



## Eating problems

Learn about eating problems, including possible causes, symptoms and how to access treatment and support. Includes self-care tips for helping yourself, plus guidance for friends and family.

If you require this information in Word document format for compatibility with screen readers, please email: [publications@mind.org.uk](mailto:publications@mind.org.uk)

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# What is an eating problem?

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An eating problem is any relationship with food that you find difficult.

Many people think that someone with an eating problem will be over or underweight. People might also think that certain weights are linked to certain eating problems. Neither of these points are true.

**Anyone can experience eating problems. This is regardless of age, gender, weight or background.**

Food plays a significant part in our lives. Most of us will spend time thinking about what we eat. Sometimes you might:

- have cravings
- eat more than usual
- lose your appetite
- try to eat healthier.

Changing your eating habits like this every now and again is normal.

But if you feel like food and eating is taking over your life, it may become a problem.

## What's the difference between an eating problem and an eating disorder?

- An eating disorder is a medical diagnosis. This diagnosis is based on your eating patterns and includes medical tests on your weight, blood and body mass index (BMI). See our page on [diagnosed eating disorders](#) for more information.
- An eating problem is any relationship with food that you find difficult. This can be just as hard to live with as a diagnosed eating disorder.

## What's it like to have an eating problem?

If you have an eating problem, there are many ways that it can affect how you feel or behave. The way you eat, and how you think about food, may be one of the most noticeable effects.

**Warning:** the video and the examples below may be upsetting and potentially triggering. If you are feeling vulnerable at the moment, you might want to [move on to the next section](#).

Watch Shaista, Dave, Lilith and Olivia talk about their eating problems. They discuss their experiences of eating disorders such as anorexia, restrictive eating, bingeing and purging. This video is seven minutes and 16 seconds long.

[View video transcript as a PDF](#)

[Watch video on YouTube](#)

## How might I behave if I have an eating problem?

If you have an eating problem, you might be familiar with some of the following behaviours.

You might:

- restrict the amount of food you eat
- eat more than you need, or feel out of control when you eat

- eat regularly in secret or have a fear of eating in public
- feel very anxious about eating or digesting food
- eat in response to difficult emotions without feeling physically hungry
- stick to a rigid set of diet rules or certain foods
- feel anxious and upset if you have to eat something else
- do things to get rid of what you eat, sometimes known as [purging](#)
- feel disgusted at the idea of eating certain foods
- eat things that aren't really food, such as dirt, soap or paint
- feel scared of certain types of food
- think about food and eating a lot, even all the time
- compare your body to other people's and think a lot about its shape or size
- check, test and weigh your body very often
- base your self-worth on your weight, or whether you pass your checks and tests.

*"Food was like poison to me. It resembled all the negativity in my life. It made me feel weighed down by impurity, dirtiness, ugliness and selfishness. My body shape made me miserable and I spent all day everyday thinking about how great life would be if I was skinny."*

## How might eating problems affect my life?

Eating problems are not just about food. They can be about difficult things and painful feelings. You may be finding these hard to express, face or resolve.

Focusing on food can be a way of hiding these feelings and problems, even from yourself. Eating problems can affect you in lots of ways.

You might feel:

- [depressed](#) and [anxious](#)
- tired a lot of the time
- ashamed or guilty
- scared of other people finding out.

You might find that:

- it's hard to concentrate on your work, studies or hobbies
- controlling food or eating has become the most important thing in your life
- it's hard to be spontaneous, to travel or to go anywhere new
- your appearance is changing or has changed
- you are bullied or teased about food and eating
- you develop short- or long-term physical health problems
- you want to avoid socialising, dates and restaurants or eating in public
- you have to drop out of school or college, leave work or stop doing things you enjoy.

With friends, family or other people, you might feel that:

- you're distant from those who don't know how you feel, or who are upset they can't do more to help
- they focus a lot on the effect eating problems can have on your body
- they only think you have a problem if your body looks different to how they think it should be
- they sometimes comment on your appearance in ways you find difficult
- they don't really understand how complicated things are for you.

*"I wish people would move away from stereotypes and understand that eating disorders are not only to do with weight, but thoughts, feelings and behaviours – regardless of the number a scale shows, and regardless of physical appearance."*

## **How do I know if it's a problem?**

As it may feel like part of your everyday life, you might be unsure if your issue with food and eating is a problem. But if your relationship with food and eating is affecting your life, you can seek help. It doesn't matter how much you weigh or what your body looks like.

Some people don't seek help because they think their problem is not serious enough. Sometimes they do not feel 'ill enough' to have an eating problem.

It's also possible to have problems with eating and keep them hidden. Sometimes this can be for very long time.

*"I never looked 'ill'. When I read about eating disorders it was always girls with acute anorexia. Because that wasn't me, I felt like my behaviour was just a bizarre quirk I'd made up."*

## Do I have a right to recovery?

*"How do I have a right to recovery if I was never 'really' ill?"*

[Read Lucy's story](#)

## Eating problems and other mental health problems

Many people with eating problems also have other mental health problems. Some common experiences include:

- [depression](#)
- [anxiety](#)
- [obsessive-compulsive disorders](#)
- [phobias](#) of certain foods
- issues with [self-esteem](#) and body image
- forms of [self-harm](#) – you may see your eating problem as a form of self-harm, or may hurt yourself in other ways too
- [body dysmorphic disorder](#), which is an anxiety disorder linked to body image.

Food is one of many mediums through which anxiety, depression or obsessive-compulsive behaviours can be expressed.

*"My eating disorder has always gone hand in hand with depression and anxiety in such a way that they haven't felt like distinct, discrete illnesses but like one issue."*

## Suicidal feelings

You may have thoughts about death or [suicidal feelings](#). You might feel that you want to die. You might feel that it is the only way to escape your eating problem. This can be very frightening and make you feel alone.

You can [contact Samaritans](#) 24/7 to get support for these feelings. If you are under 35, you might find it helpful to [contact Papyrus](#).

