

Did you know?

Around **1.25m** 

people in the UK have an **eating disorder**.[†]

[†] www.beateatingdisorders.org.uk



On an annual basis, eating disorders **cost** the health service **£80-100million** and the economy more than **£1.26bn** *

*Joint Commissioning Panel For Mental Health (www.jcpmh.info/wp-content/uploads/10keymsgs-eatingdisorders.pdf)

Common myths about eating disorders

Myth

Males don't get eating disorders

Myth

You have to be **stick thin** to have an eating disorder

Myth

Eating disorders are a **choice**

Myth

Dieting will help an eating disorder

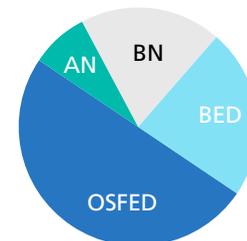
Eating disorders come in all **shapes and sizes**

A guide for people with eating disorders and those who support them

Statistics

- **Around 1.25million people** in the UK have an eating disorder[†]
- **8%** of these have anorexia[†]
- Eating disorders do not discriminate by gender. It is estimated that around **25%** of those affected by an eating disorder **are male**.[†]

- People with eating disorders are at an increased risk of suicide and death. Eating disorders have the highest mortality rate among psychiatric disorders with anorexia nervosa having the highest rate affecting young adults.
- On an annual basis, eating disorders **cost** the health service **£80-100million** and cost the economy more than **£1.26bn annually***



Reference: Hay et al (2017) 'Prevention of eating disorders: a systematic review and meta-analysis'.

8% have **anorexia (AN)**
19% have **bulimia (BN)**
23% have **binge eating disorder (BED)**
50% have **other specified feeding or eating disorder (OSFED)**

Things to avoid saying or doing when talking to someone with an eating disorder

“ I have been told to just **gain weight without any recognition that I may be struggling** with an eating disorder and with **no support** about the mentality **behind recovering** from an eating disorder which led me to be in quasi-recovery for a very long time before severely relapsing.

Avoid saying:

- You look much healthier than the last time I saw you
- You are so skinny eat something
- I was lovely and skinny like you when I was younger
- We will just put you on medication
- You don't look thin
- What's your secret to losing weight, I need it
- Try the xxx diet, it worked for me
- You'll feel better if you lose some weight
- The word chronic – this is an unhelpful word

Remember:

- When faced with food in a social situation it is frightening when people point out you are not eating/eating enough and draw attention to it in a group of people
- Talk about feelings, not food, weight or shape
- People often feel they don't deserve treatment
- Don't be afraid to ask questions

Our mission

Making life better together

Our values



www.swlstg.nhs.uk

Eating disorders come in all shapes and sizes

This guide has been produced to help people understand eating disorders and to provide useful information for tackling difficult conversations and situations surrounding the epidemic of eating disorders.

This guide has been produced to help people better understand eating disorders and to provide useful suggestions to help anyone who is supporting someone with an eating disorder for tackling difficult conversations and situations surrounding the epidemic of eating disorders.

It has been developed by clinicians in partnership with key local stakeholders and has been peer reviewed by other clinicians and service users.

With special thanks to Hope Virgo for her support in developing this resource.

NICE guidelines (NG69)

NICE has noted that early intervention leads to the best possible recovery outcome, with their guidelines stating: "1.2.8 Do not use single measures as BMI or duration of illness to determine whether to offer treatment for an eating disorder."

Early intervention

People deserve help regardless of their weight.

If we get in there early, people are more likely to recover.

Growing evidence suggests that eating disorders are associated with significant structural and functional brain changes. Eating disorder behaviours are initially rewarding, then habitual, and then neurocognitively engrained.

Key information

Eating disorder treatment **is not about** just feeding someone or getting them to go on a diet.

This is a **mental illness**.

There is a high percentage of people who do not fit in to the more **well-known eating disorders** and therefore we need to make sure everyone feels listened to.

Remember that this might be the **only chance** we have to encourage that person to open up.

When someone asks for help

Be **curious**

Be **kind**

Always have a **plan in place**

Open ended questions

Listen and don't just **jump to conclusions**

Listening and not just **jumping to conclusions**

Offer a **regular catch up**

Be **candid**

Where next?

It is **essential** that a plan is always in place when someone leaves services – if there is no referral in place, have another appointment booked with the GP.

We don't want to leave people with a **long period** of time with **no support**.

Explain how you feel

"I am **struggling** with food at the moment"

"My **mood** feels..."

"I would like some **support**"

"This has been happening for... **months/years**"

Sometimes it might be easier to just write a **letter/e-mail**

If you think someone is struggling

Approach the conversation in a **neutral place**

Always go in with a **plan** in place in case they do open up

Remember that the eating disorder might be a **symptom** of something else going on

Be **direct**

Be **patient**

Where to get support:

www.hubofhope.co.uk

www.anorexiabulimiacare.org.uk

www.beateatingdisorders.org.uk

Beat Helpline: 0808 801 0677

Beat Youthline: 0808 801 0711

Beat Studentline: 0808 801 0811

Or text SHOUT to: 85258

Or text HOPE to: 85258

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