



Understanding eating problems

samh.org.uk

SAMH
Scottish Action for Mental Health



This resource explains eating problems, including possible causes and how you can access treatment and support. It includes tips for helping yourself, and guidance for friends and family.

Since 1923, SAMH has represented the voice of people affected by mental health problems in Scotland. We are here to provide help, information and support.

CONTENTS

What is an eating problem?	4
What are eating disorders?	9
What causes an eating problem?	16
How can I help myself?	20
What treatment is available?	28
How can other people help?	34
Useful contacts	38



WHAT IS AN EATING PROBLEM?

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

Food plays an important part in our lives and most of us will spend time thinking about what we eat. Sometimes we may try to eat more healthily, have cravings, eat more than usual or lose our appetite. Changing your eating habits every now and again is normal.

However, if food and eating feels like it's taking over your life then it may become a problem.

Lots of people think that if you have an eating problem you will be over or underweight, and that being a certain weight is always associated with a specific eating problem. This is a myth.

Anyone, regardless of age, sex or weight, can be affected by eating problems.

If you have an eating problem you might:

- restrict the amount of food you eat
- eat more than you need or feel out of control when you eat
- eat a lot in secret
- feel very anxious about eating or digesting food
- eat lots of food in response to difficult emotions (when you don't feel physically hungry)
- only eat certain types of food or stick to a rigid set of diet rules and feel very anxious and upset if you have to eat something different
- do things to get rid of what you eat (purging)
- stick to rigid rules around what you can and can't eat and how food should look – and feel very upset if you break those rules
- feel strongly repulsed at the idea of eating certain foods
- eat things that are not really food
- be scared of certain types of food or eating in public
- think about food and eating a lot or all the time
- compare your body to other people's and think about their shape or size a lot
- check, test and weigh your body a lot – and base your self-worth on how much you weigh or whether you pass your checks and tests.

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

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

An eating disorder is a medical diagnosis based on your eating patterns, and medical tests on your weight, blood and body mass index (BMI). [NHS Inform](#) has more information to help you understand how to gauge a healthy body mass index.

An eating problem is any relationship with food that you find difficult. This can be just as hard to live with as a diagnosed eating disorder.

How might eating problems affect my life?

Eating problems are not just about food. They can be about difficult things and painful feelings, which you may be finding hard to express, face or resolve. Focusing on food can be a way of disguising these problems, even from yourself.

Eating problems can affect you in lots of ways. You might:

- find it difficult to concentrate and feel tired a lot
- find that controlling food or eating has become the most important thing in your life
- feel depressed and anxious
- feel ashamed or guilty and scared of other people finding out
- feel distant from friends or family who do not know how you feel or who are frustrated and upset that they can't do more to help you
- avoid social occasions, dates and restaurants or eating in public

- find it hard to be spontaneous, to travel or to go anywhere new
- find that your appearance has changed
- find that other people comment on your appearance in ways you find difficult
- find that you are bullied or teased about food and eating
- develop short or long-term physical health problems
- find that you have to drop out of school or college, leave work or stop doing things you enjoy.

You might find that other people focus a lot on the effect eating problems can have on your body, or that they only think you have a problem if your body looks different to how they think it should be, and that they don't really understand how complicated things are for you.

It's also possible to have problems with eating and keep them hidden – sometimes for a very long time.

You might not even be sure that your issues with food and eating are a 'problem', as it may feel like just part of your everyday life. Some people don't seek help because they think their problem is not serious enough or they are not 'good enough' at their eating problem.

If your relationship with food and eating is affecting your life, it is OK to seek help. It doesn't matter how much you weigh or what your body looks like.

"I never looked 'ill'. When I read about eating disorders it was always girls with acute anorexia. Because that wasn't me, I felt like my behaviour was just a bizarre quirk I'd made up. Ironically, it felt like I couldn't even do self-destruction properly... I felt like a fraud and came down on myself harder."



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



Eating problems and other mental health problems

Lots of people with eating problems also have other mental health problems, such as [depression](#), [anxiety](#) or obsessive compulsive disorders. Food is one of many mediums through which anxiety, depression or obsessive-compulsive behaviours can be expressed. Body dysmorphic disorder is an anxiety disorder linked to body image, which can also lead to eating problems.

For some people, eating problems are linked to [self-harm](#) – you may see your eating problem as a form of self-harm, and you may hurt yourself in other ways too. For others they're related to body image and self-esteem. While for others, eating problems can be more like a phobia of certain foods.

Suicidal feelings

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

For support with these feelings you can contact the [Samaritans](#) who are available 24 hours a day. If you are under 35, you might find it helpful to talk to [Papyrus](#). You can find more information on crisis and listening services in our 'Useful contacts' section.