If you feel unable to keep yourself safe, it's a mental health emergency.

[Get emergency advice](#)

# Types of eating disorders

On this page:

- [What is an eating disorder?](#)
- [Bulimia](#)
- [Anorexia](#)
- [Binge eating disorder](#)
- [Other specified feeding or eating disorder \(OSFED\)](#)
- [Other eating and feeding problems](#)

## What is an eating disorder?

An **eating disorder** is a medical diagnosis based on your eating patterns. It involves medical tests on your weight, blood and body mass index (BMI).

An **eating problem** means any relationship with food that you find difficult. Not every eating problem will be diagnosed as a disorder.

Eating disorders are a diagnosed type of eating problem.

## Diagnosing an eating disorder

Food is one of the many mediums through which our emotions and distress can be expressed.

Understanding feelings and behaviours linked to certain eating disorders can be helpful. This is true even if you don't have a diagnosis. Or, if you prefer to consider your experiences in a non-medical way.

There can be complications in getting a formal diagnosis:

- If your problems with eating aren't easy for your doctor to categorise, they might not give you a diagnosis.

- You may have a very difficult relationship with food which affects your mental health, but doesn't fit into any current diagnoses.
- You may be experiencing more than one eating disorder, or symptoms from multiple disorders.

## Body mass index (BMI) and diagnosis

In your assessment, your BMI should not be the only factor your GP or hospital doctor takes into account.

Unfortunately, diagnosis and treatment for an eating disorder can be related to your weight. You could have a serious problem with eating, but without meeting the criteria for diagnosis. This can feel very frustrating.

**However, you should not need an eating disorder diagnosis to get treatment for an eating problem.**

Usually, your recommended treatment will be for the disorder most similar to your eating problem.

See our page on [treatment and support](#) for more details.

## Bulimia

If you get a bulimia diagnosis (known as bulimia nervosa), you may experience a cycle of what's called bingeing and purging.

- **Bingeing** is eating large amounts of food in one go. You might do this when you're struggling with feelings or problems in your life.
- **Purging** is acting to get rid of the food you have eaten after bingeing. You might feel guilty or ashamed of what you've eaten.

## Bulimia and your feelings

If you experience bulimia, you might feel:

- shame and guilt
- hatred towards your body
- that you are fat
- scared of being found out by family and friends
- [depressed](#) or [anxious](#)
- lonely, especially if no one knows about your diagnosis
- very low, sad and upset
- quick or sudden changes in your mood
- stuck in a cycle of feeling out of control and trying to regain it
- numb, as if feelings are blocked out by bingeing or purging.

## Bulimia and your actions

If you experience bulimia, you might:

- eat lots of food in one go (binge)
- go through daily cycles of eating, feeling guilty, purging, feeling hungry and eating again
- binge on foods that you think are bad for you
- starve yourself in between binges
- eat in secret
- crave only certain types of food
- try to get rid of food you've eaten (purge) by making yourself sick, using laxatives or exercising a lot.

## Bulimia and your body

While experiencing bulimia, you might:

- stay roughly the same weight, or experience frequent weight changes
- be dehydrated, which can cause bad skin
- get irregular periods or none at all, if you usually menstruate

- harm your teeth and get a sore throat from stomach acid, by making yourself sick
- develop irritable bowel syndrome (IBS), stretched colon, constipation or heart disease, if you use laxatives.

## A young man coping with bulimia: my experience

*"Eating disorders in men, just like depression, should not be a taboo subject."*

[Read Craig's story](#)

## Anorexia

If you get an anorexia diagnosis (known as anorexia nervosa), you're not eating enough food. This means you're not getting the energy you need to stay healthy.

Some people think anorexia is about slimming and dieting, but it's much more complex. At its core, it's often connected to [low self-esteem](#), negative self-image and feelings of intense distress.

## Anorexia and your feelings

If you experience anorexia, you might feel:

- unable to think about anything other than food
- like you need to be perfect or you're never good enough
- lonely, especially if no one knows about your diagnosis
- a need for control, that you feel you lose by eating
- that you're hiding things from family and friends
- that you are fat and scared of putting on weight
- that losing weight isn't enough
- like you want to disappear
- [angry](#) if someone challenges you about your weight or food intake
- tired and not interested in things you normally enjoy
- like you cannot see a way out, even depressed or [suicidal](#)
- anxious or panicky, especially around mealtimes

- like it's an achievement to deny yourself food or over-exercise.

## Anorexia and your actions

If you experience anorexia, you might:

- reduce your food intake or totally stop eating
- spend a lot of time counting calories of everything you eat
- hide food or secretly throw it away
- avoid 'dangerous' foods, like those with high amounts of calories or fat
- read recipe books and cook meals for others, without eating them yourself
- use drugs that claim to reduce your appetite or speed up digestion
- spend your time thinking about losing weight, checking and weighing yourself
- exercise a lot, with strict rules about how much you must do
- develop very structured eating times
- make up rules about food – for example listing 'good' and 'bad' types or only eating certain colours of food.

*"I started starving myself as a means of control. Everything else had been taken out of my control, but no one could force me to eat. I'd enjoy and crave the feeling of my stomach being... empty."*

## Anorexia and your body

While experiencing anorexia, you might:

- weigh less than you do normally, or should do for your age and height
- lose weight very fast
- become physically underdeveloped, especially if anorexia starts before puberty
- feel very cold and weak
- move around more slowly than normal
- have irregular periods or none at all, if you usually menstruate
- lose your hair or start to have very thin hair
- develop fine fuzzy hair on your arms and face, called lanugo
- lose interest in sex, or find you're not able to have or enjoy sex

- find it hard to concentrate
- develop fragile bones or problems like osteoporosis – this is a disease that makes your bones break easily.

## Talking about eating problems

*"I was scared I wouldn't 'qualify' as anorexic, that I wasn't 'good enough' at it."*

[Read Dave's story](#)

## Binge eating disorder

If you get a diagnosis for binge eating disorder, you might feel unable to stop eating, even if you want to.

