

Eating disorders

This factsheet is about eating disorders, their symptoms and treatment. This information is for people who are 18 or over and affected by mental illness in England. It is also for their loved ones and carers, and anyone interested in this subject.

Key Points.

- You use food to try to manage your feelings if you have an eating disorder.
- You have an unhealthy relationship with food and weight. This might include eating too little or too much.
- There are different types of eating disorders.
- You have an unhealthy relationship with food and weight. This might include eating too little or too much.
- Anyone of any age, gender, or ethnicity can develop an eating disorder.
- Eating disorders can lead to serious physical health problems.
- Treatments for eating disorders can include medication, talking therapies and family therapy.

This factsheet covers:

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2. [What are the different types of eating disorders?](#)
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1. What are eating disorders?

An eating disorder is a mental illness.¹

Anyone can develop an eating disorder. It does not matter what your age, gender, social class, or ethnicity is, or where you live.^{2,3}

If you live with an eating disorder you:

- might use food to try to manage your feelings,
- will have an unhealthy relationship with food,
- might be eating too much or too little,
- might eat a lot of food in one sitting,
- can worry about your weight or body shape, or
- might become obsessed with food and your eating patterns.

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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.

What is anorexia nervosa?

Anorexia nervosa is usually just called anorexia.

If you live with anorexia you:

- limit how much you eat and drink,⁴
- may think about or see your body differently to the way others do,⁵
- may fear gaining weight,⁶ and
- might not listen to people when they encourage you to eat more.

Symptoms that affect behaviour ⁷	Physical signs ⁸
<ul style="list-style-type: none">• Strict dieting. Such as counting calories in food a lot, avoiding food you think will make you fat and eat only low-calorie food.• Keeping your food habits secret. Such as hiding food, lying about what you have eaten and avoiding eating with other people.• Using laxatives to get rid of food you eat. Laxatives are a type of medicine that are usually only used to help you	<ul style="list-style-type: none">• Feeling weak and having less muscle strength.• Finding it hard to think clearly or concentrate.• Dizzy spells.• Finding it hard to poo, 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.

<p>poo if you are having trouble going to the toilet.</p> <ul style="list-style-type: none"> • Take pills to lessen your appetite, such as diet pills. • Over exercising and get upset if something stops you from exercising. • Becoming isolated from other people. • Making yourself sick. This is known as purging. 	<ul style="list-style-type: none"> • Setting high standards and being wanting things to be perfect. • Sleeping problems. • Being in a bad temper or moody. • Periods can stop, become be not regular or do not start at all. • Loss of interest in sex.
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You can read more about Anorexia nervosa on **BEAT**'s website here: www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/anorexia

What is bulimia nervosa?

Bulimia nervosa is usually just called bulimia.

If you live with bulimia you:⁹

- have an unhealthy eating cycle,
- may eat a lot of food in a short period. Then do something to yourself to get rid of the food you have eaten,
- may make yourself vomit, take laxatives or over exercise, and
- may feel out of control when eating food.

The eating is called 'binging' and what you do after is called 'purgung'.¹⁰

You may have an average or above average body weight. This may mean other people do not notice you are having these problems.¹¹

Symptoms that affect your behaviour ^{12,13}	Physical signs ¹⁴
<ul style="list-style-type: none"> • Eating large amounts of food and feeling out of control. This is known as bingeing. • Feel guilty or shame after bingeing and purging. • Spending a lot of time thinking about food. • Not able to control your eating. 	<ul style="list-style-type: none"> • Calluses on the back of your hand. These are caused by forcing yourself to be sick. • Stomach pain, bloating and finding it hard to poo. • Gastric problems. • Being tired and not having energy. • Periods may stop or are not regular. • Your weight changes often.

<ul style="list-style-type: none"> • You may think about or see your body differently to the way others do. • Have mood swings. • Do your bingeing and purging in secret. • Feel anxious and tense. • You might also live with depression, low self-esteem, alcohol misuse or self-harm. • You might disappear soon after eating to purge. 	<ul style="list-style-type: none"> • Hands and feet swelling. • Damage to teeth.
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You can read more about Bulimia nervosa on **BEAT's** website here: www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/bulimia

What is binge eating disorder (BED)?

