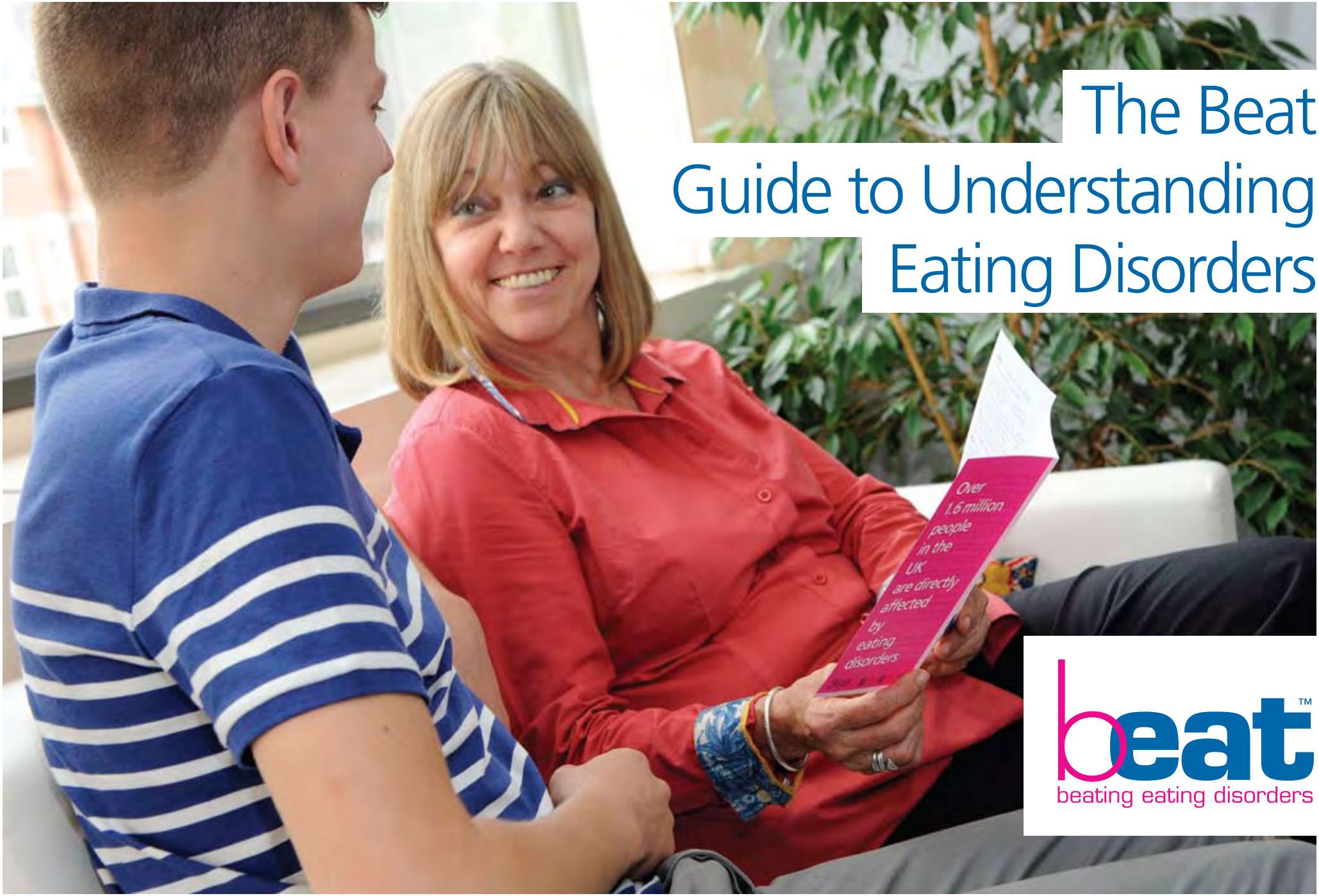
The Beat Guide to Understanding Eating Disorders



beat™
beating eating disorders

Welcome

Welcome to Understanding Eating Disorders. Beat is the UK's leading national charity supporting people affected by eating disorders and campaigning on their behalf. We have more than 22 years experience of working with families, professionals and people with eating disorders and this book brings together much of what we have learned.

We are committed to helping everyone understand more about these serious mental illnesses. We are determined to make sure no-one has to face an eating disorder on their own.

This book is intended for anyone who wants to know more about eating disorders: whether you are concerned about a friend, loved one or colleague; whether you are a teacher or a manager responsible for staff; or whether you are worried about yourself.

Eating disorders are complex, and no-one knows exactly what causes them, or for certain why one person develops the illness when others don't. We do know some important facts though.

No-one chooses to have an eating disorder

They are treatable conditions

Recovery is possible

At Beat, we speak everyday to people who have recovered from their eating disorder. Their lives are no longer dominated by fear of food, or the weight and shape of their bodies.

We also hear every day from people who hadn't known where to turn for the help, information or support they needed. This book is packed with easy to read common sense and encouragement for all.

Susan Ringwood
Chief Executive

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Contents

What is an eating disorder?

Eating disorders are serious mental illnesses and can affect anyone at any age regardless of background or circumstances. Girls and young women aged 12-20 are most at risk, however, the exact reason why some people develop eating disorders and others do not is still not known.

Eating disorders are difficult to spot in the early stages, even for skilled health professionals. The condition can develop quite slowly and can appear to be like some of the expected signs of adolescence – mood swings, sensitivity to criticism, concern with body shape and size and dieting.