With binge eating disorder, you might rely on food to make you feel better. You might also use food to hide difficult feelings. It is sometimes described as 'compulsive eating'.

## Binge eating disorder and your feelings

If you experience binge eating disorder, you might feel:

- out of control
- as if you can't stop eating
- ashamed of how much you eat
- lonely and empty
- very low, even worthless
- unhappy about your body
- stressed and anxious.

## Binge eating disorder and your actions

If you experience binge eating disorder, you might:

- eat large amounts all at once (bingeing)
- eat without really thinking about it, especially when doing other things
- often eat unhealthy food
- eat for comfort when you feel stressed, upset, bored or unhappy

- eat until you feel uncomfortably full or sick
- hide how much you are eating
- find dieting hard whenever you try it.

*"I dread any event with a buffet. Because I know I'll eat and I'll keep eating and I won't even enjoy it but I'll eat because I feel somehow I have to. I'll eat even when I'm feeling full, when I'm feeling bloated, feeling pain in my gut, feeling sick."*

## **Binge eating disorder and your body**

While experiencing binge eating disorder, you might:

- put on weight
- feel sick a lot
- have shortness of breath
- get sugar highs and lows, which means having bursts of energy then feeling very tired
- develop health problems, such as acid reflux and irritable bowel syndrome (IBS)
- develop problems linked to being overweight – for example type 2 diabetes, high blood pressure, or joint and muscle pain.

## **Binge eating disorder: it felt momentous to have a calm, ordinary conversation about it**

*"The first GP I told was clueless. But another GP encouraged me to tell her more, and I learnt about the help I could get."*

[Read this story](#)

## **Other specified feeding and eating disorder (OSFED)**

If you get an OSFED diagnosis, you have an eating disorder. However, you don't meet all the criteria for anorexia, bulimia or binge eating disorder.

This doesn't mean that your eating disorder is less serious.

OSFED just means that your disorder doesn't fit into current diagnoses. Getting a diagnosis of OSFED can help you access treatment and support.

You can experience any feelings, actions or body changes linked to other eating disorders.

Previously, OSFED was known as 'eating disorder not otherwise specified' (EDNOS). For more details, see [Beat's information about OSFED](#).

*"I was assessed by my local eating disorder service and was given a diagnosis of EDNOS. I managed to get my eating back on track. I continue to work on the feelings with the help of my therapist and am very much in recovery."*

## Other eating and feeding problems

For your eating problem, you may get a diagnosis for one of the eating disorders explained on this page.

However, there are other diagnoses you may receive.

These tend to be much less common than anorexia, bulimia and binge eating disorder.

### Rumination disorder

If you get a diagnosis of rumination disorder, you'll regularly regurgitate your food. Regurgitating means bringing food back up that you've already eaten and swallowed.

You won't have a physical health problem to explain it. You might re-chew, re-swallow or spit out the food you regurgitate.

For more details, see [Beat's information about rumination disorder](#).

## Pica

If you get a diagnosis of pica, you'll often eat things that aren't food.

The things you eat tend to have no nutritional value. Some examples may be chalk, metal or paint. This can be very damaging to your body.

For more details, see [Beat's information about pica](#).

## Avoidant/restrictive food intake disorder (ARFID)

If you get a diagnosis of ARFID, you'll strongly feel the need to avoid certain foods (or all foods). This might be because of smell, taste or texture. The idea of eating may fill you with anxiety.

ARFID does not tend to be linked to body image issues. It's more anxiety about the process of eating itself.

For more details, see [Beat's information about ARFID](#).

*"My eating disorder has never been about body image or control, and I've had it for as long as I can remember. When I'm faced with certain foods I feel a reaction in the pit of my stomach like someone has put a plate of the most disgusting things in front of me. I can only equate the sensation to walking past an open sewer."*

# What causes eating problems?

On this page:

- [Traits of people with eating problems](#)
- [Difficult life experiences](#)
- [Family issues](#)
- [Social pressure](#)
- [Physical and mental health problems](#)
- [Biological and genetic factors](#)
- [Triggers or 'at risk' times](#)

There is no single cause of eating problems. Most health professionals think they're caused by a combination of factors.

Some factors may be biological, while others come from your surroundings or past. It might be hard to understand why eating has become an issue for you. The reasons can be complex and confusing.

*"My eating problem was a response to difficult changes happening to me and the questions of identity these changes raised, but was also set against a backdrop of bullying, poor mental health and low self-esteem throughout my time at school."*

## Traits of people with eating problems

People experiencing eating problems often share common traits. Certain traits may make you more vulnerable to developing an eating problem.

Some common traits include:

- a desire for perfection
- rarely being satisfied with what you've done
- being very critical of yourself
- being overly-competitive about things
- obsessive or compulsive behaviours (see our pages about [obsessive-compulsive disorder](#))

- a lack of confidence in expressing yourself.

## Difficult life experiences

The start of your eating problem may be linked to a stressful event or [trauma](#) in your life.

Some examples are:

- physical, emotional or sexual abuse
- serious family problems
- the death of someone close to you
- pressures at school or work, such as exams or bullying.

## Abuse and eating problems

*"I want to explain how being a victim of abuse has been the cause of my current eating disorder."*

[Read Georgie's story](#)

Eating problems often develop at the same time as you're going through major life changes such as:

- starting puberty
- changing school or university
- starting a new job
- [exploring your sexuality](#)
- leaving home or moving to a new place.

*"My eating problem began when I was younger and was bullied a lot. I lost my appetite through stress and felt like people would like me more if I was thinner and seemed more in control. I associated eating with feeling like I was losing control."*

## Family issues

Eating problems can be caused or made worse by your family experiences. They might be linked to childhood issues in particular.

You may have started using food as a way to gain more control over your life. For example if:

- your parents were particularly strict
- your home didn't feel like a safe or stable place
- your parents had very high expectations of you.