If you live with BED you: ¹⁵

- will eat a lot of food in a short period of time on a regular basis,
- will not feel in control of your eating, and it is likely to cause you distress, and
- may not feel connected from what you are doing while you are binge eating, and
- find it hard to remember what you have eaten.

Symptoms that affect your behaviour ¹⁶	Physical signs ¹⁷
<ul style="list-style-type: none"> • Eat faster than normal during a binge. • Eat when you are not hungry and until you feel very, very full. • Eat alone or in secret. • Have feelings of guilt, shame or disgust after binge eating. • Low self-esteem, depression and anxiety. 	<ul style="list-style-type: none"> • Overweight for your age and height. • Tiredness and difficulty sleeping. • Find it hard to poo. and bloating.

You can read more about binge eating disorder on **BEAT's** website here: www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/binge-eating-disorder

What are other eating disorders and eating problems?

What is other specified feeding and eating disorder (OSFED)?¹⁸

OSFED means you have symptoms of an eating disorder. But you do not have all the typical symptoms of anorexia, bulimia or binge eating disorder.

You could have a mixture of symptoms from different eating disorders. This does not mean that your illness is less serious.

It used to be known as eating disorder not otherwise specified (EDNOS).

You can read more about OSFED on **BEAT**'s website here:

www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/osfed

What is orthorexia?¹⁹

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 an obsession.

You may become socially isolated because you plan your life around food. It can lead to unhealthy eating and things like not enough nutrition.

Orthorexia is not a recognised mental health diagnosis. But many people experience its symptoms.

You can read more about Orthorexia on **BEAT**'s website here:

www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/other-eating-feeding-problems/orthorexia/

What is pica?²⁰

If you live with pica you eat things that are not food, like chalk, paint, stones or clothing. There are usually no nutrients in these items.

Some objects will pass through your body without harm. But, pica can be very dangerous. It can lead to health concerns such as dental and stomach problems.

Researchers still do not properly 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.

You can read more about pica on **BEAT**'s website here:

www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/other-eating-feeding-problems/pica

What is rumination disorder or 'chew and spit'?²¹

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

You might bring up partly digested food without effort or feeling sick, like when you have a stomach bug.

You can read more about rumination disorder on **BEAT**'s website here: www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/other-eating-feeding-problems/rumination-disorder

What is avoidant restrictive food intake disorder (ARFID)?²²

If you have ARFID you may only eat certain foods and may not try others. This is common in young children. But the problem can continue into adulthood.

Although it is an eating disorder, people with ARFID are not usually preoccupied with thoughts about managing their weight.

People with ARFID may have sensitivity to certain food smells, textures, or food types. They may find eating certain foods very distressing because of these issues.

ARFID is more common in people who have anxiety, ADHD, or autistic spectrum disorder.

People with ARFID may find it hard to maintain a healthy weight. They may experience the effects of malnutrition.

Research is still being done on ARFID and how to treat it. But treatment may involve a combination of, talking, therapy, exposure therapy, nutritional management, and medication.

You can read more about ARFID on **BEAT**'s website here: www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/arfid

What is diabulimia?²³

Diabulimia only affects people with type 1 diabetes. You reduce or stop taking your insulin to try to lose weight. If you have type 1 diabetes you need your insulin to live.

Diabulimia is not a recognised medical term, but it is what people call it. Health care professionals call it T1DE or type 1 diabetes and disordered eating.

You can read more about T1DE on **BEAT**'s website here: www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/type-1-diabetes-with-an-eating-disorder

What is body dysmorphic disorder (BDD)?²⁴

People who live with BDD have negative thoughts about their appearance. They can have repeated bad thoughts about their bodies.

This can be related to eating disorders, as it can lead to obsessive worries about weight.

People with BDD may avoid social situations or spend a lot of time and money on their appearance.