WHAT ARE EATING DISORDERS?

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

This section lists common eating disorders and other disordered eating diagnoses.

- Bulimia nervosa
- Anorexia nervosa
- Binge eating disorder
- Other specified feeding or eating disorder (OSFED)
- Other diagnoses related to disordered eating.

Food is one of the many mediums through which our emotions and distress can be expressed. You may have a very difficult relationship with food that impacts on your mental health, but doesn't fit into any of the current categories of diagnosis. It's also possible to experience more than one eating disorder, or to experience some symptoms from each disorder.

If your problems with eating aren't easy for your doctor to categorise, they might not give you a specific diagnosis. Even if you don't have a diagnosis, or prefer to think about your experiences in a non-medical way, you may find it helpful to understand some of the feelings and behaviours that can be associated with specific eating disorders.



Body mass index (BMI) and diagnosis

Your BMI should not be the only factor your doctor takes into account when making an assessment. Unfortunately, getting an eating disorder diagnosis and accessing treatment can sometimes be related to how much you weigh. This can be frustrating, as it's possible to have an eating problem but still not match the criteria for a diagnosis.

If you don't have an official diagnosis it can sometimes be harder to get help, but **you should not need a diagnosis to get treatment**. You should usually be offered treatment that is recommended for the eating disorder that is most like your eating problems. You'll find information about this in the treatment and support section.

Bulimia nervosa

If you experience bulimia, you may find that you eat large amounts of food in one go because you feel upset or worried (binging). You may then feel guilty or ashamed after binging and want to get rid of the food you have eaten (purging).

How you might feel:

- ashamed and guilty
- that you hate your body or that you are fat
- scared of being found out by family and friends
- depressed or anxious
- lonely, especially if no one knows about your eating problems
- very low and upset
- like your mood changes quickly or suddenly
- like you're stuck in a cycle of feeling out of control and trying to get control back
- numb, like feelings are blocked out by bingeing or purging.

What you might do:

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

What might happen to your body:

- you might stay roughly the same weight, or you might go from being overweight to underweight quite often
- you may be dehydrated, which can cause bad skin
- if you menstruate, your periods might become irregular or stop altogether
- if you make yourself sick, your stomach acid can harm your teeth and you can get a sore throat
- if you use laxatives, you could develop irritable bowel syndrome (IBS), stretched colon, constipation and heart disease.



Anorexia nervosa

If you get an anorexia diagnosis, this is because you are not eating enough food to get the energy you need to stay healthy. Sometimes people assume anorexia is just about slimming and dieting, but it is much more than this. At its core it is often connected to very low self-esteem, negative self-image and feelings of intense distress.

How you might feel:

- like you can't think about anything other than food
- like you want to disappear
- that you have to be perfect
- like you are never good enough
- lonely, especially if no one knows about your eating problems
- that by eating you lose the control you feel you need
- that you are hiding things from your family and friends
- that you are fat and your weight loss isn't enough
- very frightened of putting on weight
- angry if someone challenges you
- tired and disinterested in things
- depressed or suicidal
- anxious
- a high or sense of achievement from denying yourself food or over-exercising
- panicky around meal times.

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

What you might do:

- reduce your food intake or stop eating altogether
- count calories of all your food and spend a lot of time thinking about them
- hide food or secretly throw it away
- avoid foods that feel dangerous, like those with high amounts of calories or fat
- read recipe books and cook elaborate meals for people but not eat them yourself
- use drugs that say they reduce your appetite or speed up your digestion
- think about losing weight all the time
- exercise a lot and have strict rules about how much you need to do
- make rules about food, like listing ‘good’ and ‘bad’ foods or only eating things that are a certain colour
- develop very structured eating times
- check and weigh your body all the time.

What might happen to your body:

- you might weigh less than you should or lose weight very fast
- you might become physically underdeveloped (in particular if anorexia starts before puberty)
- you may feel weak and move slowly
- you may feel very cold all the time
- if you menstruate, your periods might become irregular or stop altogether
- your hair might thin or fall out
- you might develop fine fuzzy hair on your arms and face (called ‘lanugo’)
- you might lose interest in sex or not be able to have or enjoy it
- you may find it hard to concentrate
- your bones may become fragile and you might develop problems like osteoporosis.

Binge eating disorder

If you have binge eating disorder you might feel that you can't stop yourself from eating, even if you want to. It is sometimes described as compulsive eating. If you experience binge eating disorder, you might rely on food to make you feel better or to hide difficult feelings.

How you might feel:

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

What you might do:

- pick at food all day, eat large amounts all at once (bingeing)
- eat without really thinking about it, especially when you are doing other things
- regularly eat unhealthy food
- eat for comfort when you feel stressed, upset, bored or unhappy
- hide how much you are eating
- eat until you feel uncomfortably full or sick
- try to diet but find it hard.

