



Eating disorders:

a guide for friends and family

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Introduction

This booklet is for anyone supporting someone with an eating disorder. This might be a family member, a friend, a partner, a colleague. It covers types of eating disorder, possible causes, how you can help, and treatment. It also gives guidance on taking care of yourself. This booklet is an overview, but we hope it will help you understand more about eating disorders and provide you with information that will help you care for your loved one. You can find out more on beateatingdisorders.org.uk and through the resources listed in the Next Steps section.

Eating disorders can take over not only a sufferer's life but the lives of those around them. If you're caring for someone with an eating disorder, whether full-time or through occasional support, it can be difficult to know how to help, or even to persuade them they need and deserve help in the first place.

But with the right support and treatment, recovery is possible. Encouraging a person to seek treatment as soon as their symptoms appear is important; finding treatment early will give them the best chance of fully recovering from their eating disorder.

What is an eating disorder?

Eating disorders are serious mental illnesses that involve disordered eating behaviour. This might mean restricting food intake, eating very large quantities of food at once, countering food eaten through purging, fasting or excessive exercise, or a combination of these behaviours. It is important, though, to remember that eating disorders are not about food. Instead, the eating behaviour might be a coping mechanism or a way for the sufferer to feel in control.

I thought,
'If I can't control
what I eat, how
can I control
anything else
in life?'



Why do people get eating disorders?

Anyone can develop an eating disorder, regardless of age, gender, or background. Research is still being carried out to learn why people develop eating disorders, but evidence suggests it's a combination of a biological predisposition towards the illness and a social or environmental "trigger". This can be something life-changing, or something that to an outsider seems small – this does not invalidate the person's illness. Stress, bereavement, difficulties in an important relationship and cultural pressures are just some of the things that might play a role in someone developing an eating disorder.

People with eating disorders do not choose to have them and can't help being ill. It's easy to look for someone to blame, whether it's the person with the eating disorder, someone else, or even yourself. But this isn't useful – it's often impossible to say for sure what caused someone's eating disorder, but there are things you can do to help them get better.



Types of eating disorder

It's common to believe you can "see" an eating disorder. However, they are mental illnesses, and changes in behaviour and mood will probably be noticeable well before changes to appearance.

Eating disorders vary from person to person – though there are some signs and traits associated with particular eating disorders, a person does not have to show all of them to be ill.

Some general signs that may be associated with all eating disorders include:

- Preoccupation with and/or secretive behaviour around food
- Self-consciousness when eating in front of others
- Low self-esteem
- Irritability and mood swings
- Tiredness
- Social withdrawal
- Feelings of shame, guilt, and anxiety



Bulimia

Bulimia involves cycles of bingeing and purging. This means the person will eat large amounts of food in one go and then engage in behaviour to compensate for the food eaten, such as making themselves sick, fasting, taking laxatives, or excessively exercising. Some other possible signs of bulimia include:

- Disappearing after meals
- A feeling of being out of control around food
- Sore skin on the backs of hands or fingers if used to cause vomiting
- Bad breath or tooth decay due to being sick
- Weight fluctuations

Anorexia

Anorexia usually involves severely restricting food intake. Excessive exercise and binge/purge cycles may be factors in someone's anorexia too. Some other possible signs of anorexia include:

- Distorted perception of weight
- Preoccupation with and/or fear of gaining weight
- Obsessive behaviour such as counting calories
- Difficulty focusing
- Weight loss
- Wearing baggy clothes to hide weight loss

Binge eating disorder

Binge eating disorder involves bingeing, i.e. eating large amounts of food at once, but not engaging in compensatory behaviour associated with bingeing in bulimia or anorexia. Binges are often planned in advance and carried out in secret. Some possible signs of binge eating disorder include:

- Spending lots of money on food
- Feeling out of control around food
- Eating more rapidly than usual
- Eating when not hungry
- Weight gain

ARFID

"Avoidant/restrictive food intake disorder" (ARFID) describes a range of conditions where someone avoids certain foods, restricts how much they eat, or both. Unlike anorexia, concern about weight and shape is not a factor; instead ARFID might be for reasons such as sensitivity to taste or texture, a response to a distressing experience with food, or a lack of interest in eating.