What we do know is that for some people, these signs can be the beginning of an illness that can have very serious consequences if not treated quickly.

Eating disorders are difficult for anyone to understand – even the name 'eating disorder' is a bit misleading because the pre-occupation with food is only the outward sign of a desperate inner turmoil.

We do know that eating disorders are treatable and that full recovery is possible. The sooner someone gets the help and support they need, the better.

Everyone who suffers from an eating disorder will experience it in a different way, respond to different types of treatment, and take different amounts of time to recover. Some people will suffer from more than one type of eating disorder in their lives.

The facts: Eating disorders...

- **are serious mental illnesses**
- **affect 1.6 million men and women of all ages and backgrounds in the UK**
- **have the highest mortality rate of any mental illness and one in five of the most seriously affected can die prematurely**
- **are treatable conditions and full recovery is possible**
- **can affect anyone at any time but girls and young women aged 12-20 are most at risk. Up to 20% of cases are boys and men**
- **causes are complex and not yet fully understood, but include a mix of genetic, biological and cultural factors**

Obesity

Obesity isn't an eating disorder, but some people do become overweight because of emotional difficulties, and for others, being overweight leads to similar problems. Low self esteem; feeling guilty or ashamed; stigmatised and socially isolated can all be part of the picture.

People who are overweight can be subject to personal, derogatory comments of the sort that are quite rightly no longer tolerated in terms of race, religion, ethnicity or sexual orientation. When did you last hear someone say "You look great! Have you put on a few pounds?".

The relationship between weight, size and health is a complex one. Most professional rugby players would be termed obese if their weight for height ratio – their BMI – was the only measure of their health. Fitness and body composition are as important as 'fatness' in knowing if someone is a healthy weight.

As with eating disorders, there is still much that needs to be understood about what causes some people to become obese. What we do know is that using terms like greedy, lazy or lacking in willpower helps no one. In a society and culture that prizes thinness highly, people who for whatever reason fail to meet that ideal can end up blaming themselves in ways that lead to a vicious circle – lower esteem and further weight gain.


bullying
chemistry
images
biology
genetics
advertising
bereavement
complex
genes
experiences
brain
self esteem
change
society
media
hormones
research
control
divorce
eating disorders
abuse
body shape
culture
perfectionism
neuroscience
transition
body image
obsessive
hard-wired
relationships
fashion
weight
personality
competitive

What are the causes of eating disorders?

It is natural when someone develops an illness to know the cause of it and in the case of eating disorders, it is important to understand that there is no one single cause. A number of risk factors need to combine to increase the likelihood that any individual develops the condition.

People with an eating disorder can find it really helpful to know that it is not their fault. They didn't choose this illness, and their families need to know they didn't cause it either.

The causes are complex, and not yet fully understood but include a mix of genetic, biological and cultural factors. Research is showing the disorders are more hard-wired, with a stronger biological basis than was previously thought to be the case.

Genetic factors: Recent research has confirmed that genetic factors are involved. This doesn't mean that eating disorders are inherited from your parents, but that some parts of our genetic structure are involved. Our genes have a role in determining our personality traits, and brain structures – both of which are linked to eating disorders.

Personality traits: Certain personality traits are more often present in those who develop eating disorders such as perfectionism, need for control, obsessive tendencies and a hyper-sensitivity to criticism for anorexia; and some impulsivity and risk taking being linked to bulimia.

Biological factors: Some research is showing small differences in the structure of the brains of people with eating disorders and also showing differences in the way they react to stimuli and events. Neuroscience is a very recent part of eating disorders research and all the findings are very experimental so far. Other biological factors include brain chemistry and the role of hormones.

Social factors: The influence of society and culture shapes our ideas of what is 'ideal', including the ideal shape and size of our bodies. Poor body image and low self esteem are key factors in the development of eating disorders and social and cultural pressures are strong in this area. The media, fashion and advertising don't directly cause eating disorders but are powerful influences that some people are very affected by.

Interpersonal factors: Our relationships with others can unintentionally cause distress or make us doubt our self-worth or ability. Some examples of common experiences amongst those suffering from eating disorders are relationship breakdowns and being bullied or even teased about size or weight.

Significant life events: Times of upheaval or distress such as bereavement, divorce, moving house or changing schools or colleges may also contribute to the development of an eating disorder in some individuals.

> *"I used eating as a way of keeping control; I didn't have much confidence but felt that if I could control what I ate, I could cope with everything."*

All of these factors combine in unique ways in each individual. World-class research is underway – much of it in the UK – and our knowledge of eating disorders and their possible causes is constantly advancing. Understanding the causes can help in developing new treatments and therapies.

What are the myths surrounding eating disorders?

Awareness about eating disorders can be held back by myths and misunderstanding. Opinions about eating disorders are still subject to harmful stereotypes that can affect the way people with the illness are seen by others; can affect their views of themselves; and can sometimes even affect the treatment they receive from healthcare professionals.

“ Recovery is possible. I’ve watched my son regain his life day by day. I see a proud smile on his face after meals, he’s growing stronger mentally and physically and we are a family again. ”

Myth: Eating disorders are just a faddy diet gone too far.

Fact: Eating disorders are serious, mental illnesses which require prompt, appropriate treatment. They have the highest mortality rate of any mental illness and without appropriate treatment one in five sufferers may die prematurely.

Myth: Eating disorders only affect impressionable girls from privileged backgrounds.