What might happen to your body:

- you might put on weight
- you might develop health problems associated with being overweight, such as diabetes, high blood pressure or joint and muscle pain
- you might experience breathlessness
- you might feel sick a lot
- you might experience sugar highs and crashes (having bursts of energy followed by feeling very tired)
- you might develop health problems such as acid reflux and irritable bowel syndrome (IBS).

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

Other specified feeding and eating disorder (OSFED)

OSFED is a diagnosis that is becoming more common. In the past you may have been given a diagnosis of eating disorder not otherwise specified (EDNOS) – but this isn't commonly used any more.

If you are given a diagnosis of OSFED it means that you have an eating disorder but you don't meet all the criteria for a diagnosis of anorexia, bulimia or binge eating disorder. This doesn't mean that your eating disorder is less serious, it just means that it doesn't fit into current diagnostic categories. You might experience any of the behaviours, feelings and body changes associated with other eating disorders.

Getting a diagnosis of OSFED can help you access treatment and support.

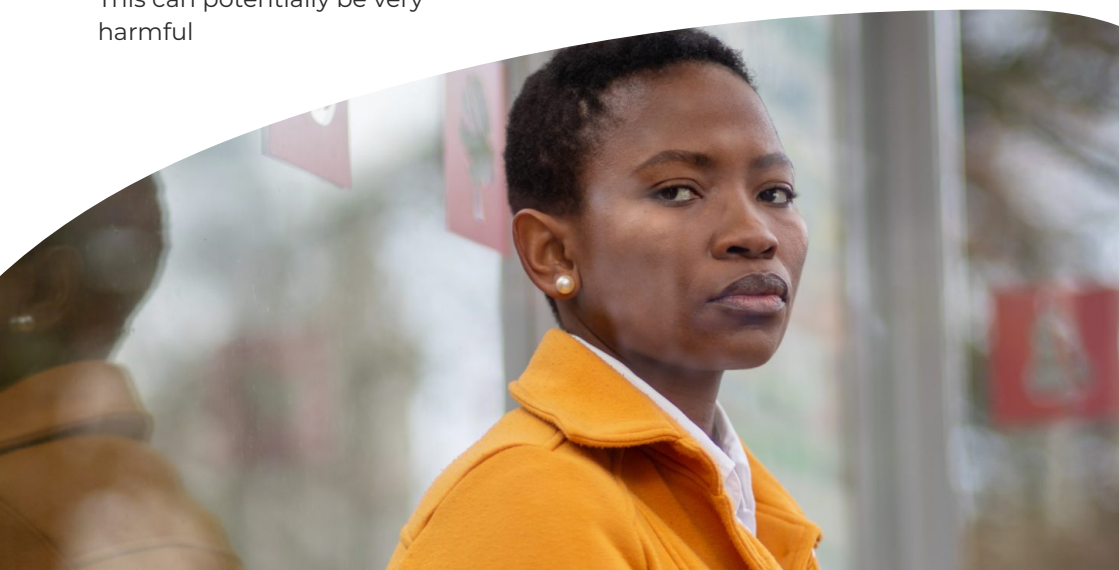


“I was assessed by my local [eating disorder] service and was given a diagnosis of EDNOS [now OSFED]. I managed to get my eating back on track. I continue to work on the feelings with the help of my therapist and am very much in recovery.”

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

Other diagnoses related to disordered eating

- **Rumination disorder.** If you have rumination disorder you will regularly regurgitate your food (but you do not have a physical health problem to explain it). You might re-chew, re-swallow or spit out the food you regurgitate
- **Pica.** If you have pica, you will regularly eat things that are not food and have no nutritional value (for example chalk, metal or paint). This can potentially be very harmful
- **Avoidant/restrictive food intake disorder (ARFID).** If you have ARFID you will feel a very strong need to avoid food in general or certain foods because of their smell, taste or texture. The idea of eating can fill you with anxiety. ARFID does not tend to be connected to issues with body image – it is an anxiety about the process of eating itself.



WHAT CAUSES AN EATING PROBLEM?

There is no single cause of eating problems – most professionals think they come from a combination of environmental and biological factors. It might be hard to understand why it has become an issue for you, as the reasons may be complex and confusing.

This section covers:

- habits and traits
- difficult life experiences
- family issues
- social pressure
- physical and mental health problems
- biological and genetic factors
- triggers or 'at risk' times.

Habits and traits

People with eating problems often share common traits that may make them more vulnerable. This includes:

- perfectionism – wanting everything to be perfect and rarely being satisfied with what you have done
- being very critical of yourself
- being very competitive
- obsessive or compulsive behaviour
- a lack of confidence in
- expressing yourself.