OSFED

If someone's symptoms don't fit all the criteria for another diagnosis, they might be diagnosed with "other specified feeding or eating disorder" (OSFED). Less commonly nowadays, you might hear the term "eating disorder not otherwise specified" (EDNOS). An OSFED or EDNOS diagnosis does not mean that the eating disorder is less serious. Signs of OSFED might include any of those mentioned above.

For more information about specific types of eating disorder and what to look for if you're worried about someone, visit beateatingdisorders.org.uk.

How can I approach someone I think has an eating disorder?

It can be difficult to raise the issue – you may worry you'll say the wrong thing, that it's none of your business, or that you're insulting the person. Remember eating disorders are serious mental illnesses and are not the sufferer's fault. Often people with eating disorders deny or don't realise there's a problem, but that doesn't mean they're not ill. Eating disorders thrive on secrecy, and countless people who are in

recovery agree that breaking the silence is the right thing to do, even if they didn't feel that way at the time. The sooner someone can get treatment, the greater their chance of a full and sustained recovery.

Here are some things you can do when talking to someone you're worried about:

- Think about what you want to say and make sure you feel informed. Reading this booklet is a good start. You could also look at the information on our website.
- Choose a place where you both feel safe and won't be disturbed. If you're one of several people who have felt concerned, don't talk to the person together as they may feel you're ambushing them. Decide who they are most likely to open up to.
- Choose a time when neither of you feels angry or upset. Avoid any time just before or after meals.
- Have some information with you that you can refer to if you're able to. You could share it with them, or leave it with them to look at by themselves.



When my mum and partner expressed how worried they were...although part of me was annoyed and in denial, a huge part of me felt relieved.

- Try not to centre the conversation around food and/or weight. While it may be necessary to bring this up to explain why you're worried, these may be things they're particularly sensitive about. At their roots, eating disorders are about what the person is feeling rather than how they're treating food.
- Mention things that have concerned you, but try to avoid listing too many things as they may feel like they have been "watched".
- Try not to back them into a corner or use language that could feel accusatory. "I wondered if you'd like to talk about how you're feeling" is a gentler approach than "You need to get help", for example.
- They may be angry and defensive. Try to avoid getting angry in response, and don't be disheartened or put off. Reassure them that you'll be there when they're ready, and that your concern is their wellbeing.
- Don't wait too long before approaching them again. It might feel even harder than the first conversation, especially if they didn't react well, but if you're still worried, keeping quiet about it won't help. Remember, eating disorders thrive on secrecy.
- If they acknowledge that they need help, encourage them to seek it as quickly as possible. Offer to go with them to the GP if they would find that helpful.
- If they tell you there's nothing wrong, even if they seem convincing, keep an eye on them and keep in mind that they may be ill even if they don't realise it. Denial that there's a problem is common – in the case of anorexia, it's considered a symptom of the illness. You were worried for a reason, so trust your judgment.

If you need some support or have unanswered questions, call Beat's Helpline on 0808 801 0677.

Treatment for eating disorders

While eating disorders are serious illnesses, full recovery is possible. At Beat, we champion early intervention. Research shows that the sooner an eating disorder is treated, the less chance the behaviour and thoughts that cause it have to become ingrained, and the greater the chance of recovery. When we talk about early intervention, we don't mean that someone who has had an eating disorder for a long time cannot fully recover. However, as with any illness, we would always encourage someone to seek treatment sooner rather than later. This is also true if a person relapses.

