

disordered eating

a handbook for
parents and
adolescents



It's all about you



At Spurgeons, we believe that everyone is amazing. We aim to support families in whatever they are going through, and help them find a more positive future.

We hope you find the contents of this eating disorder handbook helpful and that it sets you or your loved one on a path to recovery.

With best wishes,

Ian Soars, Spurgeons CEO

Disordered Eating Toolkit

Eating disorders are alarmingly common - there are an estimated 1.2 million people currently living with an eating problem in the UK. For parents of children with eating problems, it can be an incredibly worrying and difficult time. You may feel frustrated and helpless, and desperate to help your child. We hope the following resources will help you to support your child, or others which you care for.



1. The impact of anorexia



2. How to talk about eating disorders



3. Identifying triggers



4. What eating disorder does my child have?



5. How to develop healthier coping strategies

What is an eating disorder?

An eating disorder is a mental health condition where you use the control of food to cope with feelings and other situations. Unhealthy eating behaviours may include eating too much or too little, or worrying about your weight or body shape. Anyone can get an eating disorder, but teenagers between 13 and 17 are mostly affected.

Research suggests that:

- between 1.25 and 3.4 million people in the UK are affected by an eating disorder
- around 25% of those affected by an eating disorder are male
- around 10% of people affected by an eating disorder suffer from anorexia nervosa
- the average age of onset for anorexia nervosa is 16-17 years old
- 40% of people affected by an eating disorder suffer from bulimia nervosa
- the average age of beginning for bulimia nervosa is 18-19 years old
- sadly, eating disorders have the highest mortality rates among psychiatric disorders
- the earlier that eating disorder treatment is sought, the better the sufferer's chance of recovery.

Studies also suggest that individuals who have family members with eating disorders are more likely to develop eating disorders themselves when compared to individuals who have no family history of these illnesses.



Types of eating disorders

The most common eating disorders are:

· **Anorexia nervosa:** trying to control your weight by not eating enough food, exercising too much, or doing both

· **Bulimia:** losing control over how much you eat and then taking drastic action to not put on weight

· **Binge eating disorder (BED):** eating large portions of food until you feel uncomfortably full

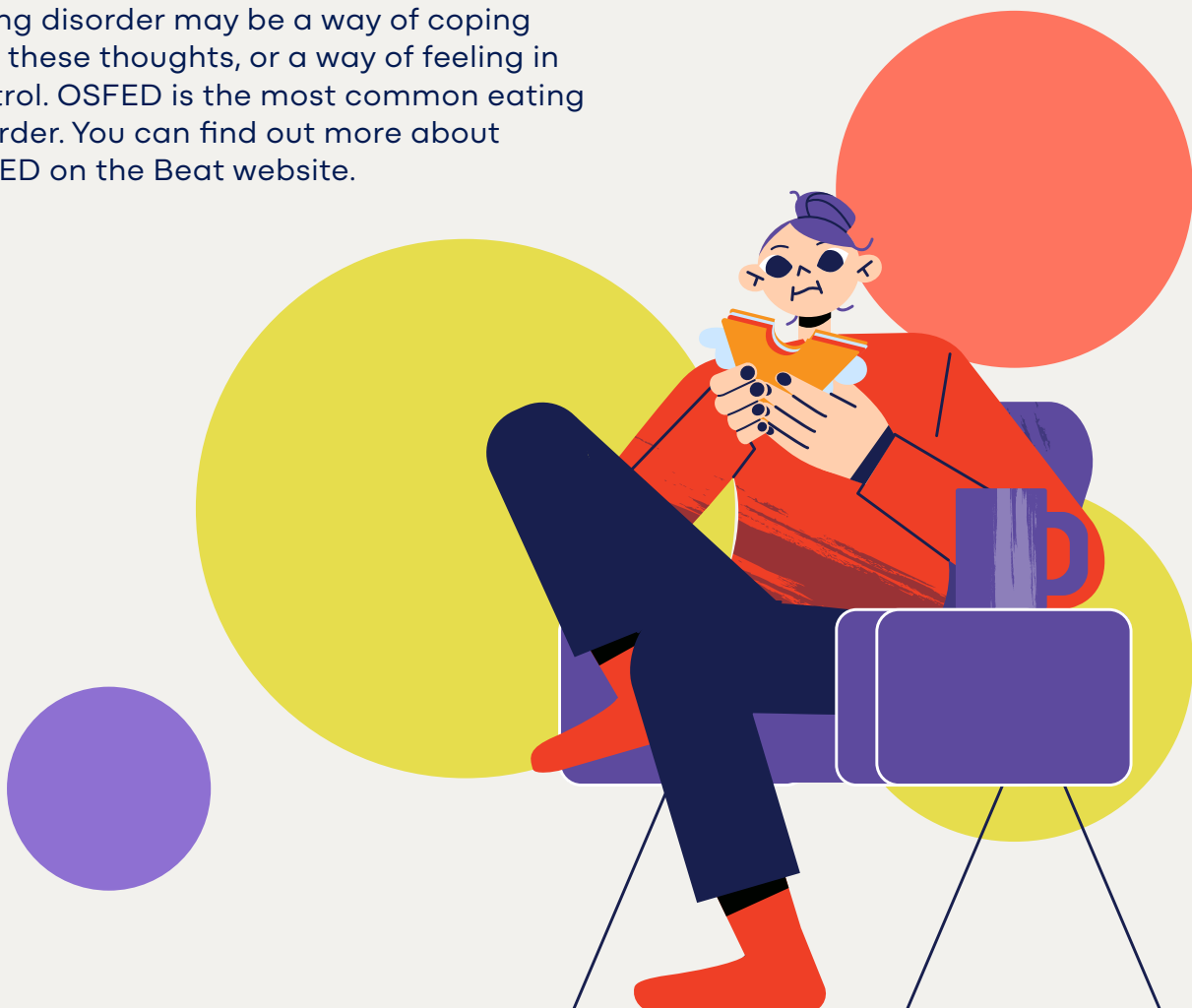
· **Other specified feeding or eating disorder (OSFED):** A person may have an OSFED if their symptoms do not exactly fit the expected symptoms for any specific eating disorders and it is a very serious mental illness that is not only about the way the person treats food but about underlying thoughts and feelings. The eating disorder may be a way of coping with these thoughts, or a way of feeling in control. OSFED is the most common eating disorder. You can find out more about OSFED on the Beat website.

