
- give you nutritional education and advice, and
- allow you to decide what else should be included as part of your therapy.

Eating-disorder-focused focal psychodynamic therapy (FPT)²⁸

You will only be offered FPT if individual CBT-ED, MANTRA or SSCM hasn't worked. Or if your doctor thinks that the other therapies shouldn't be used.

FPT is a long-term therapy. You will have individual sessions with your therapist. You will usually have 40 sessions over 40 weeks.

FPT looks at:

- what your symptoms mean to you, how they affect you and how they affect your relationships with other people,
- the beliefs, values and feelings that you have about yourself,
- your relationships with other people and how they affect your eating behaviour, and
- helping you to take what you have learned into everyday life.

What is the treatment for bulimia?

Psychological treatments for bulimia have a limited effect on body weight.²⁹

Bulimia-nervosa-focused guided self-help³⁰

You should be given cognitive behavioural self-help materials. And you should be given short supportive sessions. For example, you may be given between 4 and 9 sessions of 20 minutes. These should be weekly at first.³¹

Individual eating disorder-focused cognitive behavioural therapy (CBT ED)

You should be offered individual CBT-ED if the self-help programme hasn't worked. Or your doctor doesn't think it should be used.³²

Individual CBT-ED for adults with bulimia nervosa is usually 20 sessions over 20 weeks. At the very beginning of your therapy you may have 2 sessions a week. Its aims are to help you to:

- begin a regular pattern of eating,
- think about your concerns around body shape and weight,
- find other ways to deal with difficult thoughts and feelings, and
- involve your family members and carers, if this is appropriate.³³

What is the treatment for binge eating disorder (BED)

Psychological treatments for BED have a limited effect on body weight. Weight loss isn't the aim of the therapy. Doctors can give you advice on weight loss.³⁴

Binge-eating-disorder-focused guided self-help programmes³⁵

You should be given cognitive behavioural self-help materials. And you should be given short supportive sessions. For example, you may be given between 4 and 9 sessions of 20 minutes. These should be weekly at first.³⁶

Group eating disorder-focused cognitive behavioural therapy (CBT-ED)

You should be offered group CBT-ED if the self-help programme hasn't worked, or your doctor doesn't think it should be used.³⁷

Group CBT-ED is usually 16 weekly sessions of 90 minutes over 4 months. It aims to help you to:

- monitor your eating behaviour,
- think about your problems and goals,
- identify your binge eating triggers,
- identify and change any negative beliefs you have about your body, and
- avoid relapses and identify ways to cope with your triggers.³⁸

Individual CBT-ED for adults with BED³⁹

Your doctor could offer you individual CBT-ED if group CBT-ED may not be available in your area. Or you may decide that you do not want group therapy.

You will have individual sessions with your therapist. You will usually have 16-20 sessions. You will work with your therapist to understand what makes you binge eat.

What is the treatment for Other Specified Feeding and Eating Disorder (OFSED)?⁴⁰

There is no specific treatment for OFSED. You should be offered the treatments recommended for the type of eating disorder your symptoms are most similar to.

[Top](#)

7. What if I am not happy with my treatment?

If you are not happy with your treatment you can:

- talk to your doctor about your treatment and ask for a second opinion,
- get an advocate to help you speak to your doctor,
- contact Patient Advice and Liaison Service (PALS) and see whether they can help, or
- make a complaint.

There is more information about these options below:

Second opinion

If you are not happy with your treatment you should talk to your doctor and see if you can resolve the situation with them. You can refer to the NICE guidelines if you feel your doctor is not offering you the right treatment. See [section 6](#) for more about this.

You may feel that your treatment should be changed. If your doctor does not agree you could ask for a second opinion. You are not legally entitled to a second opinion, but your doctor might agree to it if it would help with treatment options.

Advocacy

An advocate is independent from the NHS. This means that the NHS doesn't employ them. Advocacy services are free to use. Usually a charity will run an advocacy service. An advocate is there to support you.

