

Eating Disorders

This factsheet covers different eating disorders and symptoms. As well as treatment options. You might find it useful if you have an eating disorder. Or you care for someone who does.

Key Points.

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

This fact sheet covers:

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

[Top](#)

1. What are eating disorders?

An eating disorder is a mental illness. You will use food to try to manage your feelings. If you have an eating disorder you will have an unhealthy relationship with food. This may be eating too much or too little food. You

may become obsessed with food and your eating patterns if you have an eating disorder.

Anyone can develop an eating disorder. It doesn't matter what your age, gender, cultural or racial background is. It is estimated that there are 725,000 people in the UK with an eating disorder.¹

[Top](#)

2. What are the different types of eating disorders?

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

Anorexia Nervosa

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

Behavioural symptoms ²	Physical signs ³
<ul style="list-style-type: none">• Strict dieting. Such as counting the calories in food excessively, avoiding food you think is fattening and eat only low-calorie food.• Being secretive. Such as hiding food, lying about what you have eaten and avoiding eating with other people• Cut food into tiny pieces to make it less obvious that you have eaten little.• Take appetite suppressants such as diet pills.• Over exercise and get upset if something stops you from exercising.• Become socially isolated	<ul style="list-style-type: none">• Feel weak and have less muscle strength.• Difficulty concentrating.• Dizzy spells,• Constipation, bloating and stomach pain.• Grow soft, fine hair on your body and face. Hair falling out.• Feeling cold. Swollen feet, hands or face. Low blood pressure.• Setting high standards and being a perfectionist.• Sleeping problems.• Getting irritable and moody.• In girls and women periods can stop, become irregular or do not start.• Loss of interest in sex

Bulimia Nervosa

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

called 'binging' and what you do after is called 'purging'.⁴ You will usually have an average body weight. This may mean other people do not notice you are having these problems.⁵

Behavioural symptoms ⁶	Physical signs ⁷
<ul style="list-style-type: none"> • Feel guilty or ashamed after bingeing and purging. • Are obsessed with food. • Not able to control your eating. • Have a distorted view of your body shape or weight. • Have mood swings. • Secretive about your bingeing and purging. • Feel anxious and tense. • Can be associated with depression, low self-esteem, alcohol misuse and self-harm. 	<ul style="list-style-type: none"> • Disappearing soon after eating. • Calluses on the back of your hand. These are caused by forcing yourself to be sick. • Stomach pain, bloating and constipation. • Gastric problems. • Being tired and not having energy. • In girls and women - periods stop or are not regular. • Frequent weight changes. • Hands and feet swelling.

Binge eating disorder (BED)

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

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

Other eating disorders and eating problems

Other Specified Feeding and Eating Disorder (OFSED)

OFSED means you have symptoms of an eating disorder. But you don't have all the typical symptoms of anorexia, bulimia or BED. You could have a mixture of symptoms from different eating disorders. This does not mean that your illness is less serious.¹¹

Orthorexia nervosa¹²

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

Emotional overeating¹³

You turn to food when you have negative feelings if you are an emotional overeater. These can be feelings like anxiety or sadness. Eating the food may help you to feel comforted.

Lots of people use food to help manage feelings, this is normal. But it may become a problem if this is the only management technique that you have. Or you are beginning to feel out of control. Emotional overeating can cause feelings of guilt and shame.

Pica¹⁴

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

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

Rumination disorder or 'chew and spit'¹⁵

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

Selective Eating Disorder (SED)¹⁶

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

[Top](#)

3. How are eating disorders diagnosed?

Doctors use guidelines for diagnosing different mental health conditions, such as eating disorders. Guidelines say which symptoms you should have and how long for to get a particular diagnosis. These are the main guidelines are:

- International Classification of Diseases (ICD-10), produced by the World Health Organisation (WHO)

- Diagnostic and Statistical Manual (DSM-5), produced by the American Psychiatric Association.

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

- ask about your feelings, thoughts and behaviours,
- see if there has been any rapid weight loss,
- look if your body mass index (BMI) is too high or too low,
- ask you about any diets that you are on,
- ask about your relationships,
- ask about your job, and
- think about different reasons for your symptoms.