Fact: Eating disorders can affect people of any age, gender, culture, ethnicity or background. Girls and young women aged 12-20 are most at risk but 20% of cases are boys and men. 1.6 million people in the UK are affected by eating disorders.

Myth: Eating disorders are only a modern phenomenon.

Fact: Eating disorders were first observed and recorded in the 1680s and have been known throughout history. The pressures and pace of modern life and the spread of a global westernised culture may play a part in any reported increase.

Myth: Eating disorders are a lifestyle choice.

Fact: People with eating disorders do not choose to be ill and they are not trying to seek attention. They can find it very difficult to believe that they are ill and equally hard to acknowledge it once they do know. This is one of the most challenging aspects of how the illness affects someone’s thinking and behaviour.

Myth: No one ever really recovers from an eating disorder - you've got it for life.

Fact: **Eating disorders are treatable and full recovery is possible. There can be serious long term consequences to physical health if the conditions are not treated quickly. Some people do develop a long term or recurrent eating disorder but treatment is improving all the time.**

Myth: You can tell just by looking at someone if they have an eating disorder.

Fact: **Eating disorders are mental illnesses – so it is someone's thoughts, feelings and emotions that are involved. Eating disorders come in all shapes and sizes and not everyone affected will be very underweight or even ill-looking.**

Myth: Eating disorders are caused by bad parents.

Fact: **Parents don't cause eating disorders. The causes are complex and many factors are involved. Parents and families can play a vital part in helping their loved ones beat an eating disorder, and the more they learn to understand the condition, the more they can help.**

Myth: People with eating disorders are just trying to look thin like their celebrity idols.

Fact: **People with eating disorders typically have very low self esteem and feel worthless. They are more likely to wish to disappear and not be noticed than want to draw attention to themselves.**

"It's so frustrating to hear people who don't understand make comments and think that people do it because they want to be thin or pretty. When I was completely entrenched in that way of thinking that was the last thing on my mind. Anorexia is an exhausting, time consuming, isolating way of living that is a way of coping with other things or feelings."

What are the different types of eating disorder?

Eating disorders fall into these main categories:

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Eating Disorder Not Otherwise Specified (EDNOS)

It is important to note that the signs and symptoms outlined below may not signify an eating disorder. If several occur together – especially if they are worsening – they may be a cause for concern.

Anorexia Nervosa

Anorexia Nervosa literally means 'loss of appetite for nervous reasons'. However this doesn't describe how someone with the illness feels. More likely is that they just can't allow themselves to eat. They may dread that if they eat one thing, they may completely lose control and won't be able to stop.

Some people explain it by saying they know they don't deserve the pleasure food would give them; or that they don't deserve to take up so much space in the world.

> *"Sometimes I skipped meals and did a lot of exercise especially on the days when I could not avoid eating. I felt I had to punish myself for eating and try to lose the calories I had eaten."*

People who suffer from anorexia can focus on controlling their weight and shape in an attempt to cope with life, not to purposely starve to death.

Anorexia can be fatal, so early medical intervention and treatment is fundamental for someone to make a successful recovery. The illness can have long term consequences for someone's physical health too – and not all of those effects can be overcome even with treatment.

Anorexia is the rarest eating disorder, being 10% of all cases. Children as young as eight have been diagnosed with anorexia and more young children are being seen by doctors specialising in treating the illness.

Behavioural signs of anorexia:

- Intense fear of gaining weight
- Distorted perception of body shape or weight
- Inability to accept there is a problem
- Sufferer becomes aware of an 'inner voice' that challenges views on eating or exercise
- Rigid or obsessive behaviour attached to eating, such as cutting food into tiny pieces or counting calories
- Mood swings, depression, secrecy
- Restlessness or hyperactivity, difficulty sleeping
- Difficulty thinking and making decisions
- Wearing baggy clothes
- Vomiting, taking laxatives
- Excessive exercise

Physical effects of anorexia:

- In children and teenagers, poor or inadequate weight gain in relation to their growth, and/or substantial weight loss
- Dehydration, constipation, abdominal pains
- Dizzy spells and feeling faint
- Difficulty sleeping, lethargy, inability to concentrate
- Low blood pressure
- Bloated stomach, puffy face/ankles
- Downy hair on the body; occasionally loss of hair on the head when recovering
- Poor blood circulation, feeling cold
- Dry, rough or discoloured skin
- Loss of periods or loss of interest in sex
- Delayed puberty, or puberty halted once it has begun
- Loss of bone mass

Long-term effects of anorexia:

- Poor functioning of the body: specifically the brain, heart, liver and kidneys
- Difficulty conceiving, infertility
- Osteoporosis (brittle bones)
- Restricted growth

Bulimia Nervosa

Bulimia Nervosa literally means 'hunger of an ox for nervous reasons', though some people affected may at times eat very little. Bulimia is characterised by cycles of eating a large amount of food, called bingeing, and then experiencing guilt, or shame, which leads to purging or obsessive exercise.

People with bulimia usually binge and purge in secret, and many stay the same weight or even put on weight, rather than drastically losing weight like those with anorexia.

This means their illness is much harder for anyone else to notice and may go undetected for a long time. Bulimia can also be fatal so early medical intervention and treatment should be sought. Bulimia accounts for about 40% of all cases and tends to affect people from late teenage years.