There are many different treatment pathways. The right one for the person you support will depend on lots of different things, including level of physical and psychological risk, what eating disorder they are diagnosed with, their age, support network, and other physical or mental illnesses they might have. Treatment for eating disorders should address the underlying psychological causes of the illness. It should of course treat any physical problems too, helping the patient to develop healthy eating behaviours and maintain a healthy weight. But alongside this, they should be learning healthy ways to cope with the thoughts and feelings that cause the behaviour.



I agreed to see a GP if one of my parents came with me and, looking back, this was the beginning of the treatment that I so desperately needed.



I would have probably struggled to make the decision to go [for treatment] on my own.

The path to recovery will likely begin with a visit to the GP. If they diagnose an eating disorder, they should refer the person to an eating disorders specialist.

Our GP leaflets, available on our website, are designed for people to take along to the GP appointment. Some other things you can do to help get a positive outcome include:

- Bring as much information as possible. People in England, Wales, and Northern Ireland should consult the NICE (National Institute of Clinical Excellence) guidelines for treatment at [nice.org.uk](https://www.nice.org.uk). These guidelines are based on thorough research into what is effective. "Eating Disorders in Scotland – A Patient's Guide" is available at healthcareimprovementscotland.org.
- Offer to go with the person for support. You could stay in the waiting room, or go in with them so you can prompt them if they need it.
- Book a double appointment, as a single appointment may not be enough time to discuss everything.
- Talk with the person beforehand about how they're feeling and what they want to get out of the appointment. Suggest they write down their symptoms, behaviour, and any questions they have for the GP so they don't forget anything they want to say.
- Earlier treatment is always better, so it's important to support the person in pushing for referral to an eating disorders specialist.
- The person you're supporting can ask to see another doctor if the initial appointment doesn't get the desired outcome.

If the person you're supporting can't get a referral from the GP, there are other options for treatment. Search our Helpfinder for independent and private treatment centres and practitioners, or see the Next Steps section at the end of this booklet.

Specialist treatment may include appointments with a clinical psychologist, psychiatrist, counsellor, dietician, or a combination. Talking therapies, such as cognitive behavioural therapy, are recommended, as these address the underlying causes. Medication can be effective in treating some symptoms – for example, certain types of antidepressants may be prescribed for bulimia.

Most often, appointments will take place in outpatient facilities, and their frequency will depend on individual needs. Where someone needs more supervision with their eating, it may be necessary for their treatment to take place in a day patient unit, meaning they are there during the day and go home for the night. If constant supervision is needed or there is major concern about physical complications, someone may be admitted to an inpatient facility, where they stay overnight as well. For under 18s, these services are likely to be administered by your local Children and Adolescent Mental Health Service (CAMHS).

In rare instances, someone might be very ill but not willing to enter treatment. In this case, compulsory treatment under the Mental Health Act may be necessary. You can read more information about the Mental Health Act on the NHS Choices website.

The Beat website has more information about different types of treatment.



Confidentiality

By law, the healthcare team keeps detailed information confidential. As long as they're deemed capable of making decisions about their treatment, children under 16 are entitled to decide how information they provide in confidence is used.

People of 16 and 17 are entitled to the same confidentiality as adults. The Department of Health requires a breach of confidentiality only if they refuse treatment for a life-threatening illness.

However, respect for patient confidentiality shouldn't mean healthcare providers don't listen to or communicate with you. You should expect to be given enough information by healthcare providers to be able to provide effective care. Remember, anything you as a carer share with professionals should also be treated confidentially.

Supporting someone with an eating disorder

It's important to encourage the person into treatment as quickly as possible to ensure the best chance of recovery. But beyond that, there's a lot you can do to support someone with an eating disorder, no matter what your relationship with them. Remember that each person is different and will need different things, but this will give you some ideas about what you can do to help.



Don't give up
– it's hard, but
keep going.