Although BDD is not an eating disorder, it can lead to harmful behaviours such as disordered eating.

You can read more about BDD on **Mind's** website here:
www.mind.org.uk/information-support/types-of-mental-health-problems/body-dysmorphic-disorder-bdd/about-bdd

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3. How are eating disorders diagnosed?

Doctors use guidelines for diagnosing different mental health conditions, such as eating disorders. When deciding on a diagnosis doctors will look at these guidelines.

They will look at what symptoms you have, and how long you have had these for.

The main guidelines are:

- **International Classification of Diseases (ICD-11)**, produced by the World Health Organisation (WHO), and
- **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:²⁵

- ask about your feelings, thoughts, and behaviours,
- see if there has been any rapid weight loss,
- check if your body mass index (BMI) is too high or too low,
- ask you about any diets that you are on,
- listen to the concerns that your family or carers have about your eating behaviour, and
- think about different reasons for your symptoms.

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4. What causes eating disorders?

There is no single reason why someone develops an eating disorder.

Some people believe that eating disorders develop because of social pressures to be thin.²⁶ Social pressures include things like social media and fashion magazines.

Others believe it is a way to feel in control.²⁷

The exact causes of eating disorders are not known. But it is thought that psychological, environmental, and genetic factors can make them more likely to develop.^{28,29,30}

Psychological factors could be:

- being vulnerable to depression and anxiety,
- finding stress hard to handle,
- worrying a lot about the future,
- being a someone who likes everything perfect,
- controlling your emotions,
- having obsessive or compulsive feelings, or
- a fear of being overweight.

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, like dancing or athletics.

Genetic factors could be:

- family history of eating disorders, depression, or substance misuse.³¹

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

You can ask for help 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 are not ready to ask for professional help speak to someone that you trust, like a friend or relative. You could also ask confidential charities such as **BEAT** for advice. You can find their contact details in the [Useful contacts](#) at the end of this factsheet.

You can find more information about '**GPs and your mental health**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

6. What treatment should I be offered?

What treatments are there for eating disorders?

There are different types of psychological treatments for eating disorders. You may be offered a combination of these.

All of the treatments will include guided self-help or psycho-education.³²

Medication should not be offered as the only treatment for any eating disorder.³³

Physical treatments like acupuncture, weight training and yoga should not be offered as treatment for eating disorders.³⁴

What are guided self-help programmes?

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.

What is psycho-education?

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

What are the NICE guidelines?

NICE produce guidelines for how health professionals should treat certain conditions.

You can find the NICE guidelines on eating disorders here:

www.nice.org.uk/guidance/conditions-and-diseases/mental-health-behavioural-and-neurodevelopmental-conditions/eating-disorders

What is the treatment for anorexia?

When treating anorexia, a key goal is for you to reach a healthy weight.

Your support should include the monitoring of your weight, mental and physical health, and any risk factors. It should involve your family members or carers.³⁵

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.³⁶

Individual eating-disorder-focused cognitive behavioural therapy (CBT-ED)³⁷

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)³⁸

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)³⁹

This therapy will usually be 20 or more weekly sessions.

This will depend on how bad your anorexia is. It 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)⁴⁰

You will only be offered FPT if:

- individual CBT-ED, MANTRA or SSCM has not worked, or
- your doctor thinks that the other therapies should not 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,
- the beliefs, values, and feelings that you have about yourself,
- your relationships, 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?

Bulimia-nervosa-focused guided self-help⁴¹

You should be given cognitive behavioural self-help materials and short supportive sessions.

So, you may be given between 4 and 9 sessions of 20 minutes. These should be weekly at first.⁴²

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

You should be offered individual CBT-ED if:⁴³

- the self-help programme has not worked, or
- your doctor does not think it should be used.

Individual CBT-ED for adults with bulimia 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.⁴⁴

What is the effect on body weight of psychological treatments for bulimia?