Behavioural signs of bulimia:

- Uncontrollable urges to eat vast amounts of food
- An obsession with food, or feeling 'out of control' around food
- Distorted perception of body weight and shape, fear of gaining weight

“ The more I denied my body the food it needed, the deeper my hunger became, and the greater the sense of control I felt being restored. One day the hunger finally overwhelmed me. I began to purge. This quickly developed into a dangerous cycle of binge eating and vomiting. I ate whatever I could find.”

- Anxiety, depression, low self-esteem
- Purging behaviours – e.g. disappearing to the toilet after meals to vomit and/or use laxatives
- Fasting or excessive exercise
- Secrecy, mood swings and a reluctance to socialise (especially avoiding meals)
- Shoplifting for food, abnormal amounts of money spent on food, or hoarding food

Physical effects of bulimia:

- Frequent weight changes
- Heartburn, sore throat, tooth decay, bad breath, sore skin on the fingers that have been used to induce vomiting
- Dehydration, imbalance of electrolytes (essential for normal functioning of cells and organs)
- Swollen hands, feet or salivary glands; puffy cheeks
- Poor skin condition and possible hair loss
- Irregular periods or loss of interest in sex
- Lethargy and tiredness, difficulty sleeping
- Constipation or diarrhoea, intestinal problems due to laxative abuse

Long-term effects of bulimia:

- Painful swallowing, drying up of the salivary glands
- Imbalance or dangerously low levels of essential minerals in the body
- Increased risk of heart problems and problems with other internal organs
- Severe damage to the stomach, oesophagus, teeth, salivary glands and bowel

Binge Eating Disorder

Binge Eating Disorder shares some of the characteristics of bulimia; the essential difference is that the person binges but does not purge, or compensate for consumed food in other ways. This means that people who binge eat usually become unhealthily overweight. Some people describe their illness by saying that they use food as a comfort or to escape difficult underlying feelings. Food ‘smothers’ their feelings, but the effect is temporary and often followed by increased shame and disgust with themselves for their lack of control. Binge Eating Disorder has only recently been considered a separate eating disorder, and tends to affect adults, rather than children and young people.

Signs of binge eating disorder:

- Eating much more rapidly than usual
- Eating until feeling uncomfortably full
- Eating when not hungry

- Eating alone because of embarrassment about the quantities of food consumed
- Feeling out of control around food
- Feeling very self-conscious eating in front of others
- Shame, depression, and guilt after bingeing
- Sufferer does not engage in purging or other compensatory behaviours, e.g. exercise

Long-term effects of binge eating:

- High blood pressure, high cholesterol
- Obesity, diabetes, heart disease

Eating Disorder Not Otherwise Specified (EDNOS)

Sometimes a person with an eating disorder will be given a diagnosis of Eating Disorder Not Otherwise Specified – EDNOS. This is a medical term that is used for someone who has some, but not all of the medical symptoms of either anorexia or bulimia, or a mixture of both types of the illness. EDNOS can be just as serious as anorexia or bulimia and should not be seen as a more trivial illness. EDNOS is the most common type of eating disorder and counts for 50% of cases.

What can I do if I'm worried about someone?

It is very natural to be worried about what to do for the best if you are concerned that someone you know or care about may have an eating disorder. People who have been in this situation say they were worried about saying the wrong thing; making the situation worse in some way; or of getting it wrong by falsely accusing someone of having an eating disorder when they don't.

What we also know is that everyone we have spoken to who has recovered from their eating disorder says how very grateful they are that someone DID notice, DID speak to them, DID feel they were worth helping – even if at the time their own reaction gave a very different impression.

Remember – the sooner help is found for someone suffering with an eating disorder; the more likely they are to recover. You reaching out and showing a compassionate concern could be just what it takes for someone to have the courage to get that help, accepting that support.

You may be worried about a partner, brother or sister, work colleague, friend or employee. Eating disorders

thrive on secrecy and rely on staying hidden, so making every attempt to break the silence is the right thing to do.

The disorder will not go away by itself, so although talking about it may be difficult, it can often be an essential first step.

An eating disorder is an illness, not a crime, so you are not accusing anyone of anything shameful or wrong.

When you first talk about your worries and concerns, try to prepare what you will say, and how you will say it. Find a time when both of you are feeling neither angry nor upset, and somewhere you will not be interrupted. Try to explain that you have noticed the changes in their behaviour, that you are concerned and want to help.

Remember it's not about food, it's about feelings, so try not to talk about diets and weight loss. Be honest about your own feelings and encourage the person you are helping to be honest about theirs.

Here are some tips for approaching someone who you think or know has an eating disorder:

- Get some help for yourself first by talking to a friend or professional about your concerns
- Prepare what you want to say, and how you're going to say it
- Choose a place where you both feel safe and won't be disturbed
- Choose a time when neither of you is angry or upset – avoid any time just before or after meals
- Don't be disheartened if you're met with a negative reaction. Understand that the illness affects how someone thinks and can prevent them from being able to truly believe there is anything wrong with them
- Be aware that they're likely to be feeling guilty, ashamed and very scared
- Be prepared for them to be angry and emotional, or even to say hurtful things
- Don't label them or attempt to trick them into saying they have an eating disorder
- Use "I" sentences ("I am worried as I've noticed you don't seem happy") instead of "you" sentences ("you need to get help")
- If they can acknowledge that they have a problem, offer to help them by going to see their GP with them for example
- Have some information about eating disorders to hand – refer to them if the person is able to talk about it, or leave resources behind for them to look at on their own
- If they are not ready to talk about their problem, reassure them that you'll be there when they are. Don't leave it too long before broaching the subject again
- Get young children into treatment. Be persistent and don't give in or wait until they are ready

"It is an illness that is hard to understand if you haven't actually had it so it's important to break the stigma early with family and friends."