Mealtimes are likely to be very hard for the person you're supporting. Below are some ways you can help them out:

- If you live with them, plan to eat together. Arrange with them and anyone else who will be present what time you'll be eating, what you'll be having, and portion sizes.
- Meals should be balanced, with a range of foods and sensible portions, taking into consideration the dietary needs of everyone else at the table as well as the person with the eating disorder.
- Make sure you have everything necessary for the planned meal. Last-minute changes could cause the person to panic, and in the case of anorexia and other restrictive eating disorders, they might limit their food intake.
- Shopping together may allow you to introduce new foods that they're willing to eat in the case of restrictive eating disorders, and discourage them from buying food to binge on where bingeing is a factor in their eating disorder.
- Keep conversation neutral, avoiding discussion of food or weight.
- You could have the television or radio on to help distract them and to draw attention away from them.

- Be aware that people with restrictive eating disorders may need to physically adjust to eating more, as well as mentally adjusting. Start slowly and be wary of pressuring them.
- You may need to offer encouragement to help them start eating, and further encouragement throughout the meal. Be firm but acknowledge that this is a big effort for them.
- After a meal, suggest doing something together, like watching a film, to take their mind off possible compensatory behaviours such as purging or exercising, or off the idea of bingeing.

Outside of mealtimes, there are lots of ways to support someone and show them you value them. You may find that their eating disorder causes them to withdraw, but keep inviting them to join in with group and family activities. Offer compliments that don't relate to their physical appearance, and try to find things to do with them that don't involve food. Don't be too critical of yourself if you do make a mistake – you can't always account for things the person you're supporting might feel sensitive about, and you'll be aware for the future.

Whether you live with the person you're supporting or not, just being there for them and showing them you understand this is not their fault and believe they are worthy of support will make a big difference. And once they're in recovery, make sure that they feel able to approach you again if they need to in the future – full recovery is completely possible, but relapses are not uncommon.



Looking after a child

- Remember, it's important to address the thoughts and feelings causing an eating disorder, not just the behaviour. There are many different therapies that can do this, and no single therapy is the best choice in all cases. Depending on how young they are, you may have a lot of say over their treatment, so remember that if your child isn't responding well to one form of treatment, they may respond better to another.
- Be mindful of other children and how the eating disorder might be affecting them. They may need their own emotional support. Our leaflet, "Caring for Someone with an Eating Disorder (for under 18s)" may be useful for siblings of the person with the eating disorder. It is available to download on our website.
- If your child has been referred to Child and Adolescent Mental Health Services (CAMHS) and turns 16 or 18 (depending on the service) they will need to move to Adult Mental Health Services (AMHS). Moving away from the team they and you know can be difficult, so talk to the CAMHS team about how the change can be made as smoothly as possible.



Looking after a partner

- If you have children, try to involve them if possible – while you may wish to shield them, children are perceptive and may realise something is wrong. Explain the situation in age-appropriate terms, reassure them, and encourage them to ask questions. If they're old enough, you could also show them our leaflet "Caring for Someone with an Eating Disorder (for under 18s)", available on our site.
- Remember eating disorders are isolating and secretive illnesses by nature, and often cause feelings of low self-esteem and a distorted perception of body size and shape. Your partner probably will not want to be physically or emotionally intimate while they're ill. This is not them rejecting you, but the eating disorder speaking. Try to understand things from their point of view, but communicate your feelings too.
- Try to keep doing things together as a couple and as a family.

“
When I go through bad periods, I do try to revert back to [my eating disorder], but my husband keeps me strong.”



Looking after a housemate

- If you don't feel comfortable speaking to them about your concerns, you could try talking to someone they're closer with, such as one of their friends or relatives.
- If you're both students, your university or college might be able to help. University halls often have resident tutors you could talk to. Many universities have an advice service, specific mental health service, and counselling team, as well as a medical centre.
- Your housemate may know they have, or be in treatment for, an eating disorder when you meet them. Moving, or having housemates they've come to rely on move out, can be a difficult transition, and anything you can do to help them adjust will be useful. They and the people they previously lived with may have come up with a plan for coping with mealtimes, so talk to them about whether there's a role you can take over.
- If they've moved away from their regular doctor, you could offer to go with them when they go to see their new one.