· **Avoidant/restrictive food intake disorder (ARFID):** ARFID is when someone avoids certain foods, limits how much they eat or does both.

Beliefs about weight or body shape are not reasons why people develop ARFID.

Possible reasons for ARFID include:

- negative feelings over the smell, taste or texture of certain foods
- a response to a past experience with food that was upsetting, for example, choking or being sick after eating something
- not feeling hungry or just a lack of interest in eating.



Check if you have an eating disorder

If you or young people around you are worried that you have an unhealthy relationship with food, you could have an eating disorder.

Symptoms of eating disorders include:

- spending a lot of time worrying about your weight and body shape
- avoiding socialising when you think food will be involved
- making yourself sick or taking laxatives after you eat
- exercising too much
- having very strict habits or routines around food
- changes in your mood such as being withdrawn, anxious or depressed

You may also notice physical signs, including:

- feeling cold, tired or dizzy
- pains, tingling or numbness in your arms and legs (poor circulation)
- feeling your heart racing, fainting or feeling faint
- problems with your digestion, such as bloating, constipation or diarrhoea
- your weight being very high or very low for someone of your age and height
- not getting your period or other delayed signs of puberty



Warning signs of an eating disorder in someone else

It can be very difficult to identify as a parent that a young person has developed an eating disorder.

Warning signs to look out for include:

- dramatic weight loss
- lying about how much they've eaten, when they've eaten, or their weight
- eating a lot of food very fast
- going to the bathroom a lot after eating
- exercising a lot
- avoiding eating with others
- cutting food into small pieces or eating very slowly
- wearing loose or baggy clothes to hide their weight loss
- eating very little food



Myths about eating disorders

Myth 1: You can tell someone has an eating disorder just by his or her appearance.

Individuals with eating disorders can be underweight, normal weight or overweight. Unfortunately, the media and society often portray severely underweight young females as the prototype for having an eating disorder; however anorexia nervosa is the only eating disorder that classifies underweight as diagnostic criteria. Approximately 65% of individuals with bulimia nervosa have “normal” body weight or are considered overweight. Additionally, binge-eating disorder, compulsive overeating and avoidant restrictive food intake disorder (ARFID) do not have body types or weight restrictions included in the diagnosis.

Myth 2: Eating disorders only affect women.

The numbers of men with eating disorders are rapidly increasing partly due to increased awareness among support services and men themselves. Studies suggest that as many as 25% of people with an eating disorder are male (NICE May 2017).

Myth 3: Eating disorders are caused by glamorous images of celebrities in the media.

Despite what is often said in the media, developing an eating disorder is never simply about people wanting to look like the celebrities in glossy magazines. However, the media does play a big role in promoting unrealistic images of what is “healthy” or what a healthy body looks like. Successful people are often seen as being skinny and the media tends to portray eating disorders as an illness that “famous people” have.

Myth 4: The only types of eating disorders are anorexia nervosa and bulimia nervosa.