What is the treatment for eating disorders?

Visiting the GP

The role of the GP is crucial in early detection of an eating disorder so visiting the family doctor is the first thing to do. You may be taking your child, discussing your worries about a family member you care for (with or without them present); encouraging a young adult to go or accompanying a friend or colleague.

Whatever the reason for your visit book a double appointment – eight minutes is the regular amount of time for each GP appointment, and you may need more time to talk.

If you are worried that you may have an eating disorder yourself, try to get someone to go with you; even if they sit in the waiting room. You are entitled to confidentiality, so even if you attend the same doctor as other family members, the GP can't discuss your details with them without your agreement if you are over 16.

What to expect from your GP

- They listen to you and are kind and compassionate
- They take what you have to say seriously
- You are given the time to explain what your worries and problems are

If you are visiting the GP because you are worried about yourself, the doctor might ask you about what you are eating and whether you are making yourself sick or taking laxatives. Be as honest as you can. You have taken the hardest step by asking for help, so take it – you deserve it!

They may weigh you and measure your height, so agree to this if you possibly can. You don't have to be told how much you weigh. Ask to stand backwards on the scales if you feel you may be frightened by the numbers. They may also order some blood tests or an ECG which measures your heart rhythms.

Write down beforehand and during the consultation any questions you may have for the doctor and think about taking notes of anything they may tell you. If you are anxious or upset it can be difficult to concentrate and remember everything.

Some questions you might like to consider:

- What kind of help can I get for my problem? (A diet sheet and advice to 'eat more' isn't enough)
- What would any treatment involve?
- Where would I have to go to get that help?
- Is there a waiting list? If there is – how long is it and what can I do in the meantime?
- Is there any other information you can give me about eating disorders?

Treatment is very individual and no one intervention will be effective for everyone.

NICE (National Institute of Clinical Excellence) Guidelines recommend treatments which are based on thoroughly

"The first time I went to see my GP for help I was really worried that my mind would go completely blank and I wouldn't be able to tell her everything I wanted to or ask all the questions I had. I wrote myself a list of bullet points which I kept with me to use if I needed to."

researched evidence on what is effective – so asking any treatment provider whether NHS or private if they offer treatments based on NICE Guidelines is always a good starting point.

The main recommendations are that psychological (talking) therapies work best and that dietary advice is not enough on its own.

Treatment in the NHS is based on 'care pathways', and these should be adapted to meet individuals' needs and circumstances. Family members and carers should be involved as much as is practicable.

Assessment

If your GP considers you have an eating disorder, they should send you for an assessment by a specialist eating disorders team. This will involve checking your physical health and mental wellbeing and will work out what treatment options are best for you.

How quickly an assessment is arranged also depends on how serious your GP considers your eating disorder already is. An emergency assessment should be done within 24 hours, and if someone is seen for the first time in a very dangerously ill state, then immediate admission to A&E can take place. Non urgent cases may involve a wait for an assessment. Ask the GP how long it will take for an assessment to be arranged. The assessment will be carried out by a psychiatrist, psychologist or nurse specialist.

Next Steps

- Support and care from your GP can include access to psychological therapies available from the GP practice
- Community Mental Health Team – a mental health nurse and psychologists with access to psychiatrists. This usually involves routine individual appointments at a clinic or in some cases by visits to your home

Some Community Mental Health Teams provide group support and group therapies too. Most people will get their treatment and support either from the GP or CMHT.

Children and young people up to the age of 16 (or 18 in some areas) will get their community based treatment from Child and Adolescent Mental Health Services (CAMHS). Not all CAMHS teams have an eating disorders specialist working with them so always check and ask if CAMHS treatment will include expertise in eating disorders.

Outpatient treatment at a hospital clinic where eating disorders specialists work, is another treatment option, usually for people who need more support than a community based team can provide. Outpatient treatment can be offered alongside community based support too. Outpatient appointments will typically be with a psychiatrist or psychologist and can vary from several times a week to once a month dependent on need.

For the more severe cases, where someone's physical health is also at risk, or they have not made progress to recovery within community or outpatient treatment, then **inpatient care** may be necessary. This means being admitted for treatment and could be in a hospital or special eating disorders unit. Some people are admitted to a general psychiatric hospital and this can be less than ideal unless there is access to an eating disorders specialist. Some may also be admitted to an acute medical ward if that is their greatest need.

Inpatient treatment is the last resort and doctors and therapists will take every effort to avoid the need to admit someone as an inpatient. This is because in all but the most serious, medically risky cases, being treated either at home or else in your local community has the best results for most people.

“Those three months I spent as an inpatient were the hardest of my life but they gave me the strength to fight, which I needed as the battle did not start properly until I was discharged. Those three months also gave me the tools and confidence to help me see life in a new way.”

Private treatment is also available and can be paid for through health insurance or by individuals and their families. Involving your GP, even if you are considering private treatment, is recommended as this provides some safeguard in the rare event that treatment is not of the highest standard.

Private treatment is available from individual therapists and counsellors as well as from clinics and hospitals. Always make sure that any private healthcare professional is registered with an appropriate body, is qualified, and experienced in the treatment of eating disorders.

