Anorexia Nervosa

Anorexia nervosa, often referred to just as 'anorexia' is a mental health condition characterised by a need to control food and/or exercise obsessively, in order to keep weight as low as possible. Many people with anorexia are underweight and may have a distorted image of their body, thinking of themselves as 'fat' or overweight. Anyone of any age, background or gender can experience anorexia.

Common signs of anorexia include:

- missing meals,
- eating very little,
- avoiding certain foods because they are seen as 'bad' or 'fattening',
- taking medicine to reduce hunger (appetite suppressants),
- weight loss.

People with anorexia may experience problems with their physical health. If you or someone you know is experiencing problems with eating, it is important to seek medical advice. Health conditions could include hair thinning or hair loss, light-headedness, irregular periods or periods that have stopped completely.

There are also some serious health complications associated with anorexia. These often show up later in life and include fertility problems, weak bones and muscles, low blood pressure, increased risk of heart failure, seizures, kidney or bowel problems and anaemia. It is important to remember that recovery from these issues can be reversible with early intervention.

In terms of treatment, psychotherapy is often prescribed for young people with anorexia. The therapist will help the young person to:

- manage their feelings and challenging thoughts around weight and weight gain;
- develop a deeper understanding of nutrition, balanced eating and the effects of undereating;
- work on feelings around identity, self-image and self-esteem;
- target any potential other mental health conditions, such as depression or anxiety;
- work towards building confidence and tools to manage stress and emotions.

If you are concerned that you or someone you know may have anorexia, it is a good idea to speak to a trusted adult.

Services such as Beat can provide information and support for people with eating disorders and their loved ones. (beateatingdisorders.org.uk) (0808 801 0677)

Binge Eating Disorder (BED)

BED is a mental health condition that is similar to bulimia. It involves binge eating but not purging. A person with BED may feel compelled to overeat on a regular basis. They may plan their binge eating in advance or it may be spontaneous.

Binge eating means eating large amounts of food over a short period of time, often past the point of feeling full.

BED may affect people of any age; however, it is most common among adults in their 20s or older. The exact causes of BED are unknown, but you are more likely to develop the disorder if:

- you have a family history of mental health disorders, eating disorders or substance misuse;
- you're stressed or worried about body image, particularly if there is pressure from society or your job;
- you have other mental health conditions such as anxiety, low self-esteem or an obsessive personality;
- you've experienced severe stress or trauma.

Symptoms of BED include:

- eating when not hungry,
- eating very quickly during a binge period,
- eating alone or in secret,
- feelings of guilt, shame, depression or disgust after binge eating.

If you notice a change in someone's behaviour or mood, this could be an indicator of an eating disorder such as BED or another mental health condition. An example of this could be isolation from others.

Warning signs that someone may be developing BED include eating a lot of food very quickly, trying to hide how much they eat, storing large supplies of food and weight gain.

If you are concerned that you or someone you know may have BED or another eating disorder, it is a good idea to speak to a trusted adult, such as a GP, who can refer you to a specialist for treatment.

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ARFID

ARFID stands for avoidant/restrictive food intake disorder. People with ARFID may avoid certain foods or types of foods, restrict the amount they eat, or both. Anyone of any age can have ARFID.

Causes

There are a number of different causes that may result in ARFID.

- **Sensory Sensitivities** — Sensory sensitivities are often, but not always, associated with neurodivergent differences such as Autism, ADHD and/or OCD. Someone may be sensitive to the taste, texture, smell, or appearance of food, or even a combination. of these. They may also only be able to eat foods at a certain temperature due to temperature sensitivity. These sensitivities may cause them to reduce their intake of certain foods.
- **Trauma** — Some people develop ARFID after a distressing or traumatic experience with food, such as choking or vomiting. This can cause them to develop fear or anxiety around food or particular kinds of food.