Looking after a friend

- Offer practical support such as going with them to appointments and helping with day-to-day tasks. You could coordinate this with other friends. If someone is supporting the person with the eating disorder full-time, this could help them, too.
- Involve them in the same things you would have done before they were ill – eating disorders can be very isolating, and your friend may be worried about people pulling away from them. If they're undergoing treatment, they may be keen to keep things as normal as possible elsewhere in their life.
- Try to find things to do that don't centre around food.

Looking after a colleague

- If you're worried and you don't feel able to talk to a colleague yourself, speak to their line manager about your concerns. You can direct their line manager to this booklet or to the Beat website if they don't know much about eating disorders.
- While you may not be close with a colleague, following the advice for how to approach someone with an eating disorder should still be helpful. Talk to them somewhere that you both feel comfortable, and reassure them that they aren't in trouble.
- It may be that they are already aware of and in treatment for their eating disorder, in which case offering to help with their workload if they need to take time off to go for appointments could be a good way to support them.
- You can find more resources on our website – go to beateatingdisorders.org.uk/workplace.

“ [My employer] kindly asked what my availability was, and more importantly what I felt able to do. ”



Looking after yourself

Taking care of someone with an eating disorder can be physically and emotionally exhausting. There's no shame in taking time out or seeking your own support network – you can't take care of someone if you're not well yourself. Below are some issues you might encounter and how to deal with them, and some ways to take care of your own wellbeing.



With other people's support, I finally realised the only way I could help my sister was to first take care of myself.

Dealing with difficult situations

Eating disorders can make people behave in ways that seem out of character. They may become withdrawn, and you may need to go to more effort than usual to make them feel included and stop them from isolating themselves.

While early treatment is always the best option and will give the sufferer the best chance of getting completely better, this can be upsetting and frightening, and they may try to resist it. Before and during treatment, emotional or aggressive outbursts and hurtful comments or responses to your attempts to help aren't uncommon, especially when the person feels challenged – remember this is not them but the eating disorder speaking. There are some things that you can keep in mind to make these times more manageable and avoid escalating the situation.

- It might be best to walk away and talk once everyone involved has calmed down. Try to resist any urge to respond to anger by getting angry yourself. It's reasonable to feel frustrated, but try to avoid expressing that in front of the sufferer.

- Try not to feel too guilty if you do find yourself getting angry at them. Make time when things have calmed down to explain your emotions to the sufferer, and try to encourage them to do the same. Each of you clearly communicating your views and feelings might make it easier to avoid the situation in the future.
- Remember that, much as the person you're supporting is ill, there are still boundaries. They don't have the right to hurt other people, even if they're finding things difficult. When things are calm, be clear with them about what is and isn't acceptable.
- Talk to other people involved about how to handle situations where emotions are running high. It's best to come up with a plan where you work together, as conflicting approaches to defusing a situation may make things worse.

Telling others

Eating disorders and mental illnesses in general are surrounded by stigma and misconceptions. This may make telling people that someone close to you is suffering more difficult. Depending on your relationship to the person you're caring for, you might find it impacts your work, studies, or social life. Having solid and dependable relationships with people who can support you is important.

You may not need to explain the exact nature of the illness to people, especially if they're not going to come into contact with the sufferer themselves. Where you do need to talk about the eating disorder specifically, the information in this booklet or on our website may help the person you're talking to understand more about eating disorders.

Once people are aware of the situation, you might find they have questions about your wellbeing and that of the person with the eating disorder. You could ask someone else to keep people updated if this becomes difficult for you. If there are people who want to help but whose close involvement is not appropriate, you could ask for their help with day-to-day tasks.

If you're receiving unwanted questions or offers of help in dealing with the eating disorder, explain that what you need from them is their understanding and their continued friendship and support.