[Top](#)

4. What causes eating disorders?

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

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

Psychological factors could be:

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

Environmental factors could be:

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

Genetic factors could be:

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

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

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

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

6. What treatment should I be offered?

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

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

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

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

Guided self-help programme

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

Psycho-education

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

What is the treatment for anorexia?

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

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

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

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

The therapy aims to help you to:

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

Maudsley Anorexia Nervosa Treatment for Adults (MANTRA)²⁶

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

The therapy:

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

Specialist supportive clinical management (SSCM)²⁷

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

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

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

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

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

FPT looks at:

- what your symptoms mean to you, how they affect you and how they affect your relationships with other people,

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

What is the treatment for bulimia?

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

Individual eating disorder-focused cognitive behavioural therapy (CBT-ED)³⁰

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

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

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

What is the treatment for binge eating disorder (BED)³¹

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

Group eating disorder-focused cognitive behavioural therapy (CBT-ED)³²

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

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

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

Individual CBT-ED for adults with BED³³

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

You will have individual sessions with your therapist. You will usually have 16-20 sessions over 40 weeks. You will work with your therapist to understand what makes you binge eat.

What is the treatment for Other Specified Feeding and Eating Disorder (OFSED)?³⁴

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

[Top](#)

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

If you are not happy with your treatment you can:

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

There is more information about these options below:

Second opinion

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

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

Advocacy

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

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

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

'PALS'

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

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

Complaints

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

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

You can find more information about:

- Second opinions
- Advocacy
- Complaining about the NHS or social services

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

[Top](#)

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

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

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

Doctors will look at risk to decide if you need to be sent to hospital. They should not base their decision on your weight or body mass index (BMI) alone³⁵. Other things they will look at include: ³⁶

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

Can I be force-fed?³⁷

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

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

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

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

[Top](#)

9. What can I do to manage my symptoms?

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

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

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

[Top](#)

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

Eating disorders often found alongside other problems such as:

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

It is thought that nearly 50% of people with an eating disorder are abusing drugs or alcohol. Substance abuse alone has increased risk of stroke or cancer.³⁸ Substance abuse could affect your treatment. If this happens your doctor should work together with professionals from substance misuse services to give you support.³⁹ This may be under a package of care called the 'care programme approach.'

Anorexia

Around 50% of people with anorexia will make a full recovery. But relapses are common along the way. Other people will improve with treatment but will still have eating problems. People with anorexia have died because of not getting the right nutrients or suicide.⁴⁰

You can get problems with:

- weak bones,
- getting pregnant,
- with your heart, liver and kidneys, and
- brain and nerves, which may lead to seizures.

Some complications may improve as your condition is treated, but others can be permanent. ⁴¹

Bulimia⁴²

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

You can get problems with:

- your teeth and the lining of your throat if you vomit a lot
- your heart, kidney or bowel. Such as permanent constipation.

Binge eating disorder⁴³

You may gain weight and become obese. This can lead to high cholesterol and high blood pressure. This increases your risk of heart disease and stroke, diabetes and swelling in your joints. You are also more likely to get some types of cancer such as breast cancer and bowel cancer.

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

You can find more information about

- Drugs, alcohol and mental health
- Care Programme Approach

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

[Top](#)

11. Information for carers, friends and relatives

You may need your own support if you care for someone with an eating disorder. Caring for someone with a mental illness can be difficult.

How can I get support?

- Speak to your GP. You should be given your own assessment to work out what affects your caring role is having on your mental health. And what support you need. Such as practical support and emergency support⁴⁴
- Join a carers service.
- Join a carers support group.
- Read about the condition.
- Call an emotional support line.
- Talk to friends and relatives.

You can find more information about:

- Carers' Assessment and Support Planning
- Supporting Someone with a Mental Illness

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

Further
Reading

Beat

This website has reviews of non-fiction books that could be useful to people with eating disorders. Or to people supporting someone with an eating disorder.

Website: www.beateatingdisorders.org.uk/recovery-information/book-reviews

The New Maudsley Approach

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

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

Useful
Contacts

Beat

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

Adult helpline: 0808 801 0677 (3pm – 10pm, 365 days a year)

Youthline: 0808 801 0711 (3pm – 10pm, 365 days a year)

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

Adult email: help@beateatingdisorders.org.uk (over 18)

Youthline email: fyp@beateatingdisorders.org.uk (under 18)

Helpfinder: helpfinder.b-eat.co.uk

Website: www.beateatingdisorders.org.uk

Anorexia and Bulimia Care

An organisation which gives on-going care, emotional support and practical guidance for anyone affected by eating disorders.