Through family experiences, you may have developed traits like perfectionism and self-criticism. These can make you vulnerable to eating problems.

Other people in your family may have been dieting, over-eating or experiencing an eating problem. In turn, this can have an impact on you too.

*"I had issues with my eating when my parents split up. It was the only part of my life that I felt like I could control, and I craved that control as everything else spiralled."*

## Social pressure

Social and cultural pressures probably don't cause eating problems. However, they can contribute to them and help to keep them going.

We're surrounded by messages about body image through films, magazines, social media and adverts. This can give us unachievable ideas about how we should look.

You might not be aware of it, but you may be comparing yourself to unrealistic images. As a result, this type of social pressure might:

- make you feel that you are not good enough
- have a negative impact on your body image and [self-esteem](#).

*"This world is full of images telling us we're not worthy of a beach unless we look a certain way. The biggest act of rebellion is to like yourself, in spite of those voices telling you you're not good enough."*

## Social media and eating problems

Images of 'perfection' can be hard to avoid if you use social media. But try not to compare yourself or anyone else to these images.

Be aware that before posting photos online, people commonly make use of:

- apps which allow them to alter parts of their face or body
- filters which can make them appear to have flawless skin
- camera angles, lighting and photo editing tools to improve their overall appearance.

Try to remind yourself people post photos on social media that are often edited to look better than reality. It can feel difficult, so sometimes taking yourself offline for a while might help. See our pages on [online mental health](#) for more information.

You can also use social media in a positive way in your recovery. Read more on the [Beat blog – Eating Disorders and Social Media](#).

## Physical and mental health problems

If you have physical or mental health problems, you may also develop eating problems. If you have a physical health problem, this can sometimes make you feel powerless. You may use eating or exercising as a way to feel more in control.

Or an eating problem might begin because you experience a mental health problem. Some examples include:

- [depression](#)
- [anxiety](#)
- [bipolar disorder](#)

- [body dysmorphic disorder](#).

Your eating problem can also cause mental health problems such as those listed above. It could also be linked to feelings of low [self-esteem](#), worthlessness or powerlessness.

*"I suffer from depression and anxiety in relation to my eating disorder and it is suspected that I also have borderline personality disorder too."*

## Biological and genetic factors

Research has shown that genes and biology may impact your chance of developing an eating problem.

We all have brain chemicals that control hunger, appetite and digestion. It has been found that some people with eating problems seem to have different amounts of these.

- The brain chemical serotonin can affect your mood and appetite. Some people have too much or too little of this.
- Some hormones control hunger and feeling full. Some people may be more sensitive to these, which could make them more likely to overeat or binge.

### Perinatal eating problems

Perinatal describes the time from becoming pregnant, up to a year after giving birth. Some people find that eating problems can get worse during this period.

Find out more about [eating problems and pregnancy from Tommy's](#), the midwife-led charity.

## Triggers or 'at risk' times

Some things, although not the cause of your eating problem, could help to prolong it.

You might be coping with recovery at the moment, or have had eating problems in the past. Try to be aware of certain things that can make your eating problems more likely to come back. Some people call these triggers or 'at risk' times.

For example, you may find talking about food and dieting with friends triggering. It might be helpful to learn what your triggers are, so that you can try your best to avoid them.

*"The stress of being somewhere new and unknown aggravates my illness."*

# Recovery and self-care

This information is for individuals experiencing eating problems. If you want to support someone with an eating problem, see our page for [friends and family](#).

This page is made up of two sections.

About [recovery](#) on this page:

- [Thinking about recovery](#)
- [Dealing with misconceptions](#)
- [Coping with other people's comments](#)
- [Coping with putting on weight](#)
- [Difficult times of year](#)

About [self-care](#) on this page:

- [Talk to people you trust](#)
- [Seek peer support](#)
- [Learn how to manage relapses](#)
- [Change unhealthy routines](#)
- [Be careful online](#)
- [Look after yourself](#)

## Recovering from eating problems

It can feel very challenging to live with eating problems, as well as starting to recover. You have to think about food daily and live in your changing body. But there are ways to help yourself cope with these challenges.

### Thinking about recovery

Recovery means different things to different people.

It might mean that you never have thoughts or behaviours related to your eating problem

again.

Or you might still experience thoughts and behaviours, but not as often. They might also have less impact on your life.

The way you perceive your relationship with food, and your views on recovery, might change over time.

You might sometimes feel:

- that you don't have a problem
- that your behaviours are in fact helpful to you
- that your eating problem feels comforting, safe or even exhilarating
- scared of the changes that come that will with recovery.

Whatever recovery looks like to you, it can take a long time to get there – even when you feel ready to try. You may have to think in years rather than weeks and months.

Recovery can seem scary if you feel:

- afraid of losing or putting on weight
- anxious about losing control
- that your eating problem is a big part of your life and identity, so you're not sure who you are without it.

If you have tried to recover before, or have relapsed, you might start feeling like you're completely beyond help. But it is possible to feel better, even if it takes a long time.

For more information, see our page on [treatment and support for eating problems](#).

*"I started to use what I had been through to strengthen myself. I knew that I could be determined, motivated and achieve what I put my mind too. I wanted to flip the anorexic energy into the recovery process."*

## Dealing with misconceptions

Many people wrongly think that only young women can experience eating problems. Because of this, it might feel hard to share your experiences if you're older or you identify as male.

Remember, anyone can have eating problems.

*"I struggled to talk to any of my male friends about what I was going through, because it's not really what blokes do!"*

[Read Mark's story](#)

**Warning:** it may be triggering to view this video about men's experiences of eating problems. If you're feeling vulnerable at the moment, you might not want to watch.

Millstone - Documentary about Eating Disorders in Men, 2015. This video is 30 minutes and 52 seconds long.

[Watch video on YouTube](#)

You may also find your body changes at a different rate to your mental health. As you start to look healthier, you may feel worse.

Other people may think you have recovered when you're still finding things very hard. It can help to keep talking about how you feel, with people you trust.