Help and support groups

Support groups let you talk to others in similar situations. Beat currently runs online support groups for those caring for people with eating disorders, and there may be an in-person support group in your area. Visit helpfinder.beateatingdisorders.org.uk to find out about local support groups, and beateatingdisorders.org.uk/support-services to find out what Beat can offer you.

Taking time out

If you're caring for someone full-time, it's vital to set aside time for yourself. This may be somewhere that friends and family can help. If you're sharing primary care responsibilities with someone else, you could take it in turns to have some time off. If there's no one around to take over your role, a carers' organisation such as the Carers Trust might be able to help. You can see their details in the Next Steps section at the end of this booklet.



Next steps

We hope that you've found this booklet helpful, but we know that you'll have a lot more questions and may need other resources. Here are some that you might find helpful:

Beat services

- Visit beateatingdisorders.org.uk for information and online support groups.
- Search helpfinder.beateatingdisorders.org.uk for services in your area.
- Call the adult Helpline on 0808 801 0677 or email help@beateatingdisorders.org.uk.
- Call the Youthline on 0808 801 0711 or email fyp@beateatingdisorders.org.uk.
- Call the Studentline on 0808 801 0811 or email studentline@beateatingdisorders.org.uk.

British Association for Counsellors and Psychotherapists

Search for therapists in your area. Visit bacp.co.uk.

Carers Direct

An NHS service for carers. Visit nhs.uk/carersdirect or call their helpline on 0300 123 1053.

Carers Trust

A charity offering support to carers. Visit carers.org.

Carers UK

A charity supporting carers. Visit carersuk.org or call their helpline on 0808 808 7777.

Childline

A charity offering support to children and young people, including young carers. Visit childline.org.uk or call their helpline on 0800 1111.

Citizens Advice Bureau

For enquiries about legal rights and responsibilities, benefits for carers, and financial advice. Visit citizensadvice.org.uk.

GOV.UK

Contains information about support services, both your rights and those of the person you're supporting, and more on the laws that may be relevant to you. Visit gov.uk.

Mind

Information and support for anyone affected by mental health issues. Visit mind.org.uk or call 0300 123 3393.

National Institute for Health and Care Excellence

The NICE guidelines on the treatment the person you're caring for is entitled to. Visit nice.org.uk.

NHS Choices

Information on eating disorders and other mental and physical health issues, different treatment options, and local services. Visit nhs.uk.

Rethink

Information and support for anyone affected by mental health issues. Visit rethink.org or call 0300 5000 927.

Selfharm UK

A charity supporting young people who are self-harming, which can sometimes occur alongside an eating disorder. Visit selfharm.co.uk.

Eating disorders.

Know the first signs?



Lips

Are they obsessive about food?



Flips

Is their behaviour changing?



Hips

Do they have distorted beliefs about their body size?



Kips

Are they often tired or struggling to concentrate?



Nips

Do they disappear to the toilet after meals?



Skips

Have they started exercising excessively?

If you're worried someone you care about is showing any signs of an eating disorder – even if they're not on our list – act quickly and get in touch. We can give you the answers and support you need to help them on the road to recovery as soon as possible.

Don't delay. Visit beateatingdisorders.org.uk/tips

Looking for support?

Helpline: 0808 801 0677

help@beateatingdisorders.org.uk

Youthline: 0808 801 0711

fyp@beateatingdisorders.org.uk

Studentline: 0808 801 0811

studentline@beateatingdisorders.org.uk

 [@BeatEDSupport](https://twitter.com/BeatEDSupport)

 [BeatEDSupport](https://www.instagram.com/BeatEDSupport)

Online support

Visit beateatingdisorders.org.uk for online support groups, one to one chat and more information about eating disorders and recovery.

Use helpfinder.beateatingdisorders.org.uk to find services in your area.

 @beatED

 beat.eating.disorders

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Last reviewed: February 2020

A charity registered in England and Wales (801343)
and Scotland (SC039309).

Company limited by guarantee no 2368495