Helpline: 03000 11 12 13

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

Email: support@anorexiabulimiare.org.uk

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

Website: www.anorexiabulimiare.org.uk

Eating Disorders Support

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

Helpline: 01494 793223

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

Email: support@eatingdisorderssupport.co.uk

Website: www.eatingdisorderssupport.co.uk

National Centre for Eating Disorders

An independent organisation set up to support the person with the eating disorder. They offer solutions for all eating problems. They give information and counselling.

Telephone: 0845 838 2040

Address: 54 New Road, Esher, Surrey KT10 9NU

Website: www.eating-disorders.org.uk

Men Get Eating Disorders Too (MGEDT)

Offers support for men with eating disorders and their carers and families. They provide information, online peer support, and a face-to-face support groups in London and Sussex.

Address: c/o Community Base, 113 Queens Rd, Brighton, BN1 3XG

Email via website: www.mengetedstoo.co.uk/contact

Website: www.mengetedstoo.co.uk

The Recover Clinic

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

Telephone: 0845 603 6530

Address: The Recover Clinic, High St, Kensington, London, W8 5SF

Email: help@therecoverclinic.co.uk

Website: www.therecoverclinic.co.uk

[Top](#)

References

¹ NHS Choices. *Eating Disorders – Who is affected*. <http://www.nhs.uk/conditions/Eating-disorders/Pages/Introduction.aspx#Who-is-affected> (Accessed 16th October 2017).

² Beat. *Signs of anorexia*. <https://www.beateatingdisorders.org.uk/types/anorexia/signs> (accessed 26th October 2017).

³ As note 2.

⁴ NHS. *Bulimia nervosa*. <https://www.nhs.uk/Conditions/Bulimia/Pages/Introduction.aspx> (accessed 26th October 2017)

⁵ Beat. *What is bulimia*. <https://www.beateatingdisorders.org.uk/types/bulimia> (accessed 26th October 2017)

⁶ Beat. *Bulimia*. <http://www.b-eat.co.uk/about-eating-disorders/types-of-eating-disorder/bulimia> (Accessed 28th September 2017).

⁷ As note 6.

⁸ National Institute for Health and Clinical Excellence. *Eating Disorders* <https://cks.nice.org.uk/eating-disorders#!diagnosisadditional:2> (accessed 28th September 2017).

⁹ NHS Choices. *Binge Eating*. <http://www.nhs.uk/Conditions/Binge-eating/Pages/Introduction.aspx> (Accessed 28th September 2017).

¹⁰ Beat. *Binge Eating Disorder*. <https://www.beateatingdisorders.org.uk/types/binge-eating-disorder/signs> (Accessed 28th September 2017).