NICE Guidelines on eating disorders say psychological treatments for bulimia have a limited effect on body weight.⁴⁵

What is the treatment for binge eating disorder (BED)

Binge-eating-disorder-focused guided self-help programmes⁴⁶

You should be given cognitive behavioural self-help materials. And you should be given short supportive sessions.

So, you may be given between 4 and 9 sessions of 20 minutes. These should be weekly at first.⁴⁷

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

You should be offered group CBT-ED if:⁴⁸

- the self-help programme has not worked, or
- your doctor does not think it should be used.

Group CBT-ED is usually 16 weekly sessions of 90 minutes 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.⁴⁹

Individual CBT-ED for adults with BED⁵⁰

Your doctor could offer you individual CBT-ED if:

- group CBT-ED may not be available in your area, or
- you decide that you do not want group therapy.

You will have individual sessions with your therapist. You will usually have 16-20 sessions.

You will work with your therapist to understand what makes you binge eat.

What is the effect on body weight of psychological treatments for BED?⁵¹

Psychological treatments for BED have a limited effect on body weight. Weight loss is not the aim of the therapy. But doctors can give you advice on weight loss.

What is the treatment for other specified feeding and eating disorder (OSFED)?⁵²

There is no specific treatment for OSFED.

You should be offered the treatments recommended for the type of eating disorder your symptoms are most like.

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

If you are not happy with your treatment you can:

- talk to your doctor about your care and treatment,
- ask for a second opinion,
- get an advocate to help you speak to your doctor,
- contact Patient Advice and Liaison Service (PALS) [www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363), or
- make a complaint.

You can find more information about:

- Second opinions – About your mental health diagnosis or treatment
- Advocacy for mental health – Making your voice heard
- Complaining about the NHS or social services

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

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

Your life may be at risk if your condition is very bad because of your eating disorder.

Medical professionals might think you need:

- a certain treatment approach, or
- to be in hospital.

But you might not agree with these things, or you might find them very difficult.

You could be detained in hospital and treated against your will under the Mental Health Act.⁵³

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

Medical professionals usually understand that for people experiencing eating disorders, the following are important for recovery:⁵⁴

- being motivated, and
- working with professionals on treatment and to achieve goals.

So, professionals will only detain you under the Mental Health Act as a last resort if you are very unwell.

Doctors will look at risk to decide if you need to be detained in hospital.

They will look at many factors including:⁵⁵

- body mass index (BMI),
- your weight,
- your pulse, blood pressure and core temperature,
- muscle power,
- if you have a life-threatening medical condition,
- if you have disordered eating behaviours,
- your insight or motivation,
- blood tests for things like your sodium, potassium, and glucose levels, and
- your heart rate.

Can I be force-fed?⁵⁶

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 Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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

Eating disorders are often found alongside other problems such as:

- other mental health conditions, such as depression or anxiety,
- physical health conditions, and
- drug or alcohol overuse.⁵⁷

Drug or alcohol overuse could affect your treatment. If this happens your doctor should work together with specialist services to give you additional support.⁵⁸

You can find more information about '**Drugs, alcohol and mental health**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

Anorexia

About 1 in 2 people who experience anorexia make a full recovery.⁵⁹ But relapses are common along the way. Other people improve with treatment but will still have eating problems.

Anorexia can cause:⁶⁰

- weak muscles and bones,
- problems getting pregnant,
- a loss of your sex drive,
- problems with your heart,
- problems with your brain and nerves, which may lead to seizures,
- problems with your concentration and memory,
- kidney or bowel problems, and
- a weak immune system.

Some complications may improve as your condition is treated. Others might be permanent, like a weakened immune system or heart problems.⁶¹

People with anorexia have died because of physical complications or suicide.⁶²

Bulimia⁶³

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,
- feeling tired and weak,
- missed periods or ones that are not regular,
- brittle fingernails,
- fits and muscle spasms, and
- bone problems, such as osteoporosis.