They can help to make your voice heard when you are trying to sort problems. They may be able to help you to write a letter to the NHS or go to a meeting with you.

There may be a local advocacy service in your area which you can contact for support. You can search online for a local service. You can also call our advice service on 0300 5000 927 or email us at advice@rethink.org and we can look for you.

'PALS'

The Patient Advice and Liaison Service (PALS) at your NHS trust are there to help you sort problems with a local service.

You can find your local PALS' details at [www.nhs.uk/Service-Search/Patient%20advice%20and%20liaison%20services%20\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient%20advice%20and%20liaison%20services%20(PALS)/LocationSearch/363)

Complaints

You can make a formal complaint. Your GP practice or mental health trust should be able to give you a leaflet about their complaints procedure.

If you need help to make a complaint you can get help from a complaints advocate.

You can find more information about:

- Second opinions - About your mental health diagnosis or treatment
- Advocacy for mental health
- Complaining about the NHS or social services

at www.rethink.org. Or call our General Enquires team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

8. Can I be detained in hospital under the Mental Health Act?

Eating disorders are mental disorders. Your life may be at risk if your eating disorder is very bad. You may need treatment in hospital. If you refuse treatment, you can be sent to hospital. You can be treated against your will under the Mental Health Act.

How will doctors decide if I should be detained under the Mental Health Act?

Doctors will look at risk to decide if you need to be sent to hospital. They should not base their decision on your weight or body mass index (BMI) alone.⁴¹ Other things they will look at include: ⁴²

- your pulse, blood pressure and core temperature,
- muscle power,
- blood tests for things like your sodium, potassium and glucose levels, and
- your heart rate.

Can I be force-fed?⁴³

Feeding is recognised as treatment for anorexia under the Mental Health Act.

The person in charge of your care under the Mental Health Act is called the responsible clinician. This person will be a psychiatrist or another professional who has had specialist training.

A responsible clinician must be appointed to look after your care if you are detained on a medical ward.

You can find more information about the 'Mental Health Act' at www.rethink.org. Or call our General Enquires team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

9. What can I do to manage my symptoms?

You can learn to manage your symptoms through self-care. Self-care is how you manage your daily routine, relationships and feelings. The healthcare professional who is working with you should give you advice about self-care.

The following website links have information about how you can deal with symptoms of anorexia, bulimia and BED.

- Anorexia Self-Help
www.getselfhelp.co.uk/anorexia.htm
- Bulimia & Binge Eating Self-Help
www.getselfhelp.co.uk/docs/BulimiaSelfHelp.pdf

10. What are the risks and complications of eating disorders?

Eating disorders are often found alongside other problems such as:

- mental health conditions. Such as depression or anxiety,
- physical health conditions, and
- drug or alcohol abuse.

It is thought that nearly 50% of people with an eating disorder are abusing drugs or alcohol.⁴⁴ Substance abuse could affect your treatment. If this happens your doctor should work together with professionals from substance misuse services to give you support.⁴⁵ This may be under a package of care called the 'care programme approach.'

Anorexia

Around 50% of people with anorexia will make a full recovery. But relapses are common along the way. Other people will improve with treatment but will still have eating problems.

Anorexia can cause:

- weak muscles and bones,
- problems getting pregnant,
- a loss of your sex drive,
- problems with your heart, and
- problems with your brain and nerves, which may lead to seizures. And problems with your concentration and memory,
- kidney or bowel problems, and
- a weak immune system.⁴⁶

Some complications may improve as your condition is treated, but others can be permanent.⁴⁷ People with anorexia have died because of physical complications or suicide.⁴⁸

Bulimia⁴⁹

Long-term bulimia can lead to physical problems. This is because you are not getting the right nutrients through vomiting or overusing laxatives.

You can get problems with:

- your teeth and the lining of your throat if you vomit a lot,
- your heart, kidney or bowel. Such as permanent constipation
- feeling tired and weak,
- irregular or absent periods.
- brittle fingernails.
- fits and muscle spasms,
- bone problems – such as osteoporosis.