Questions you should ask any NHS or Private treatment provider:

- What will the treatment involve?
- What are the treatment goals?
- What are the expected outcomes?
  How many people get better?
  How quickly?
  And how is it measured?
- How do they know what they are doing works?
- If it is a Private treatment provider, how much will treatment cost?

There are also **self help** options including online and face to face support groups which can be used in conjunction with treatment or on their own.

The main aims of any treatment for eating disorders are:

- To treat any medical problems
- To develop healthy eating behaviours and maintain a healthy weight
- To learn healthier ways of coping

See the glossary for descriptions of the main types of treatment for eating disorders.

Sometimes people with eating disorders are unable to believe that they are very seriously ill and can even refuse to accept treatment. It is possible for someone to be treated against their wishes, but this is done very rarely, and only with very strict legal processes in place.

It is usually called being ‘sectioned’, because it is a section of the Mental Health Act 1983 that has to be applied. The law means someone’s life has to be at risk, and they are not capable of deciding about their treatment because of their mental illness. Children under the age of 16 can be treated against their wishes if their parents or guardians give consent under the Children’s Act 1989.

It is possible for children younger than 16 to be declared competent to make decisions about their own medical treatment, including refusing to accept it. This difficult and challenging part of eating disorders treatment is thankfully very rare and special advice should always be sought in these cases.

Eating disorders in education

Teachers and staff in schools and colleges are well placed to spot the early signs of an eating disorder because of their daily contact with young people at the ages of greatest risk. Educational establishments can take steps to address eating disorders at several levels with policies and practices; in their curricula and with individuals at risk.

Policies that address health and wellbeing; aim to prevent bullying; establish liaison with health services and set in place appropriate training and development for staff are strongly recommended. Bullying is a particular risk factor in the development of eating disorders since it lowers self esteem and low self esteem is a key feature of an eating disorder. Bullying doesn't have to be about weight and shape to have this effect, but if it is, the effect is more marked. Fat teasing sounds harmless but it isn't and needs to be stopped, promptly.

There are many areas of the curriculum where topics related to eating disorders can be included. Personal, Social Health and Economic Education (PSHE), media studies, physical education, drama and creative work all provide opportunities. Including emotional literacy, building resilience and positive body image into lessons is particularly useful, as is covering media literacy and the way images are digitally manipulated in advertising.

Individual pupils with eating disorders will require particular attention to their educational and pastoral needs. Adapting the learning environment to accommodate their reduced concentration spans or physical strength may be necessary. People with eating disorders can have a strong drive for perfectionism and this can be evident in their academic work – with excessive neatness, increased anxiety about making errors and a tendency to become inflexible in thinking. Handwriting sometimes decreases in size to minute proportions.

Teachers may notice increased social isolation and concentration levels will diminish if eating is very restricted. The brain requires a minimum of 500 calories a day and higher functions such as abstract thought get 'switched off' if insufficient fuel is reaching them.

Pupils may have high expectations of their academic performance and examination success can be seriously compromised when someone has an eating disorder. Health must come first and this can mean pupils being withdrawn from examinations in order to undergo intensive treatment. The motivation of being well enough to take exams can help someone accept that treatment is necessary.

Liaison with healthcare teams if a pupil is receiving treatment is important. Most young people are treated in the community, remain at home and continue to attend school throughout their treatment. If it is necessary for someone to be admitted to inpatient care, then plans need to be in place to reintegrate them when they are discharged and able to return to school. The multi-disciplinary teams involved in providing treatment should include educational staff.

The transition from school to college or university is a time of heightened risk if someone has an eating disorder and also needs to be carefully managed.

Moving on to college or university can bring new challenges above being away from home, making new friends and taking on new academic demands for someone with an eating disorder. Being away from family and familiar contacts can make it harder for anyone who is struggling more than usual with their eating disorder. New friends may not notice the warning signs, or know what to do.

The added anxiety of being in an unfamiliar environment, with increased pressures for achievement can raise the risks. Cooking for yourself, or finding enough 'safe' foods served at the student catering can be difficult. Providing continuity of healthcare for someone receiving treatment is another concern, as new GPs and other health support workers become involved.

Eating disorders in the workplace

Employers with staff, customers or clients who are young people or parents of young people will certainly include people affected by eating disorders – but do remember that anyone at any age can develop this illness. As with educational establishments, there are some simple policies and practices that can be put in place to address this issue.

Staff who develop or have an eating disorder may require lengthy treatment or absence to attend appointments. They may need to have their working arrangements in terms of hours or responsibilities altered to take their health needs into account. Staff with managerial or supervisory responsibilities will benefit from understanding how best to support someone with an eating disorder.

Being the parent or partner of someone with an eating disorder is a very demanding situation and can take its toll on their physical and mental wellbeing too. Being able to accompany a child or partner to attend appointments or family therapy sessions is vital, and flexible working practices that can accommodate this are extremely beneficial.

If your business involves the retail side of food, clothes, sport, or exercise – you could consider the impact of eating disorders on your customers and clients. None of these areas cause eating disorders, but addressing the issues in a sensitive, informed and compassionate way can make all the difference. Staff who have some understanding of your customers needs will give you a competitive advantage.

Is recovery from an eating disorder possible?

Eating disorders are treatable conditions and full recovery is possible. The sooner someone gets the treatment they need, the more likely they are to make a full recovery.

Recovery means different things to different people; it is as individual as an eating disorder. For some people it can mean complete freedom from any eating disorder thought or behaviour again. For others it can mean learning when they are vulnerable to these thoughts and feelings, and learning how to manage them in healthy ways.