## Don't give up: a letter to myself about my eating disorder

Watch Rose Anne read a letter to herself about recovery. This video is three minutes and 57 seconds long.

[Watch video on YouTube](#)

## Coping with other people's comments

Not everyone around you will understand what it's like to have an eating problem. Some people may comment on your body, your weight, how much you eat or what you eat.

People might think they're saying something positive to help you. But they might not realise that it can be difficult for you to hear. This can be really hard to cope with – what helps or hurts is different for everyone.

*"Sometimes I am surprised by my own reflection, wondering how it is possible to look so healthy, when the storms are raging so strongly in my head."*

[Read Susanna's story](#)

It might help to try and explain to family and friends how you feel. Describe to them what a more helpful or supportive response would be.

*"I've met a lot of people who want to help, but find it really hard to understand how."*

[Read Eleanor's story](#)

You can't always stop people from saying unhelpful things. It could be a good idea to think about how you will deal with the things people might say.

*"Often I am ashamed of admitting I have my disorder... because I am scared that people will not believe me or think it's serious, even though bulimia has dominated my life since age 15."*

## Coping with putting on weight

Recovery does not mean putting on weight for everybody. But for some people this is incredibly challenging to live with. Some people have found these tips have worked for them:

- Write down the reasons why you want to recover and look at them when things feel difficult.
- Take all of your clothes that don't fit to a charity shop, or sell them online.
- Treat yourself to some new clothes in sizes you feel confident in.

- Try not to spend too much time looking in mirrors or checking your body.
- Avoid weighing yourself if possible.
- Write down all the healthy physical changes that are happening in your body.
- Talk to other people – have a rant or share your worries with someone who understands.
- Try not to make comparisons or spend too much time looking at pictures of people in magazines or online. Remember that these pictures are often filtered or photoshopped.

*"I built myself a first aid kit of things I could turn to when I needed the encouragement to keep going. I put things in it like bucket lists, letters from those important to me, photos, future goals, phone numbers, achievements, sensory objects and distraction techniques."*

## Difficult times of year

There are certain times of year that might trigger difficult thoughts and behaviours. Often these are celebrations that revolve around food and eating with others, like Christmas and birthdays.

- Talk to someone you trust about how you feel and what might make things easier.
- If possible, find alternative ways to celebrate.
- Think about things you can do to look after yourself when you are finding things hard.
- Acknowledge and accept that there might be times where you feel out of control.
- Be gentle with yourself and don't set your expectations too high.

*"You might have a bad day on Christmas Day and as awful as that feels, you'll get through it."*

[Read Olivia's story](#)

## Ramadan and eating problems

If you are Muslim you may find that Ramadan causes conflicts between your faith, your eating problems and recovery.

You might find that fasting triggers thoughts and behaviours related to your eating problem. Especially if you're praised for eating very little. Others find that eating with family and friends during iftar makes them feel out of control.

Although you may be excused from fasting if you have a medical problem, this may make you feel guilty. Other people may not understand why you are not fasting.

Read Habiba's blog on the Beat website [about eating disorders and Ramadan](#).

## Self-care for eating problems

Our practical self-care tips can help you better manage living with your eating problem, and recovering from it.

### Talk to people you trust

Eating problems can feel very difficult to talk about for many reasons. People close to you may find eating problems hard to understand, but will often want to help however they can.

The eating charity Beat has tips for [talking to others about your eating problem](#).

If you are finding it hard to talk, try writing things down. For example, you might find writing a letter helps you set out your thoughts more clearly.

You might find it helpful to show people our pages about [eating problems](#) to help them learn more.

*"You are always the most important person in your recovery. If you find positive relationships in others radiate off of these, laugh with them and mirror them."*

## Seek peer support

Eating problems can make you feel ashamed, isolated and misunderstood. It can really help to talk to people who are going through something similar.

You can look for peer support online or face-to-face. These organisations can help you find peer support for eating problems:

- [Beat](#)
- [Overeaters Anonymous](#)
- [Student Minds](#)
- [Side by Side](#) (Mind's online peer support community)

See our pages on [peer support](#) for more information.

## Learn how to manage relapses

It's very common to go back to your old thoughts and behaviours. Especially around times when you feel stressed.

Try to identify situations when you might be more at risk of your eating problems returning. Some examples could be:

- when you gain or lose weight
- when your body changes shape
- going on a diet
- going on holiday
- during pregnancy and after giving birth
- stressful times like exams, important events, going through a break-up or moving house.

Think about your warning signs. Try to learn what you can do to prevent things from getting worse. Early warning signs could be:

- eating too much or too little
- making pacts with yourself about food or eating

- feeling like you want to purge
- thinking about food all the time
- checking your body more
- weighing yourself more.

Most people will have setbacks in their recovery. But after each setback you may find you understand more about yourself and your eating problem.

It's important to try and be gentle with yourself. Try to accept relapses as part of a long, but achievable, process of change.

*"As long as I was still taking baby steps, i.e. occasionally trying a small piece of something new that wasn't too dissimilar to things I already ate, then I was still working towards better health."*

## **Change unhealthy routines**

Routines around eating and food can be hard to break. But you might find that making small changes can help. For example:

- Buy smaller amounts of food if you are worried about overeating.
- Try to distract yourself whenever you find yourself focusing on your body and weight. It can help to try a new hobby or interest that takes a lot of concentration.
- Find fun things to distract yourself after meals if you are worried about purging.
- Try to think of some positive goals that are not related to food or calories.

*"I do better with buying food in single servings so I only have around what I'm intending to eat there and then."*

## **Be careful online**

If you have an eating problem you may find that you spend a lot of time comparing your body to other people's, sometimes without even really realising you are doing it. We are often surrounded by pictures and images – especially on [social media](#).