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

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

Difficult life experiences

The beginning of eating problems can be linked to a stressful event or trauma. This can mean physical, emotional or sexual abuse, the death of someone close to you, divorce or serious family problems. Or it could be pressures at school or work such as facing exams or being bullied.

Eating problems often develop at the same time as you are going through major life changes such as puberty, going to a new school, working out your sexuality, or leaving home for the first time.

Family issues

Eating problems can be caused or made worse by childhood experiences. For example, if your parents were particularly strict, or home didn't feel like a safe or consistent place, you may have begun to use food as a way of gaining more control over your life. If they had very high expectations of you, you may have developed personality traits like perfectionism and self-criticism that can make you vulnerable to eating problems.

If other people in your family were dieting, over-eating or experiencing an eating problem, this may have had an impact on you too.

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

Social pressure

Although social and cultural pressures probably don't cause eating problems, they can contribute to them and help to keep them going. Films, magazines, social media, adverts and peer pressure means that we are surrounded by messages about our body and (unachievable) ideas about how we should look.

You might not even be aware that it is happening, but you may find yourself comparing yourself with these unrealistic images and feeling bad about yourself as a result. This kind of social pressure can make you feel that you are not good enough, and can have an impact on your body image and self-esteem.

Physical and mental health problems

If you have physical or mental health problems, you may also develop eating problems. Having a physical health problem can make you feel powerless, so you may be using eating or exercise as a way of feeling in control.

Eating problems can begin because you experience a mental health problem such as depression, anxiety, bipolar disorder or body dysmorphic disorder.

They can be linked to feelings of low self-esteem, worthlessness or powerlessness. Having an eating problem can also cause you to experience these kinds of mental health problems.

Biological and genetic factors

Research has shown that your genes may have an impact on whether you are vulnerable to developing an eating problem.

It has also been found that some people with eating problems seem to have different amounts of the brain chemicals that control hunger, appetite and digestion. For example:

- Having too much or too little of the brain chemical serotonin can affect your mood and appetite
- Some people may be more sensitive to the hormones that control hunger and fullness. This could make them more likely to overeat or binge.

Research is ongoing to find out more about the possible biological and genetic causes of eating problems.

Triggers or 'at risk' times

Some things, although not the cause of your eating problem, could help to keep it going once it has developed. Some people call these 'triggers' or 'at risk' times.

If you have had eating problems in the past, or you are coping with recovery at the moment, it might be worth identifying any situations or environments which could make it more likely for your eating problems to come back. For example, stressful situations or going on a diet.

By identifying your own personal triggers, it may help you feel better prepared should these situations arise, or help you plan how to avoid them altogether.

Perinatal eating problems

Some women find that eating problems get worse during pregnancy or after having a baby. You can find more information about eating problems around pregnancy on the midwife-led charity [Tommy's](#) website. You can also learn more in our [postnatal and perinatal depression publication](#).



HOW CAN I HELP MYSELF?

Living with, and recovering from, eating problems is really challenging. You have to think about food daily and live in your changing body. There are lots of ways that you can help yourself cope with these challenges.

This section covers:

- Talking to people you trust
- Dealing with misconceptions
- Looking for peer support
- Managing relapses
- Dealing with other people's comments
- Coping with putting on weight
- Changing unhealthy routines
- Dealing with difficult times of year
- Staying safe online
- Looking after yourself.



Am I ready to think about recovery?

Recovery means different things to different people. It might mean that you don't ever have an eating problem thought or behaviour again. Or it might mean you do still have them but they don't happen as often and they have less impact on your life.

Your thoughts about how you perceive your relationship with food, and whether you want to recover, might change over time too. At times you might feel that you don't have a problem, or that your behaviours are actually helpful to you. Your eating problem may feel comforting, safe or even exhilarating. You may also feel scared of the changes that come with recovery. For example you might feel:

- afraid of losing or putting on weight
- anxious about losing control
- that your eating problem is such a big part of your life that you aren't sure who you are without it.

Whatever recovery looks like to you, it can take a long time to get there – even when you feel ready to try. You may have to think in years rather than weeks and months. If you have tried to recover before, or have relapsed, you might start to feel as if you are completely beyond help. **It is possible to feel better, even if it takes a long time.**

We hope that the information in this section, and our section on treatment and support, will help you think about some positive steps you could take.

“It has taken me a long time to effect any change for the better in myself, and I am still a long, long way from where I want to be, but when I finally came to terms with the implications on my life of my condition I was able to start at least planning how to get better.”

Talking to people you trust

Eating problems can feel very difficult to talk about, for many reasons. Although people around you may find eating problems difficult to understand, they will usually want to help however they can.