Frances: "I was admitted to a residential treatment centre for anorexia and bulimia for three months. During my stay there I gained so much love and support from the therapists, nurses, volunteers and most importantly my family. For the first time in such a long time I started to appreciate my life and everything I was given. The voice inside my head telling me I was worthless and needed to lose weight started to lose its overwhelming power over me and a new freeing voice was allowed to be heard.

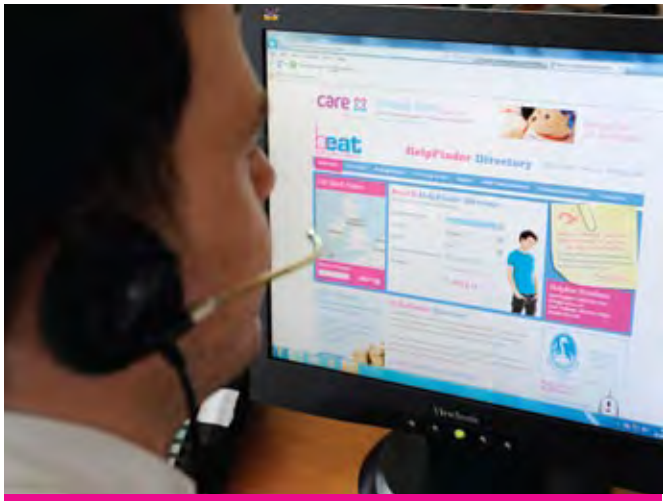
Since then I have had a total new lease of life, I enjoy food again, love cooking and many aspects of food. I am able to enjoy what I really love in life again and every day I overcome new hurdles in my recovery. For me recovery is an ever-flowing process but I now know that I truly have the ability to choose my way of life, rather than having it chosen for me."

Katie: "I am 25 now and have been completely free of an eating disorder for over a year and I can honestly say that I live my life everyday without even giving a second thought to food or my weight. I eat what I want when I want to, I enjoy it and I am happy with my body! All I would say to anybody reading who is struggling, keep going! It doesn't feel like it but it can and does change! It's hard but the life you have after going through the hard part is so much better and so worth it!"

Jonathan: "Having spent the last few years reflecting on what happened to me while I was ill, I now know two things. The first is that I found something that meant more to me than my illness and it was this that released me from the dark phase of my life. The second is that recovery is incredibly difficult to define and takes a different meaning in each of us. As time goes on, and life serves up its testing cocktail of challenges and stresses, I'm learning how to be in control more of the time. I will always worry about food more than the average person but, as long as I keep this worry under control, I can use it to my advantage. I want people to hear my story because, although it may not appear obvious on the surface, I have been in that dark place. I know what it's like. An eating disorder robbed me of a potentially brilliant part of my life. But I'm lucky enough to be able to enjoy my life now. I know some people are not so lucky."

Becky: "Anorexia is a disorder, and that disorder lies. I have spent the last few years trying to ignore that voice and its constant critique, and sometimes I've given in and relapsed; but I've got myself back on my Recovery Road. I call my recovery, Recovery Road as I believe it's a journey; it's about getting my life back and finding myself again. I've been masked by anorexia for so long; life has passed me by. I know now that I want a life, I know I want to recover and I definitely know that I do not want anorexia to be a feature in my life."

How Beat can help



Helplines

Help for adults

t: **0845 634 1414**
e: **help@b-eat.co.uk**

Monday to Friday 10.30am - 8.30pm,
Saturday 1.00pm - 4.30pm

The Beat Helpline is open to anyone over 18 who needs support and information relating to an eating disorder including sufferers, carers and professionals.

Help for young people

t: **0845 634 7650**
e: **fyp@b-eat.co.uk**
text: **07786 201820**

Monday to Friday 4.30pm – 8.30pm,
Saturday 1.00pm – 4.30pm

The Beat Youthline is open to anyone 25 or under and we offer a call back service if you want to save the cost of a call.

The Beat Network: Self Help and Support Groups

We have groups across the UK providing an opportunity for anyone with eating distress in various stages of their illness and recovery, or carers, families and friends, to meet people who may be in a similar situation. People support each other by sharing experiences, thoughts, successes and problems or by simply listening. Each group is facilitated by at least two Beat registered Group Facilitators.

“I went along to a group and for the first time spoke out loud. I’m not ashamed to say that tears were plentiful and emotions were sky high. Over the next few months the group helped me begin to understand and accept.”

Live chat

Live chat is Beat’s online service where you can talk to others who are in a similar situation in real time. The chats are facilitated by an experienced Beat moderator who checks everything that is posted before it is shared.

Message boards

The message boards are for sufferers and carers and provide a place where you can seek day to day support in a non-judgemental and understanding environment. The boards are moderated and there is a guide on how to use them on the website.

“These boards are a calm safe place for us all. I really don’t think I could have ever got this far without them.”

HelpFinder

HelpFinder is an online directory of organisations and individuals providing support to people affected by eating disorders in the UK and around the world. Listings include NHS services as well as those provided by voluntary organisations, private healthcare providers, counsellors and therapists. HelpFinder also includes contact information for the Beat Network.

Glossary

Approved Mental Health Practitioner

An Approved Mental Health Practitioner will sometimes get involved when you are unwell, to help decide whether you need to be sectioned. They will also talk to you about what you feel will help you cope better in everyday life, with your family and friends.