- Be aware of how you feel when you are online and adjust the places you visit and the people you follow if you need to. It is ok to take a break from social media, or to adjust your lifestyle, so that this plays less of a part in how you spend your time.
- Remember that many pictures have been manipulated to make the person look different. Pictures on social media may have been filtered or photoshopped.
- Think about how you deal with pictures of yourself. Do they make you feel bad or do you feel you need to change them to hide how you really look?
- Think about whether you are following anyone whose pictures make you feel bad or trigger problematic thoughts. Unfollow them if you can.
- Block or avoid any websites that promote eating disorders.
- Look for positive communities around eating, recovery and body positivity.

*"The idea of being wrenched from my daily food pattern was incomprehensible."*

## Look after yourself

Try to be as kind to yourself as you can. For more ideas, have a look at our pages on:

- [Relaxation](#)
- [Mindfulness](#)
- [How to improve your mental wellbeing](#)

*"Be proud of yourself for the smallest steps you make because you're heading in the right direction. If you manage to put a tiny lump of cheese on top of your pasta, praise yourself. If you recognise you are having a bad day, accept it because it's all part of the process."*

*"I just feel confident with where I am in my recovery that I can fight it."*

[Read Hope's story](#)

# Treatment and support for eating problems

Getting treatment can help you develop healthy, balanced eating patterns. It can also help you face and cope with the underlying issues of your eating problem.

On this page:

- [Talking to your doctor](#)
- [Online self-help programmes](#)
- [Talking treatments for eating problems](#)
- [Medication for eating problems](#)
- [Admission to a hospital or clinic](#)

**Note:** this page covers recommended treatments for anorexia, bulimia and binge eating disorder.

You may get a diagnosis of other specified feeding and eating disorder (OSFED). Or you may not get a diagnosis at all. Your doctor should offer treatment for the diagnosis that most closely matches your symptoms.

**You shouldn't need a diagnosis to get treatment.**

See our page about [types of diagnosed eating disorders](#) for more information.

## Talking to your doctor

Talking about your eating problems can feel scary. But to access treatment, the first step is usually to talk to your GP or hospital doctor. They should then be able to refer you to specialist services.

See our pages on [seeking help for a mental health problem](#) for more information.

*"So my main piece of advice is to go to the doctor. I did, eventually. Doctors are nice people. They listen and understand and try their hardest to help."*

## Online self-help programmes

In some cases, at first you might get support through an online self-help programme. This might be offered to you initially if:

- you get a diagnosis for bulimia
- you get a diagnosis for binge eating disorder
- the symptoms of your eating problem are similar to either of the above.

You should receive short support sessions alongside the programme. These may be face-to-face or over the phone.

If you find the programme hard to complete, or find it unhelpful, ask your GP for more support.

## Talking treatments for eating problems

Like some other mental health problems, you might be offered talking treatments for eating problems.

The following treatments are recommended by the National Institute for Health and Care Excellence (NICE). It produces guidelines on best practice in healthcare. Read more about the [NICE recommendations for treating eating problems](#).

## Cognitive behavioural therapy for eating disorders (CBT-ED)

This form of [CBT](#) is specifically adapted to treat eating disorders. It may be offered for anorexia, bulimia or binge eating disorder.

- For anorexia, you should be offered up to 40 sessions. You should have twice weekly sessions in the first two or three weeks.
- For bulimia, you should be offered at least 20 sessions. You may be offered twice weekly sessions at first.

- For binge eating disorder, you should be offered group CBT sessions at first. If you'd prefer individual therapy or find the sessions unhelpful, tell your therapist or doctor.

*"Cognitive behavioural therapy really helped me to change the distorted thoughts flying around my head and move on from my eating disorder."*

## Family therapy

Family therapy means working through issues with your family and the support of a therapist. It's commonly offered to people with anorexia, especially younger people.

You might explore situations that could relate to underlying issues of your eating problem. It can help your family understand your eating problem and how to support you.

*"The hospital also gave my family an opportunity to attend family counselling in which they learned how best to support me."*

See our pages on [talking treatments](#) for more information.

## Accessing talking treatments

You can access talking treatments through the NHS. Your GP should be able to make a referral.

But be aware that there can be long waiting lists on the NHS. Because of this, some people also consider private therapy. For private therapy, you have to pay for appointments.

Some options include:

- Finding a private therapist through the [British Association for Counselling and Psychotherapy \(BACP\)](#).
- Private therapy isn't an option for everyone because of the cost. You could try to access [free counselling services and support groups from Beat](#) (the eating

problems charity).

See also our page on [useful contacts for eating problems](#).

## Talking treatments for anorexia

If you get an anorexia diagnosis, you may be offered some additional talking treatments.

- **Maudsley Anorexia Nervosa Treatment for Adults (MANTRA)**. This helps you work towards recovery by helping you understand what keeps you attached to anorexia. Gradually you can learn alternative ways of coping. This should be done at a pace that suits you and your needs. You should be offered at least 20 sessions.
- **Specialist Supportive Clinical Management (SSCM)**. This is not purely a talking treatment, but talking treatment can be included. You'll have weekly meetings where you receive support for weight gain, physical health, education and advice. You'll also have a chance to talk about key issues you're experiencing. It can help you think more about your symptoms and behaviour.
- **Focal Psychodynamic Therapy (FPT)**. This treatment aims to help you understand how your eating habits are related to what you think, feel about yourself and others. Usually, this is only offered when you find that other treatments aren't right for you.

*"I dreaded the thought of group therapy but the experience of hearing others talk about their problems really resonated with me."*

## Medication for eating problems

There are no specific drugs to treat eating disorders. However, you may be offered medication for underlying factors such as [depression](#) or [anxiety](#). For example, you may be offered an antidepressant to help manage these feelings.

You should be offered medication alongside [talking treatments](#). Medication shouldn't be the only thing you're offered. Your doctor will decide whether to offer you medication – you can decide whether you want to take it.

If your eating problem means you're underweight, drugs are absorbed more quickly into your bloodstream. This could make any medication more harmful, or not as effective, as it should be.

See our pages on [antidepressants](#), [antipsychotics](#) and [psychiatric medication](#) for more about these drugs.