'Safe food'

- People with ARFID may have a selection of 'safe' foods that they are able to eat. This may stay the same over time or it may change. They may be able to eat the 'safe food' but limit or restrict other kinds of food. Other people with ARFID may not have 'safe food' and may limit the food that they eat altogether.
- For some young people with ARFID, it could have an impact on relationship building, as they may struggle with sharing meals or getting food while they are out. This could cause them to avoid places or people because of the social expectations around food or eating.

ARFID can affect both physical health and mental wellbeing. People with ARFID may have a low interest in eating or may struggle to recognise hunger signals from their body. They may or may not struggle to get the right number of calories and nutrients from their food. They may also struggle with neurotypical expectations around meal times, avoid eating in public, or find places like school canteens to be overwhelming.

Treatment for ARFID may vary. Your GP should make a referral to the relevant service for you.

If you are concerned that you or someone you know may have ARFID or another eating disorder, it is a good idea to speak to a trusted adult.

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Bulimia

Bulimia is a mental health condition characterised by binge eating and purging.

Binge eating means eating large amounts of food over a short period of time, often past the point of feeling full.

Purging involves inducing vomiting or using laxatives to 'purge' or remove the food from the body.

The underlying cause of bulimia and many other eating disorders is often not related to food. A person with bulimia may control their food as a way of feeling more control in their life. This may help them process certain emotions or deal with stressful situations. Bulimia may exist alongside other mental health conditions such as depression and/or anxiety and often coincides with low self-esteem and stress.

It is often hard to tell whether someone has bulimia just by looking at them. This is because people with bulimia are often a healthy weight, or even overweight, but their eating habits and behaviour towards food has become unhealthy.

As well as psychological symptoms, bulimia can have an effect on the person's physical health. For example, people with bulimia may experience:

- constipation
- bad breath,
- recurring infections in the mouth from repeated vomiting,
- an imbalance of potassium that can lead to cardiovascular health problems or problems with the liver,
- stomach pain,
- a persistent sore throat,
- problems with sleep,
- irregular periods.

Different kinds of therapy are often offered as treatment for people with bulimia.

When a person has or is recovering from bulimia, it is important that they look after their health. The acid in vomit can cause damage to teeth, so oral hygiene is very important. This often involves avoiding brushing teeth straight away after vomiting to protect the enamel, rinsing the mouth with non-acidic mouthwash, regular visits to the dentist and avoiding acidic foods. It is also recommended not to smoke and to stay well hydrated.

If you are concerned that you or someone you know may have bulimia or another eating disorder, it is a good idea to speak to a trusted adult.

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OSFED

OSFED stands for other specified feeding or eating disorder. You may not have heard of OSFED, but it actually accounts for the highest percentage of people with eating disorders. Anyone of any age, gender, ethnicity or background can be diagnosed with OSFED.

How is it diagnosed?

Many eating disorders have a set of criteria that a patient must meet for them to be diagnosed. However, it is very common for a person to present with a number of different symptoms of an eating disorder that don't fit into one diagnosis. In these cases, the person may be diagnosed with OSFED.

What Is OSFED?

OSFED is an umbrella term covering a range of different kinds of disordered eating. Some examples of OSFED include:

- people who have symptoms of another eating disorder, such as bulimia or BED, but their symptoms are not as long-lasting;
- purging disorder – where a person purges (being sick or using laxatives) but this is not part of a binge/purge cycle;
- atypical anorexia – when someone has symptoms of anorexia but their weight remains within a healthy range;
- Night eating syndrome – where someone repeatedly eats at night or eats a lot of food after their evening meal.

Like all treatment for eating disorders, treatment for OSFED involves tackling the issues at the root of the disordered eating patterns. It is not always easy to tell whether someone has an eating disorder, but signs may include:

- tiredness, irritability, social withdrawal and/or mood swings;
- negative body image or low self-esteem;
- feelings of shame, guilt or anxiety (particularly around eating);
- being secretive about eating or self-conscious about eating in front of others,

If you are concerned that you or someone you know may have OSFED or another eating disorder, it is a good idea to speak to a trusted adult.

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