Binge eating disorder⁵⁰

Binge eating disorder can have long-term physical effects. Such as:

- obesity,
- high cholesterol,
- high blood pressure,
- heart disease,
- type 2 diabetes,
- problems getting pregnant,
- problems sleeping,
- arthritis,
- joint and back pain,
- gall bladder disease, and
- damage to your stomach.

Talk to your doctor if you are worried about long-term problems.

You can find more information about '**Drugs, alcohol and mental health**' at www.rethink.org. Or call our General Enquires team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

11. Information for carers, friends and relatives

If you are a carer, friend or relative of someone who hears voices, you can get support.

How can I get support?

You can do the following.

- Speak to your GP about medication and talking therapies for yourself.
- Speak to your relative's care team about a carer's assessment.
- Ask for a carer's assessment from your local social services.
- Join a carers service. They are free and available in most areas.
- Join a carers support group for emotional and practical support. Or set up your own.

What is a carer's assessment?

A carer's assessment is an assessment of the support that you need so that you can continue in your caring role.

To get a carers assessment you need to contact your local authority.

How do I get support from my peers?

You can get peer support through carer support services or carers groups. You can search for local groups in your area by using a search engine such as Google. Or you can contact the Rethink Mental Illness Advice Service and we will search for you.

How can I support the person I care for?

You can do the following.

- Read information about eating disorders.
- Ask the person you support to tell you what their symptoms are and if they have any self-management techniques that you could help them with.
- Encourage them to see a GP if you are worried about their mental health.
- Ask to see a copy of their care plan, if they have one. They should have a care plan if they are supported by a care coordinator.
- Help them to manage their finances.

What is a care plan?

The care plan is a written document that says what care your relative or friend will get and who is responsible for it.

A care plan should always include a crisis plan. A crisis plan will have information about who to contact if they become unwell. You can use this information to support and encourage them to stay well and get help if needed.

Can I be involved in care planning?

As a carer you can be involved in decisions about care planning. But you don't have a legal right to this.

Your relative or friend needs to give permission for the NHS to share information about them. And their care.

You can find out more about:

- Supporting someone with a mental illness
- Getting help in a crisis
- Suicidal thoughts. How to support someone
- Responding to unusual thoughts and behaviours
- Carers assessment
- Confidentiality and information sharing. For carers, friends and family
- Money matters: dealing with someone else's finances
- Worried about someone's mental health
- Benefits for carers
- Stress

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

The New Maudsley Approach

This website has materials and tools to help parents and carers of people with eating disorders to manage their caring role effectively and with less stress.

Website: www.thenewmaudsleyapproach.co.uk/Home_Page.php

Beat

A national UK charity who give information, help and support for people affected by eating disorders. They have online support groups, peer support, message boards, and helplines. They also have a search facility for support groups and eating disorder services. This is called Helpfinder.

Adult helpline: 0808 801 0677 (9am – 8pm Monday to Friday, 4pm - 8pm weekends and all bank holidays)

Studentline: 0808 801 0811 (as above)

Address: Unit 1 Chalk Hill House, 19 Rosary Road, Norwich, Norfolk, NR1 1SZ

Adult email: help@beateatingdisorders.org.uk

Student email: studentline@beateatingdisorders.org.uk

Webchat: www.beateatingdisorders.org.uk/support-services/helplines/one-to-one

Helpfinder: helpfinder.b-eat.co.uk

Website: www.beateatingdisorders.org.uk

Anorexia and Bulimia Care

A charity which gives on-going care, emotional support and practical guidance for anyone affected by eating disorders. In addition to their helpline they provide moderated peer support for individuals and family and friends via Zoom. They also offer 1-to-1 booked appointments for support and guidance both for individuals and family and friends.