Body Mass Index (BMI)

BMI is calculated by dividing weight in kilograms by height in metres squared. It is a way of seeing if a person's weight is appropriate for their height. World Health Organisation classifications:

- under 18.5 underweight
- 18.5 - 24.9 normal
- 25.0 - 29.9 over weight
- Over 30 obese

Cognitive Analytic Therapy (CAT)

A psychological treatment in which a therapist works with a person to help them to make positive changes in their lives, and to build a future. This can require understanding what has prevented them from making changes in the past and improving the ways they cope with problems. CAT is 'analytic' in the sense that it explores unconscious motivations.

Cognitive Behavioural Therapy (CBT)

CBT is the most common therapy used for eating disorders. CBT is a form of therapy that is designed to help people to establish links between their thoughts, feelings or actions and their current or past symptoms and to re-evaluate their perceptions, beliefs or reasoning about their symptoms.

Co-morbidity

Co-morbidity is the presence of two or more disorders at the same time.

Counsellor

A counsellor is someone who has had specialist training to work with people to help them resolve their difficulties without judging. There are many different types of counselling approaches. They don't tell you what to do, they let you find your own way of dealing with your problems and moving forward.

CPN (Community Psychiatric Nurse) / CMHN (Community Mental Health Nurse)

These nurses provide support and guidance when someone is unwell. They help you with medication and can help signpost other resources.They also help family members and carers to understand and cope with the illness.

Dietician

A dietician is able to give advice on issues relating to food and eating habits. They will help sufferers develop and follow a sensible meal plan and to become a more healthy weight for their height.

Electrocardiograph (ECG)

A test that records the electrical activity of the heart. It can measure the rate and regularity of the heartbeats, the presence of any damage to the heart, or the effects of drugs used to regulate the heart.

Family therapy

Family therapy helps families to understand each other's differences and develop ways they can work together and help each other.

Focal psychodynamic therapy

Focal psychodynamic therapy works at identifying and focusing on a central conflict or difficulty in a person's early life that is having an impact on that person's current problems.

General practitioner (GP)

GPs are family doctors who provide general health services to the local community. They are usually the first place people go with a health concern.

Genetics

Genetics deals with how you inherit your physical and behavioural characteristics.

Inpatient

A person who is having tests or treatment while staying in hospital.

Interpersonal therapy (IPT)

IPT helps to look at the way you interact with others and how this affects the way that you feel.

Sources of help

Modified Dialectical Behaviour Therapy (DBT)

DBT is similar to CBT but differs in the way that it helps you to accept how you are but also how you can change.

Multi-disciplinary team (MDT)

A MDT is a group made up of a range of health and social care workers.

Neuroscience

Neuroscience is the study of the nervous system, in particular the brain.

Outpatient

A person who has appointments at a hospital clinic but does not need to stay overnight.

Pro-anorexia and pro-bulimia websites

Pro-anorexia ('pro-ana') and pro-bulimia ('pro-mia') websites advocate eating disorders as a life style choice and not a serious mental illness. They often contain information on how to maintain the illness and avoid treatment.

Psychiatrist

Psychiatrists will talk to sufferers about their thoughts and feelings and help them to think in a more healthy way. They can also decide whether there is any medication they can prescribe to help. Psychiatrists can also treat other problems or co-morbidities, such as depression, anxiety, obsessive-compulsive disorder or bipolar disorder.

Psychologist

A psychologist will use their knowledge of science and research to help sufferers work out why they are thinking and feeling a certain way and how they might change.

Psychotherapist

A psychotherapist can help sufferers learn how their thoughts connect to their way of dealing with problems and situations and help them to learn a way of thinking differently and dealing with them in a positive rather than a negative way.

Triggering

Certain words, subjects and images can have the impact of triggering negative thoughts and feelings.

Carers Direct

An NHS service providing information, advice and support for carers.
www.nhs.uk/carersdirect
0808 802 02 02

Carers Trust

Carers Trust works to improve support, services and recognition for anyone living with the challenges of caring, unpaid, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.
www.carers.org

Citizens Advice Bureau

The Citizens Advice Bureau provides free, independent, confidential and impartial advice to everyone on their rights and responsibilities.
www.citizensadvice.org.uk

Cruse bereavement care

Cruse Bereavement Care provides free care to all bereaved people as well as information, support and training services to those who are looking after them.
www.crusebereavementcare.org.uk
0844 477 9400
helpline@cruse.org.uk

Institute of Psychiatry

The Institute of Psychiatry (IoP) is Europe's largest centre for research and post-graduate education in psychiatry, psychology, basic and clinical neuroscience.
www.iop.kcl.ac.uk

Mind

Mind provides advice and support to empower anyone experiencing a mental health problem and campaigns to improve services, raise awareness and promote understanding.
www.mind.org.uk
0300 123 3393
info@mind.org

NHS Choices

NHS Choices provides information on conditions, treatments, local services and healthy living.
www.nhs.uk

National Institute of Health and Clinical Excellence (NICE)

NICE sets standards for quality healthcare and produces guidance on medicines, treaments and procedures.
www.nice.org.uk

Patient Advice and Liaison Services (PALS)

An independent facilitator to handle patient and family concerns with NHS services.
www.pals.nhs.uk

Rethink

Rethink provides information, services and a voice for everyone affected by mental illness – challenging attitudes and changing lives.
www.rethink.org
0300 5000 927
info@rethink.org

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