People are diagnosed with a variety of eating disorders including anorexia nervosa, bulimia nervosa, Other Specified

Feeding and Eating Disorders (OSFED), Binge Eating Disorder (BED), and varying degrees of undiagnosed disordered eating.

Myth 5: Eating disorders only affect young people.

It is widely and incorrectly believed that eating disorders only affect young people. Although eating disorders are most commonly diagnosed in teenage years, it is estimated that one third of eating disorder cases become long-term and can last through middle age and beyond.

Myth 6: People choose to have an eating disorder to get attention and can ‘snap out of it’.

Of all the psychiatric illnesses, anorexia nervosa has the highest mortality rate (BEAT 2018). People feel that they often don’t get help early enough, because they are unwilling to seek help or because they haven’t been diagnosed. Some are often accused of “attention seeking”. Unfortunately, many people are only offered treatment when already dangerously ill.

Myth 7: Parents are to blame for their loved one’s eating disorder.

There is often nothing a parent could have done to prevent the eating disorder, but they are often best placed to help to create an environment that promotes and supports recovery. Although treatment may involve families changing certain behaviours, this is often because families have inadvertently fallen into routines that accommodate the behaviours that have come from the eating disorder, as opposed to them being at fault.

It is crucial for parents and carers to receive support during the illness due to the demanding nature of supporting someone with an eating disorder.

What causes eating disorders?

We do not know exactly what causes eating disorders.

You may be more likely to get an eating disorder if:

- you or the young person have member of your family has a history of eating disorders, depression, or alcohol or drug misuse
- you or the young person have been criticised for your eating habits, body shape or weight
- you or the young person really worried about being slim, particularly if you or the young person also feel pressure from society or your job, for example, ballet dancers, models or athletes
- you or the young person have anxiety, low self-esteem, an obsessive personality or are a perfectionist
- you or the young person have been sexually abused



Tips for supporting someone with an eating disorder.

It can be difficult to know what to do if you're worried that a young person has an eating disorder.

They may not realise they have an eating disorder. They may also deny it, or be secretive and defensive about their eating or weight.

Let them know you're worried about them and encourage them to see a GP. You could offer to go along with them.

[Read more about talking to your child about eating disorders and supporting someone with an eating disorder.](#)

The eating disorder charity Beat also has information on:

- what to do if you're worried about a friend or family member
- what to do if you're worried about a pupil

Treatment for eating disorders

You or a young person can recover from an eating disorder, but it may take time and recovery will be different for everyone.

If you or the young person are referred to an eating disorder specialist or team of specialists, they'll be responsible for your care.

They should talk to you about the support you might need, such as for other conditions you or the young person have, and include this in your treatment plan.

The treatment will depend on the type of eating disorder but usually includes a talking therapy.

Regular health checks are necessary if the eating disorder is having an impact on the physical health.

The treatment may also involve working through a guided self-help programme for bulimia or binge eating disorder.

Most people will be offered individual therapy, but those with binge eating disorder may be offered group therapy.

If you think your child has an eating disorder:

- **Get help early.** When an eating disorder is caught early, a young person has a better chance of recovery. Make an appointment with your child's doctor or an eating disorders specialist.
- **Talk to the young person about your concerns.** Be calm, direct, and caring. Let them know you are here to help.
- **Go to all appointments.** Treatment takes time and effort. Work with the care team to get the help the young person needs. Ask questions any time you have them.
- **Be patient and supportive. Learn what you can do to help your child.** Try to keep your relationship with the young person strong and positive. Make time to listen, talk, and do things that you both enjoy.



Getting Help

If you think you may have an eating disorder, see a GP as soon as you can.

A GP will ask about your eating habits and how you're feeling, plus check your overall health and weight.

They may refer you to an eating disorder specialist or team of specialists.

It can be very hard to admit you have a problem and ask for help. It may make things easier if you bring a friend or loved one with you to your appointment.

Beat Eating Disorders

Offers information and advice on eating disorders, and runs a supportive online community. You can also talk in confidence to an adviser from eating disorders charity Beat by calling their adult helpline on 0808 801 0677 or youth helpline on 0808 801 0711.

beateatingdisorders.org.uk

SEED – Eating Disorders Support Services

This volunteer organization based out of England aims to bridge the gap between professional care and self-help with regard to eating disorder recovery. Resources include peer support, drop-in sessions, and online materials.

seedeatingdisorders.org.uk/

hello@seedeatingdisorders.org.uk

Overeaters Anonymous Great Britain

The Great Britain chapter of OA includes meetings and peer support for those struggling with compulsive overeating.

oagb.org.uk/

general@oagb.org.uk

MGEDT – Men Get Eating Disorders Too

MGEDT is a charitable organization that provides resources to men struggling with eating disorders. Founder Sam Thomas created this community for the 10 to 25 % of eating disorder sufferers who are male.