If you are finding it hard to talk, you could try writing things down. Some people find that writing things in a letter for example can help get thoughts out more clearly. You might also find it helpful to show people our information about eating problems to help them understand more about them.



Dealing with misconceptions

You may find it more difficult to talk about your experiences if you are a man or an older woman, because lots of people think that only young women get eating problems. However, lots of men and older women also experience eating problems.

You may also find your body changes faster than your mental health. As you start to look healthier, you may feel worse. Other people may think you are recovered when actually you are still finding things very hard. Keeping up the conversation about how you're feeling, with people you trust, can help.

Looking for peer support

Eating problems can make you feel ashamed, isolated and misunderstood. It can really help to talk to people who understand. You can look for peer support online or face-to-face. These charities can help you find suitable peer support for people with eating problems:

- [Scottish Eating Disorders Interest Group](#)
- [Beat](#).

Managing relapses

It's very common to go back to old thoughts and behaviours, especially around times when you are very stressed. It can be helpful to identify times when you might be more at risk of your eating problems returning. They might be:

- times when you gain or lose weight or your body changes shape
- going on a diet
- going on holiday
- pregnancy and after giving birth
- high stress situations such as exams, getting married/civil partnered, going through a break-up or moving house.

Think about your early warning signs and what you can do to help prevent things getting worse. Early warning signs could be:

- eating too much or too little
- bargaining with yourself about food and eating
- wanting to purge
- fixating on food and thinking about it all the time
- checking your body or weighing yourself more.

Most people will have setbacks in their recovery, but after each setback you may find you understand more about yourself and your eating problem. It's important to try and be gentle with yourself and accept relapses as part of a long, but achievable, process of change.

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



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

Dealing with other people’s comments

Lots of people don’t understand what it’s like to have an eating problem. Some people may feel it’s OK to comment on your body, your weight, or how much (and what) you are eating. They may think they are saying something positive, without realising that it might be difficult for you to hear. This can be really hard to cope with.

What helps or hurts is different for everyone. It might help to try and explain to family and friends how you feel and what a more helpful or supportive response would be. However, you can’t always stop people from saying unhelpful things. It could be a good idea to think about how you will deal with the things other people might say.

Changing unhealthy routines

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

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



“Distractions after a meal are key for me! Going online, watching a movie, reading, working, etc.”

Coping with putting on weight

Recovery will not mean putting on weight for everybody, but for some people this is an incredibly difficult challenge to live with. Some people have found these tips have worked for them:

- Write down the reasons why you want to recover and look at them when things feel difficult
- Take all of your clothes that don't fit to a charity shop, or sell them online. Treat yourself to some new clothes in sizes you feel confident in
- Try not to spend too much time looking in mirrors or checking your body
- Avoid weighing yourself if possible
- Write down all the healthy physical changes that are happening in your body
- Talk to other people – have a rant or share your worries with someone who understands
- Try not to make comparisons or spend too much time looking at pictures of people in magazines or online. Remember that these pictures are usually filtered or photoshopped.

Dealing with difficult times of year

There are certain times of year that might trigger difficult thoughts and behaviours. Often these are celebrations that tend to revolve around food and eating with others, like Christmas and birthdays. It may be helpful to consider:

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

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

Ramadan and eating problems

If you are Muslim you may find that Ramadan causes conflicts between your faith and your eating problems and recovery. Some people find that fasting triggers thoughts and behaviours related to their eating problem, especially if they are praised for eating very little. Others find that eating with family and friends during Iftar makes them feel out of control.

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

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

Staying safe online

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

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



Looking after yourself

Be as kind to yourself as you can. Have a look at the following information on:

- **Relaxation:** NHS Inform has information on [relaxation techniques](#)
- **Mindfulness:** you can find out more though [Mindfulness Scotland](#)
- **Improving your mental wellbeing:** see our [five ways to better mental health](#) for more information.

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



WHAT TREATMENT IS AVAILABLE?

Treatment can help you develop balanced and healthy eating patterns. It can also help you face and cope with the underlying issues which may be causing your eating problem.

This section covers:

- Talking to your doctor
- Online self-help programmes
- Talking therapies
- Medication
- Admission to a clinic
- Non-invasive brain stimulation techniques.

Note

We've included information on the recommended treatments for anorexia, bulimia and binge eating disorder. If you have been diagnosed with other specified feeding or eating disorder (OSFED) or you do not have a diagnosis, your doctor should offer you the recommended treatment for the diagnosis that most closely matches your symptoms. **You shouldn't need a diagnosis to get treatment.**

Talking to your doctor

Talking about your eating problems can be scary, but if you'd like treatment and support, the first step is usually to visit your doctor (GP). They should be able to refer you to more specialist services.