-
- ¹¹ National Institute for Health and Clinical Excellence. *Eating Disorders: Information for the public*. Clinical Guidance 69. London: National Institute for health and Clinical Excellence; 2017. Page 2.
- ¹² National Eating Disorders Association. *Orthorexia Nervosa*. <https://www.nationaleatingdisorders.org/orthorexia-nervosa> (Accessed 28th September 2017).
- ¹³ Beat. *Emotional Overeating*. <http://www.b-eat.co.uk/about-eating-disorders/types-of-eating-disorder/emotional-overeating> (Accessed 28th September 2017).
- ¹⁴ Beat. *Pica* <https://www.beateatingdisorders.org.uk/types/other-feeding-disorders/pica> (accessed 26th October 2017)
- ¹⁵ Beat. *Rumination Disorder*. www.beateatingdisorders.org.uk/types/rumination-disorder (Accessed 8th November 2017).
- ¹⁶ Great Ormond Street NHS Foundation Trust. *Welcome to the Eating Disorders Team*. <http://www.gosh.nhs.uk/file/1760/download?token=AglqoXti> (Accessed 29th September 2017). Page 4
- ¹⁷ National Institute for Health and Clinical Excellence. *Eating Disorders*. Clinical Guidance 69. London: National Institute for Health and Clinical Excellence; 2017. Para 1.2.6
- ¹⁸ NHS Choices. *Eating Disorders - Causes*. <http://www.nhs.uk/conditions/Eating-disorders/Pages/Introduction.aspx#Causes> (Accessed 29th September 2017).
- ¹⁹ NHS Choices. *Anorexia Nervosa – Causes*. <http://www.nhs.uk/Conditions/Anorexia-nervosa/Pages/Causes.aspx> (Accessed 29th September 2017)
- ²⁰ NHS Choices. *Bulimia – Causes*. <http://www.nhs.uk/Conditions/Bulimia/Pages/Causes.aspx> (Accessed 29th September 2017).
- ²¹ As note 9.
- ²² As note 25, at para 1.3.24
- ²³ As note 25, at para 1.7.1
- ²⁴ As note 25, at para 1.3.4
- ²⁵ As note 25, at para 1.3.5
- ²⁶ As note 25, at para 1.3.6
- ²⁷ As note 25, at para 1.3.7
- ²⁸ As note 25, at para 1.3.9
- ²⁹ As note 25, at para 1.5.1
- ³⁰ As note 25, at para 1.5.1
- ³¹ As note 25, at para 1.4.1
- ³² As note 25, at para 1.4.5
- ³³ As note 25, at para 1.4.7
- ³⁴ As note 25, at para 1.6.1
- ³⁵ As note 25, at para 1.2.8
- ³⁶ The Royal College of Psychiatrists. *MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa 2nd edition*. Page 46. http://www.rcpsych.ac.uk/pdf/CR189_a.pdf (accessed 23rd October 2017).
- ³⁷ The Royal College of Psychiatrists. *MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa 2nd edition*. Page 40. http://www.rcpsych.ac.uk/pdf/CR189_a.pdf (accessed 23rd October 2017)..
- ³⁸ NEDA. *Substance abuse and eating disorders*. <https://www.nationaleatingdisorders.org/substance-abuse-and-eating-disorders> (accessed 6th November 2017)
- ³⁹ As note 25, at para 1.8.19
- ⁴⁰ NHS Choices. *Anorexia nervosa*. <http://www.nhs.uk/Conditions/Anorexia-nervosa/Pages/Introduction.aspx> (accessed 23rd October 2017)
- ⁴¹ NHS Choices. *Anorexia nervosa – Complications* <https://www.nhs.uk/Conditions/Anorexia-nervosa/Pages/Complications.aspx> (accessed 23rd October 2017)
- ⁴² NHS Choices. *Bulimia – Health risks of bulimia*. <https://www.nhs.uk/Conditions/Bulimia/Pages/Introduction.aspx> (accessed 23rd October 2017)
- ⁴³ NHS Choices. *Binge Eating Disorder*. <https://www.nhs.uk/conditions/binge-eating/> (accessed 6th November 2017).
- ⁴⁴ As note 25, at para 1.1.10

© Rethink Mental Illness 2013

Last updated October 2017

Next update October 2020

Version 6

This factsheet is available
in large print.



Rethink Mental Illness Advice Service

Phone 0300 5000 927

**Monday to Friday, 9:30am to 4pm
(excluding bank holidays)**

Email advice@rethink.org

Did this help?

We'd love to know if this information helped you.

Drop us a line at: feedback@rethink.org

or write to us at Rethink Mental Illness:

RAIS
PO Box 17106
Birmingham B9 9LL

or call us on 0300 5000 927.

We're open 9:30am to 4pm
Monday to Friday (excluding bank holidays)



**Leading the way to a better
quality of life for everyone
affected by severe mental illness.**

For further information
on Rethink Mental Illness
Phone 0121 522 7007
Email info@rethink.org

 [facebook.com/rethinkcharity](https://www.facebook.com/rethinkcharity)

 twitter.com/rethink_

 www.rethink.org

Need more help?

Go to www.rethink.org for information on symptoms, treatments, money and benefits and your rights.

Don't have access to the web?

Call us on 0121 522 7007. We are open Monday to Friday, 9am to 5pm, and we will send you the information you need in the post.

Need to talk to an adviser?

If you need practical advice, call us on 0300 5000 927 between 9:30am to 4pm, Monday to Friday. Our specialist advisers can help you with queries like how to apply for benefits, get access to care or make a complaint.

Can you help us to keep going?

We can only help people because of donations from people like you. If you can donate please go to www.rethink.org/donate or call 0121 522 7007 to make a gift. We are very grateful for all our donors' generous support.