Binge eating disorder⁶⁴

Binge eating disorder can have long-term physical effects, such as:

- obesity,
- high cholesterol,
- high blood pressure,
- heart disease,
- type 2 diabetes,
- problems getting pregnant,
- problems sleeping,
- arthritis,
- joint and back pain,
- gall bladder disease, and
- damage to your stomach.

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

What about calorie labelling and eating out?⁶⁵

Many businesses that serve food must put information about calories on their menus by law. This can cause complications for a lot of people who live with eating disorders.

The eating disorders charity **BEAT** have published helpful advice and information on this. You can find it here:

www.beateatingdisorders.org.uk/get-information-and-support/get-help-for-myself/advice-for-eating-out-with-calorie-labelling

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10. Information for carers, friends, and relatives

If you are a carer, friend or relative of someone who has an eating disorder, you can get support.

How can I get support?

You can do the following.

- Speak to your GP about medication and talking therapies for yourself.
- Speak to your relative's care team about a carer's assessment.
- Ask for a carer's assessment from your local social services.
- Join a carers service. They are free and available in most areas.
- Join a carers support group for emotional and practical support. Or set up your own.

How can I support the person I care for?

You can do the following:

- Read information about eating disorders, like BEAT's '**Eating disorders, a guide for friends and family**' <https://beat.contentfiles.net/media/documents/beat-carers-booklet-1.pdf> and BEAT's webpage on '**Supporting someone else**': www.beateatingdisorders.org.uk/get-information-and-support/support-someone-else
- Ask the person you support to tell you what their symptoms are. Also, if they have any self-management techniques that you could help them with.
- Encourage them to see a GP if you are worried about their mental health.
- Ask to see a copy of their care plan if they have one. They should have a care plan if they are supported by a care coordinator.
- Help them to manage their finances.

You can find out more about:

- Supporting someone with a mental illness
- Getting help for someone in a mental health crisis
- Suicidal thoughts - How to support someone
- Responding to unusual behaviour linked to mental illness
- Carer's assessments – Under the Care Act 2014
- Confidentiality, information and your loved one
- Worried about someone's mental health
- Stress – How to cope

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

You can find more information about:

- **What benefits are available for mental health carers?**
- **Can someone else manage my money for me?**

at: www.mentalhealthandmoneyadvice.org/en

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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: <https://thenewmaudsleyapproach.co.uk>

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.

Helpline: 0808 801 0677

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

Email: help@beateatingdisorders.org.uk

Webchat: www.beateatingdisorders.org.uk/support-services/helplines/one-to-one

Helpfinder: <https://helpfinder.beateatingdisorders.org.uk>

Carer's support hub: <https://elearn.beateatingdisorders.org.uk>

Website: www.beateatingdisorders.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. They also have free online meetings.

Helpline: 01494 793 223

Email: support@eatingdisorderssupport.co.uk

Website: www.eatingdisorderssupport.co.uk

MindED All Ages Eating Disorder Hub

A new learning hub featuring tips and resources on feeding and eating disorders in children, young people, and adults. These resources are aimed at health care professionals and anyone caring for someone with an eating disorder. Includes specific resources for underserved populations.

Website: <https://mindedhub.org.uk/all-age-eating-disorders-hub>

Talk ED

Talk ED is the new name for Anorexia and Bulimia Care. They are a national charity established in 1989, providing emotional support and practical advice to anyone affected by an eating disorder in the UK.

Email: www.talk-ed.org.uk/get-in-touch

Website: www.talk-ed.org.uk/about

Eating disorder support App

The free app enables people with eating disorders, to find useful information, self-care tips and links to support - all in one place. The App was developed and co-produced with public contributors, topic experts, charities and other partners. It is evidence-informed and has been co-created with people who have lived experience of eating disorders.

The App carries the [PIF](#) tick, a sign of health information you can trust. The App is also approved by [ORCHA](#), as meeting the Digital Technology Assessment Criteria (DTAC). This gives patients, public and staff the confidence that the app meets NHS standards.

For more information visit www.expertselfcare.com or www.bristolhealthpartners.org.uk/news/empowering-individuals-with-eating-disorders-through-technology

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References

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