See our information on seeking help for a mental health problem for more information on how to [prepare for an appointment](#) and having your say in treatment.

“Ultimately, my psychologist, occupational therapist and dietician saved my life.”

Online self-help programmes

If you are diagnosed with bulimia or binge eating disorder, or your eating problems have similar symptoms, you may be offered support through an online self-help programme at first. You should receive short support sessions alongside the programme. These may be face-to-face or over the phone. If you are finding it hard to complete, or don't find it helpful, ask your GP for more support.

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



Talking therapies

The [National Institute for Health and Care Excellence \(NICE\)](#), the organisation that produces guidelines on best practice in health care, recommends the following talking therapies for eating problems:

- **Cognitive behavioural therapy for eating disorders (CBT-ED).** This is an adapted form of CBT specifically for treatment of eating disorders, including anorexia. There are alternative forms of CBT for bulimia nervosa (CBT-BN) and binge eating disorder (CBT-BED)
 - For anorexia, you should be offered up to 40 sessions, with twice-weekly sessions in the first few weeks
 - For bulimia, you should be offered at least 20 sessions, and may be offered twice-weekly sessions at first
 - For binge eating disorders, you should be offered group CBT sessions at first. Tell your therapist or your GP if you do not find these helpful or if you would like individual therapy

- **Family therapy.** This means working through issues as a family with the support of a therapist and exploring the dynamics or situations that might have prompted the feelings underlying an eating disorder. It can help your family understand your eating problems and how they can support you. Family therapy is often offered to people with anorexia, especially younger people.

See our [talking therapies](#) publication for more information about these kinds of therapies.

Accessing talking therapies

You can access talking therapies through the NHS. Your GP should be able to make a referral. There can be long waiting lists on the NHS, so you may also want to consider seeing a therapist privately but be aware that private therapists usually charge for appointments. You can find a private therapist through the [British Association for Counselling and Psychotherapy \(BACP\)](#) or through [Counselling and Psychotherapy in Scotland \(COSCA\)](#).

You may also be able to find [free counselling services and support groups](#) through the eating disorder charity Beat.

Additional treatments for anorexia

These are some additional treatments which you may also be offered to treat anorexia:

- **Maudsley Anorexia Nervosa Treatment for Adults (MANTRA).** This treatment helps you work towards recovery by helping you understand what keeps you attached to anorexia, and gradually learn alternative ways of coping. This should be done at a pace that suits you and your needs. You should be offered at least 20 sessions
- **Specialist Supportive Clinical Management (SSCM).** This is not a type of talking treatment, but talking treatment may be included within it. During SSCM you will have weekly meetings where you receive support for weight gain, physical health checks, education and advice. You will also have a chance to talk about key issues you are experiencing and think more about your symptoms and behaviour
- **Focal Psychodynamic Therapy (FPT).** If other treatments have not worked, you may be offered eating disorder-focused psychodynamic therapy.

Medication

There are no drugs specifically for eating disorders, but you may be offered medication to treat some underlying factors such as depression or anxiety. The most common medication prescribed to people experiencing bulimia or binge eating disorders is a type of antidepressant known as selective serotonin reuptake inhibitors (SSRIs).

If you have anorexia, you may be offered antidepressants or anti-psychotics. Most people are offered these drugs alongside talking therapies. Medication shouldn't be the only thing you're offered.

Being underweight can mean that drugs are absorbed more quickly into your bloodstream, which could make medication harmful or not as effective as it should be. Your doctor will decide whether to offer you medication, and you can decide whether you want to take it.

Admission to a clinic

You may need to go into hospital or to a clinic if your doctor or care team feel you are very unwell or underweight, if other kinds of treatment haven't worked, or if your home environment is making it hard for you to stay well.

If you are an outpatient or day patient, you will go home most evenings and weekends. If you are an inpatient, you will stay in the hospital or clinic for most of your treatment. How long you are admitted for will depend on how much help you need to recover.

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

- doctors
- dieticians
- psychotherapists
- occupational therapists
- social workers
- family and relationship therapists
- specialist nurses.

Treatment can include:

- talking therapies
- working in groups with other people experiencing eating problems
- medication
- refeeding.

Your weight and general health will be monitored. There may be guidance on buying, preparing and serving food, how to cope with stress and anxiety, how to be more assertive, and how to manage anger and communicate well.

“With the daily routine, support system, classes and therapy I was able to start to rationalise anorexia’s thoughts and slowly become stronger.”

What is ‘refeeding’?

Refeeding means being given food with the aim of bringing your weight up to a healthy level – it involves helping you to gain weight so that your energy levels and your physical health improve. You may be given specific foods because they have certain nutritional values or are particularly good at helping people gain weight.