## Admission to a hospital or clinic

You may need to go into a hospital or clinic because of your eating problem. This might be necessary if:

- your doctor or care team feel you are very unwell or underweight
- other kinds of treatment haven't worked
- your home environment is making it hard for you to stay well.

## How long do I have to stay?

If you're an outpatient or day patient, you will go home most evenings and weekends. If you're an inpatient, you will stay in the hospital or clinic for most of your treatment.

How long you are admitted for will depend on how much help you need to recover.

## What support and treatment can I get?

You'll normally receive a range of support as an inpatient. The staff at the hospital or clinic could include:

- doctors
- dieticians
- psychotherapists
- occupational therapists
- social workers
- family and relationship therapists

- specialist nurses.

Treatment can include:

- talking therapies
- medication
- [refeeding](#)
- working in groups with others experiencing eating problems.

Your weight and general health will be monitored for the duration of your stay. You may also get guidance on:

- buying, preparing and serving food
- [how to cope with stress](#) and anxiety
- how to be more assertive
- [how to manage anger](#) and communicate well.

*"With the daily routine, support system, classes and therapy I was able to start to rationalise anorexia's thoughts and slowly become stronger."*

## **What is refeeding?**

Refeeding means being given food in order to bring your weight up to a healthy level.

It involves helping you to gain weight so that your energy levels and physical health improve. You may be given certain foods for their nutritional value. Or foods that are particularly good at helping people gain weight.

Refeeding varies from one clinic to another. Some doctors may do this over a period of time, allowing you to gradually increase your weight. Others will want to help you back to a healthy weight as soon as possible.

This can be a distressing process, especially if you do not want to gain weight. It may be something to discuss with your GP or hospital doctor in more detail.

## What if I don't live near a clinic?

There are only a few NHS eating disorder clinics. So you may not always be able to access treatment close to where you live.

This could mean going to a clinic further away, or going to a general mental health hospital. Ask your GP or care team if you'd like to know more about specialist clinics.

There are also private treatment centres. Some may offer similar treatment to NHS clinics. Others have a wider range of complementary and art therapies.

Try using [Beat's HelpFinder tool](#), which is a directory of available services.

## Could I be forced to go to hospital?

You could be forced to go to hospital under the [Mental Health Act](#). This is often known as 'being sectioned'. You can be sectioned if your own health or safety is at risk, or to protect other people.

Before being sectioned, you will be assessed by health professionals. You could be sectioned for your eating problem if, for example:

- it has a significant negative impact on your own health or safety
- you won't be able to recover without medical support
- your mental health might get worse.

If you are sectioned, you may also be treated against your consent during your stay in hospital. Treatment against your consent for an eating problem could involve [refeeding](#), for example.

For more detailed information, see our [legal pages on sectioning](#).

## Saying goodbye to anorexia

*"It took everything I had to fight those thoughts and admit I needed help – but I did."*

[Read Nicole's story](#)

# How to help someone with an eating problem

On this page:

- [First steps towards support](#)
- [Learning how to understand them](#)
- [Practical ways you can help](#)
- [Tips for your own wellbeing](#)

You can do lots of things to help, despite how helpless you might sometimes feel.

You may experience difficult feelings if someone you care about has an eating problem.

You might:

- feel very worried about the person
- find it hard to know how to talk to them about it
- find it difficult to know how to deal with changes in their mood
- have tried to offer support, but found that they're unwilling or unable to accept help.

This can make you feel powerless, frustrated and angry.

## First steps towards support

At first, you might just want to show the person you're here for them and you support them.

Try to be considerate of the following:

- **Let them know you are there.** Make sure the person knows you're here to listen and can help them find support. This is one of the most important things you can do. Let them know they can talk to you when they're ready.
- **Try not to get angry or frustrated.** They might already feel guilty about how their behaviour is affecting you. Try to be as understanding and patient as you can.

- **Don't make assumptions.** Try not to interpret what their eating problem means without listening to them. This could add to their feelings of helplessness. It could also make them less able to share their difficult emotions and seek support.

## **Avoiding common assumptions**

Many of us assume that eating problems are linked to certain behaviours, or physical traits.

You might assume that:

- eating problems are mainly about body image
- you can tell what eating problems someone has from their appearance
- young women are the only group who experience eating problems.

But none of these assumptions are true.

**Anyone can experience eating problems. This is regardless of age, gender, weight or background.**

*"People never seem to understand what it is. I've had it said that I'm 'scared of food', or that it's not really a disorder – that I'm 'just being fussy' – both of which really trivialise how it feels for me."*

For people with eating problems, dealing with misconceptions is a difficult part of the experience. To help the person you care about, try not to make assumptions or judgements.

## **...but you look fine to me?**

*"People often look me up and down, with puzzled expressions on their faces, before announcing, 'well, you don't look ill to me!'"*

[Read Nicole's story](#)

## Learning how to understand their feelings

You might be finding it hard to understand the person's eating problem. This can also make it hard to be accepting towards how they might feel. Or how your attitude or behaviour might make them feel.

Try thinking about the following:

- **Be patient with them.** Remember that their own acceptance of the problem can take time. It can take a long time for them to accept it and seek help. They might not see their eating as a problem. They could see it as a solution to cope with certain feelings. For example rage, loss, powerlessness, self-hatred, worthlessness, guilt, or feeling like they have no control. They may be scared about what recovery means for them and their body.
- **Be gentle with them.** You can't force someone to change their behaviour. You might try hard to persuade, trick or force someone into eating more or less. This could make them feel even more anxious and fearful about food. It could also make them withdraw from you. They might try harder to convince you they're eating more healthily, even if they're not.
- **Don't focus or comment on their appearance.** Remember that someone's weight or appearance doesn't tell you how they're feeling inside. With some comments such as "you look well", you think you're being kind. But they can trigger very difficult feelings for someone who has an eating problem. The eating problem charity Beat has more information on [how to talk to someone with eating problems](#).