Helpline: 03000 11 12 13 (Wednesdays, Thursdays and Fridays; 9am - 1pm and 2pm - 5pm)

Address: Saville Court, 10-11 Saville Place, Clifton, Bristol, BS8 4EJ

Email: support@anorexiabulimiare.org.uk

Email for friends & family: familyandfriends@anorexiabulimiare.org.uk

Website: www.anorexiabulimiare.org.uk

Website link for peer support: www.anorexiabulimiare.org.uk/help-for-you/pips-place-online

Website link for booked appointments:

www.anorexiabulimiare.org.uk/help-for-you

Eating Disorders Support

A charity who give help and support to anyone affected by an eating problem. Support is offered through their helpline, email support and a self-help group in Buckinghamshire. They also have free online meetings.

Helpline: 01494 793223

Address: Sun House, 32 Church St, Chesham, Bucks, HP5 1HU

Email: support@eatingdisorderssupport.co.uk

Website: www.eatingdisorderssupport.co.uk

The Recover Clinic

Team of women who give care and advice to those suffering with eating disorders as well as Body Dysmorphic Disorder. This is not an NHS clinic, so you have to pay for treatment.

Phone: 0845 603 6530

Email: help@therecoverclinic.co.uk

Website: www.therecoverclinic.co.uk

[Top](#)

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- ²⁴ As note 17, Para 1.3.4
- ²⁵ As note 17, Para 1.3.5.
- ²⁶ As note 17, Para 1.3.6.
- ²⁷ As note 17, Para 1.3.7.
- ²⁸ As note 17, Para 1.3.9.

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- ²⁹ As note 17, Para 1.5.1.
- ³⁰ As note 17, Para 1.5.2.
- ³¹ As note 17, Para 1.5.3.
- ³² As note 17, Para 1.5.4.
- ³³ As note 17, Para 1.5.5.
- ³⁴ As note 17, Para 1.4.1.
- ³⁵ As note 17, Para 1.4.2.
- ³⁶ As note 17, Para 1.4.3.
- ³⁷ As note 17, Para 1.4.4.
- ³⁸ As note 17, Para 1.4.5.
- ³⁹ As note 17, Para 1.4.6 & 1.4.7.
- ⁴⁰ As note 17, Para 1.6.1.
- ⁴¹ The Royal College of Psychiatrists. *MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa 2nd edition*. www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr189.pdf?sfvrsn=6c2e7ada_2 Page 6. (accessed 24th September 2020).
- ⁴² The Royal College of Psychiatrists. *MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa 2nd edition*. www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr189.pdf?sfvrsn=6c2e7ada_2 Page 12 (accessed 7th September 2020).
- ⁴³ The Royal College of Psychiatrists. *MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa 2nd edition*. www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr189.pdf?sfvrsn=6c2e7ada_2 Page 40 (accessed 7th September 2020).
- ⁴⁴ NEDA. *Substance abuse and eating disorders*. www.nationaleatingdisorders.org/substance-abuse-and-eating-disorders (accessed 7th September 2020).
- ⁴⁵ As note 17, Para 1.8.19.
- ⁴⁶ NHS. *Anorexia nervosa*. www.nhs.uk/conditions/anorexia/ (accessed 24th September 2020).
- ⁴⁷ Beat. *Signs of Anorexia*. www.beateatingdisorders.org.uk/types/anorexia/signs (accessed 7th September 2020).
- ⁴⁸ NHS. *Anorexia nervosa*. www.nhs.uk/Conditions/Anorexia-nervosa/Pages/Introduction.aspx (accessed 1st September 2020).
- ⁴⁹ NHS. *Bulimia – Health risks of bulimia*. www.nhs.uk/Conditions/Bulimia/Pages/Introduction.aspx (accessed 1st September 2020).
- ⁵⁰ Beat. *Signs of Binge Eating Disorder*. www.beateatingdisorders.org.uk/types/binge-eating-disorder/signs (accessed 7th September 2020).

This factsheet is available in large print.

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