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

This can be a distressing process, especially if you do not want to gain weight, and may be something you want to talk about with your doctor in more detail.



More about clinics

There are only a few NHS eating disorder clinics, so you may not always be able to access treatment close to where you live. This may mean going to a clinic further away, or it could mean going to a general mental health hospital. You can ask your GP or care team if you'd like to know more about specialist clinics.

There are also private treatment centres. Some may offer similar treatment to NHS clinics, while others will have a wider range of complementary and art therapies. The eating disorder charity Beat has a [directory of services](#) that you can look at to see what's available.

Could I be forced to go to a clinic?

If a group of medical professionals agree that you are at risk of harming yourself or anyone else then they could detain you in order to go to hospital under the [Mental Health Act](#) (often called being sectioned). This could happen if your eating problem is having a significant impact on your physical health, and medical staff are concerned that you won't be able to recover without support.

If you are worried about being detained or 'sectioned', the [Mental Welfare Commission](#) for Scotland offers information to help you understand your rights. It also has an advice line where you can speak confidentially to someone about your concerns.

Non-invasive brain stimulation techniques

Researchers are investigating techniques that stimulate the brain using magnetic fields or a weak electrical current. Among other things, they may help reduce symptoms of anorexia and food cravings.

These treatments are not currently recommended by NICE. More research is needed to see whether these techniques could be developed into treatments for eating problems.



HOW CAN OTHER PEOPLE HELP?

This section is for family and friends who want to support someone with an eating problem.

You may feel very worried if you think that someone you care about has an eating problem. It may feel difficult to know how to talk to them about it or how to deal with their changes in mood. You might have already tried to offer support, but found that the person you're worried about is unwilling or unable to accept help. This can make you feel powerless, frustrated and angry.

In fact, there are lots of helpful things you can do:

- **Let them know you are there.**

One of the most important things you can do is let the person you're worried about know that you're there, you're listening and that you can help them find support. Let the person know they can talk to you when they are ready

- **Try not to get angry with them.**

They will probably already be feeling guilty about how their behaviour is affecting you. Try to stay as empathetic and patient as possible

- **Don't make assumptions.** People sometimes assume that eating problems are mainly about body image, or that you can tell what eating problems someone has from their appearance. This is not true: and if you interpret a person's eating problem in a particular way, without really listening to the person themselves, it could add to their feelings of helplessness. It could also make them less able to share their difficult emotions and seek support
- **Remember that even accepting they have a problem takes time.** Be patient. It can take a long time for someone to accept they have a problem and to seek help. The person you're worried about might not see their eating as a problem. They may actually view it as a solution to coping with feelings of rage, loss, powerlessness, self-hatred, worthlessness, guilt or feeling like they have no control. They may be scared about what recovery means for them and their body

- **Don't focus or comment on their appearance.** Remember that someone's weight or appearance doesn't tell you how they're feeling inside. Even comments that are meant kindly such as "you look well" can often trigger very difficult feelings for someone who has an eating problem. Try asking "how are you?" instead. The eating disorder charity Beat has more information on [how to talk to someone with eating problems](#)
- **Be gentle – you can't force someone to change their behaviour.** Trying hard to persuade, trick or force someone into eating more or less could make them feel even more anxious and fearful about food. This could make them withdraw from you or try harder to convince you they are eating more healthily even if they are not
- **Include the person in social activities.** If the person you are worried about finds it difficult to eat, organise activities that don't involve food
- **Make meal times as stress-free as possible.** Don't comment on their food choices. Let them get on and eat the food they do feel able to eat
- **Find safe ways to talk about it.** Some people say it helps to refer to the eating problems in the third person, for example "that's not you, that's the eating problem speaking"

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

- **Help them find good information, and avoid bad information.** This could include looking for online support while helping the person avoid websites or forums that could promote unsafe eating and exercise habits. It can also be really helpful to read stories and accounts written by people with eating problems who are ready to think about recovery, such as those included in this information. Beat also has [blog posts and a community](#)
- **Encourage them to seek professional help.** See our section on [treatment and support](#) for information on available treatments. If they are worried about talking to their doctor, you could offer to go along with them

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



- **Accept that recovery is a long process.** While their body might look healthier quickly, someone experiencing an eating problem may actually be finding things a lot harder emotionally. Relapses are common and can be very demoralising, but you can help by accepting this as part of the process and being there for them when they're finding things tough
- **Look after yourself.** Supporting someone with an eating disorder can be upsetting and exhausting. It's important to remember that your mental health is important too, and you deserve support for yourself as well. See our publication on [how to cope when supporting someone else](#) for more information and tips.

Family therapy

If the person you're worried about is a member of your family, you may want to consider family therapy. Family therapy is about working as a family towards greater awareness of everyone's emotions and needs, and finding ways to move forward together – it isn't about blame.