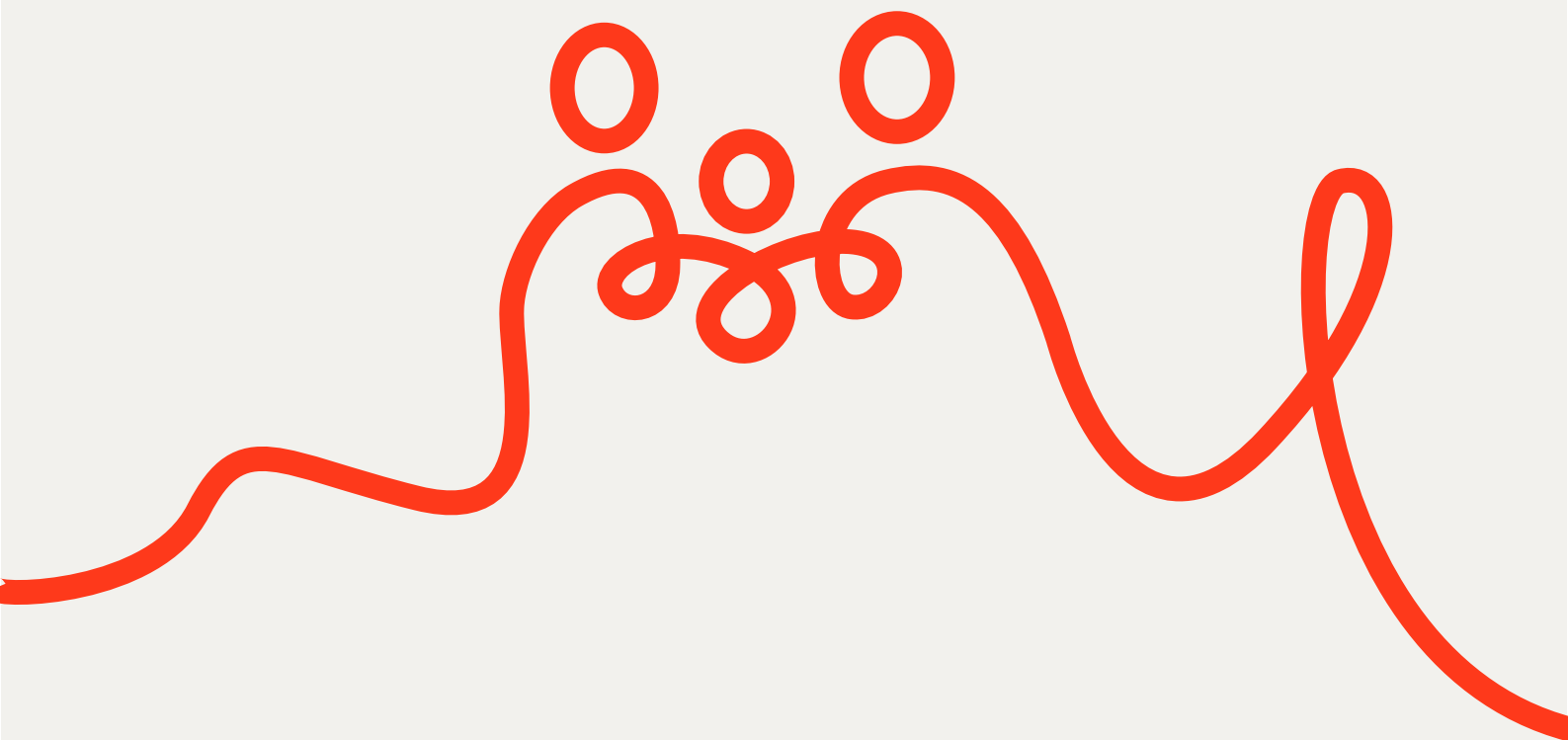
sam@mengetedstoo.co.uk

National Centre for Eating Disorders

The NCFED provides training for professionals and resources for those struggling with eating disorders.

If you need urgent help for yourself or someone else get advice from 111 or ask for an urgent GP appointment. If someone's life is at risk call 999 or go directly to A&E. For more support from trained volunteers contact the Samaritans, Childline or Beat.





The animations in this toolkit were based on therapeutic advice provided by Professor Julia Buckroyd, Emeritus Professor of Counselling at the University of Hertfordshire. For more information on her work and publications, please visit www.juliabuckroyd.co.uk

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Spurgeons, 74 Wellingborough Road, Rushden, Northants, NN10 9TY | spurgeons.org