*"She would drive to my sixth form college everyday to help me eat. She wouldn't push me or tell me to eat, she would just sit there patiently and be with me at that difficult time in the day. She would also be with me as I had panic attacks after meals."*

## Practical ways you can help

As well as developing your own understanding, these practical ideas can help the person you're worried about.

You could try the following:

- **Include them in social activities.** If they find it difficult to eat, arrange activities which don't involve food. You could watch a film, play a game or take a walk.
- **Keep meal times as stress-free as possible.** Don't comment on their food choices. Let them get on with eating the food they feel able to eat.
- **Find safe ways to talk about it.** Some people find it helps to refer to the eating problems in the third person. Try saying things like "that's not you, that's the eating problem speaking".
- **Help them find good information and avoid bad sources.** This could mean looking for reliable facts and trusted online support. It also means helping them avoid places online that may promote unsafe eating and exercise habits.
- **Share stories from other people.** It can be really helpful to read stories and accounts by people with eating problems. Especially those who are ready to think about recovery. You can find some by looking in the 'Eating problems' category of the [Mind blogs and stories](#). You can find more [stories and blogs at Beat](#).
- **Encourage them to seek professional help.** If they are worried about talking to their doctor, you could offer to go along with them. See our page on [treatment and support](#) for more information. Our [useful contacts for eating problems](#) lists charities and other organisations they can contact.

## Family therapy for eating problems

If the person is a member of your family, you might attend family therapy as part of their treatment.

Family therapy means working as a family to:

- explore what might have prompted the underlying feelings
- better understand everyone's emotions and needs
- find ways to move forward together and support the person.

You can find a family therapist by asking your GP or hospital doctor for a referral. You can also look for a therapist via the [Association for Family Therapy and Systemic Practice](#).

If family therapy isn't right for you (or isn't available), it can still help to discuss what is happening with your family.

## Tips for your own wellbeing

It's important that you manage your own wellbeing while supporting your friend or family member. Try to do the following if you can:

- **Remember that recovery can be a long process.** While their body might look healthier quickly, they may be finding things hard emotionally. Relapses are common and don't feel very encouraging. It helps to accept this as part of the process. Don't blame them, yourself or anyone else.
- **Try to be kind to yourself.** Supporting someone with an eating disorder can be upsetting and exhausting. It's important to remember that your mental health is important too, and you deserve support for yourself as well. For more information, see our pages on [how to cope when supporting someone else](#) and [helping someone seek help](#).
- **Seek support from specialist organisations.** Depending on your relationship to the person, there may be dedicated support options. You might find it helpful to look into the [Young Minds Parents Helpline](#) and [Beat's Support for Carers](#).

## Mental illness, my Dad and me

*"It was a huge sacrifice on my Dad's part as he gave up a lot of aspects of his life."*

[Read Tilly's story](#)

# Useful contacts for eating problems

## Mind's services

- [Helplines](#) – our Infolines provide information and support by phone, email and text.
- [Local Minds](#) – provide face-to-face services across England and Wales. These might be talking therapies, peer support and advocacy.
- [Side by Side](#) – our supportive online community for anyone experiencing a mental health problem.

## Other organisations

### Anorexia and Bulimia Care (ABC)

[03000 11 12 13](tel:03000111213)

[anorexiabulimiacare.org.uk](http://anorexiabulimiacare.org.uk)

Advice and support for anyone affected by eating problems.

### Association for Family Therapy and Systemic Practice (AFT)

[aft.org.uk](http://aft.org.uk)

Information about family therapy, including a directory of therapists.

### Beat

[0808 801 0677](tel:08088010677) (adult helpline)

[0808 801 0711](tel:08088010711) (youthline)

[0808 801 0811](tel:08088010811) (studentline)

[beateatingdisorders.org.uk](http://beateatingdisorders.org.uk)

Offers information and advice on eating disorders, and runs a supportive online community. Also provides a directory of support services at HelpFinder.

## **British Association for Behavioural and Cognitive Psychotherapies (BABCP)**

[babcp.com](http://babcp.com)

Information about cognitive behavioural therapy and related treatments, including details of accredited therapists.

## **British Association for Counselling and Psychotherapy (BACP)**

[bacp.co.uk](http://bacp.co.uk)

Professional body for talking therapy and counselling. Provides information and a list of accredited therapists.

## **National Institute for Health and Care Excellence (NICE)**

[nice.org.uk](http://nice.org.uk)

Produces guidelines on best practice in healthcare.

## **Overeaters Anonymous Great Britain**

[oaqb.org.uk](http://oaqb.org.uk)

Local support groups for people with eating problems.

## **Papyrus HOPELINEUK**

[0800 068 41 41](tel:08000684141)

[07860 039967](tel:07860039967) (text)

[pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)

[papyrus-uk.org](http://papyrus-uk.org)

Confidential support for under-35s at risk of suicide and others who are concerned about them. Open daily from 9am–midnight.

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## Samaritans

[116 123](tel:116123) (freephone)

[jo@samaritans.org](mailto:jo@samaritans.org)

Chris, Freepost RSRB-KKBY-CYJK

PO Box 90 90

Stirling FK8 2SA

[samaritans.org](http://samaritans.org)

Samaritans are open 24/7 for anyone who needs to talk. You can [visit some Samaritans branches in person](#). Samaritans also have a Welsh Language Line on [0808 164 0123](tel:08081640123) (7pm–11pm every day).

## Student Minds

[studentminds.org.uk](http://studentminds.org.uk)

Mental health charity that supports students.

## Tommy's

[tommys.org](http://tommys.org)

Information and support for people affected by stillbirth, miscarriage and premature birth.

## YoungMinds

[0808 802 5544](tel:08088025544) (parents helpline)

[85258](tel:85258) (crisis messenger service – text the letters YM)

[youngminds.org.uk](http://youngminds.org.uk)

Committed to improving the mental health of babies, children and young people, including support for parents and carers.