You can find a family therapist by asking your GP for a referral, or looking for your local service through [Relationships Scotland](#). Even if family therapy isn't right for you (or isn't available), it can help to have conversations with the family about what is happening. For example, younger family members may find it difficult to understand what is going on.



USEFUL CONTACTS

SAMH Information Service

T: 0344 8000 550

W: samh.org.uk/info

E: info@samh.org.uk

Whether you are looking for more information, have questions or are seeking support, SAMH can help. The SAMH Information Service provides information and signposting for pathways to better mental health and wellbeing over the phone, through emails and through a range of online information.

The SAMH Information Service is open from 9am to 6pm, Monday to Friday, except on Bank Holidays.



Who else could help?

This section contains details of organisations or support services which you may find useful.

SAMH does not endorse any particular support service, including those listed on this page. This isn't an exhaustive list. You may be able to find other services near you.

Listening and crisis services

Breathing Space

T: 0800 83 85 87

W: breathingspace.scot

Offers a free, confidential phone and web-based service for people in Scotland experiencing low mood, depression or anxiety.

Samaritans

T: 116 123 (Freephone)

W: samaritans.org

24-hour emotional support for anyone struggling to cope.

Shout

T: 85258 (Text)

W: giveusashout.org

Shout is volunteer-run and is the UK's first 24/7 crises text service, free on all major mobile networks, for anyone in crisis anytime, anywhere.

General services

Anorexia and Bulimia Care (ABC)

T: 03000 11 12 13

W: anorexiabulimiacare.org.uk

Provides advice and support to anyone affected by an eating problem.

Beat

Helpline: 0808 801 0677

Youthline: 0808 801 0711

Studentline: 0808 801 0811

W: beateatingdisorders.org.uk

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

British Association for Counselling and Psychotherapy (BACP)

T: 01455 883 300

W: bacp.co.uk

Information and details of accredited counsellors and psychotherapists practitioners.

BACP: Ask Kathleen

W: bacp.co.uk/about-therapy/askkathleen

A BACP service which provides confidential guidance and information on what to do if you have any concerns about your therapy or your therapist.

BABCP: The Online CBT Register

W: cbtregisteruk.com

Provided by the British Association for Behavioural and Cognitive Psychotherapies (BABCP), the Online CBT Registers allows you to search for a CBT therapist.

COSCA (Counselling & Psychotherapy in Scotland)

T: 01786 475140

W: cosca.org.uk

COSCA is Scotland's professional body for counselling and psychotherapy that provides a directory of accredited practitioners.

Mental Welfare Commission for Scotland

T: 0800 389 6809

W: mwscot.org.uk

The national regulator of mental health services. Their role is to protect and promote the human rights of people with mental illness, learning disabilities and dementia.

National Institute for Health and Care Excellence (NICE)

W: nice.org.uk

Produces clinical guidelines for the treatment and management of eating disorders.

NEEDS

W: needs-scotland.org

The site of the North East Eating Disorders Support Scotland group, a self-help group based in Aberdeen.

NHS Inform

W: nhsinform.scot

NHS Scotland's information website. Offers information on all aspects of mental health and wellbeing, including eating disorders.

Papyrus

T: 0800 068 41 41

W: papyrus-uk.org

Provides information and support for anyone under 35 who is struggling with suicidal feelings, or anyone concerned about a young person who might be struggling.

Relationships Scotland

W: relationships-scotland.org.uk

An organisation that provides a range of therapy projects across Scotland. They have a search facility to find a service in your area.

The Scottish Eating Disorders Interest Group

W: www.sedig.org

Provides an online community and networking for people affected by an eating disorder, their carers and professionals.

Tommy's

W: tommys.org

Midwife-led charity that provides information about eating problems in pregnancy.

YoungMinds

Parent helpline: 0808 802 5544

W: youngminds.org.uk

Promote good mental health for children and young people. Offer information for both parents and young people.



“Be open with the people closest to you; they may not completely understand, but they can help.”



@SAMHtweets



0344 8000 550



SAMHmentalhealth



info@samh.org.uk



@samhscotland

To read or print SAMH's information booklets visit **samh.org.uk**. If you require this information in Word document format for compatibility with screen readers, please email **communications@samh.org.uk**

© Mind. This booklet has been adapted by SAMH from an original publication produced by Mind and published at **www.mind.org.uk**.

SAMH is Scottish Action for Mental Health. Registered office: Brunswick House, 51 Wilson Street, Glasgow G1 1UZ. SAMH is a company limited by guarantee registered in Scotland, No. 82340. Scottish Charity No. SC008897.

samh.org.uk

SAMH

Scottish Action for Mental Health