



**Anna Freud**  
National Centre for  
Children and Families

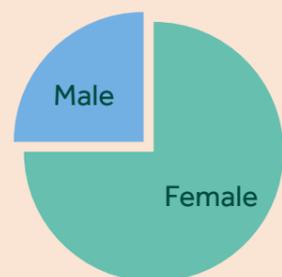


# **Eating disorders**

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## What are eating disorders?

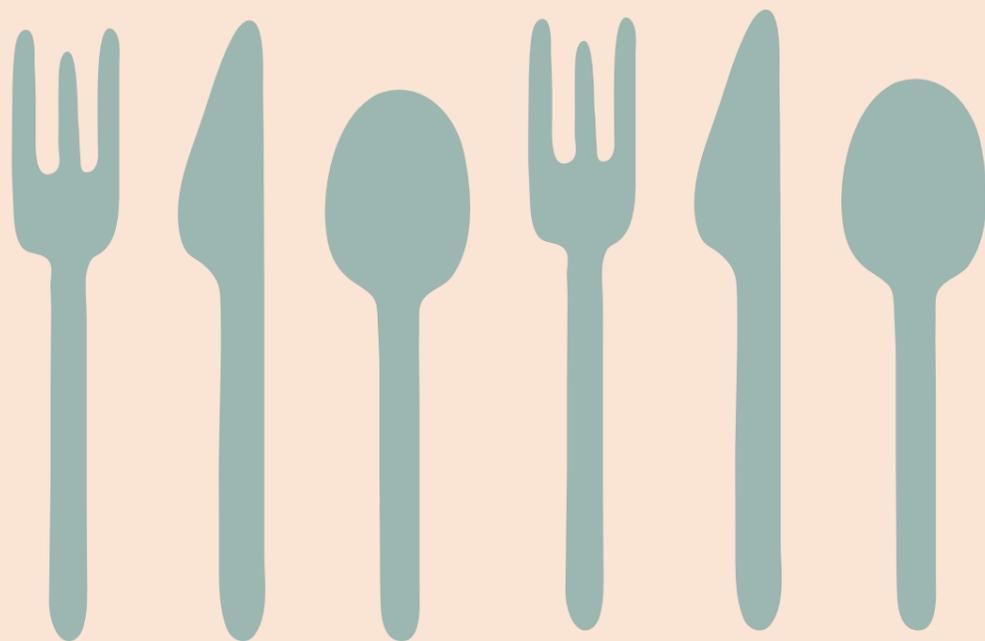
Eating disorders are a type of serious mental health condition characterised by severe disturbances in eating behaviours. Individuals with eating disorders tend to use the control of food to manage distressing feelings and difficult situations.



Eating disorders are relatively common in both adolescents and adults. [Research](#) suggests that between 1.25 and 3.4 million people in the UK are affected by an eating disorder, of which around 75% are female and 25% male.

Most eating disorders develop during adolescence – the [average](#) age of onset for anorexia nervosa is 16-17 years, and 18-19 years for bulimia nervosa. As such, college is a significant time for those struggling with eating disorders. They can also develop during childhood and later in adulthood.

Eating disorders have the highest mortality rate of any psychiatric disorder, so it is important that they are taken seriously. The sooner someone gets the treatment they need, the more likely they are to make a full recovery.



## What are the most common eating disorders?

**Anorexia nervosa:** One of the more well-known eating disorders, Anorexia Nervosa (Anorexia for short) is thought to account for around 8% of all eating disorder cases. It is a serious disorder where people have a low weight due to limiting how much they eat and drink. They may develop “rules” around what they feel they can and cannot eat, as well as things like when and where they’ll eat.

**ARFID:** A condition characterised by individuals avoiding certain foods or types of food and/or having restricted intake in terms of overall amount eaten. Someone might be avoiding and/or restricting their intake for a number of different reasons, including sensitivity to the taste, texture, smell or appearance of certain foods, a prior distressing experience with food, or perhaps not being able to recognise that they are hungry. It is worth noting that ARFID can look different in every individual.

**Binge eating disorder:** A serious disorder where people eat very large quantities of food over a short period of time, without feeling like they’re in control of what they’re doing. Unlike people with bulimia, they don’t usually follow this by getting rid of the food through, for example, vomiting, though sometimes they might fast between binges. Evidence suggests it is more common than some other eating disorders.

**Bulimia nervosa:** People with bulimia are caught in a cycle of eating large quantities of food (called bingeing), and then trying to compensate for that overeating by vomiting, taking laxatives or diuretics, fasting, or exercising excessively (called purging).

**OSFED:** Sometimes a person’s symptoms don’t exactly fit the expected symptoms for any of the specific eating disorders mentioned above. In that case, they might be diagnosed with an “other specified feeding or eating disorder” (OSFED). This is very common, and OSFED accounts for the highest percentage of eating disorders. It is every bit as serious as any other eating disorder, and can develop from or into another diagnosis. As OSFED is an umbrella term, people diagnosed with it may experience very different symptoms.

## What factors might make someone more likely to develop an eating disorder?

Eating disorders are complex with no one sole cause, but we know from research that individuals might be predisposed due to their genetic or biological make up.

Some research has found that female relatives of anorexia sufferers were 11.4 times more likely to suffer from anorexia compared to relatives of unaffected participants. It is not yet clear how much of this link between family members is genetic and how much is due to environmental factors.

For some individuals, eating disorder symptoms might be triggered by a specific event or situation. Possible triggers could include stress, traumatic experiences (for example experience of abuse, bullying or the loss of a loved one), relationship breakdowns in the family or physical illness.

It is also very common for people with an eating disorder to also experience feelings of anxiety or low mood. It is important to keep this in mind when supporting someone with eating disorder symptoms.

## Signs to spot in students

Early signs of an emerging eating disorder may be that a young person:

- often skips meals, or says they have eaten earlier or eaten later when asked
- avoids eating around other people
- eats very slowly
- spends a lot of time worrying about their weight and body shape
- is secretive about/preoccupied with food
- makes themselves sick or takes laxatives after they have eaten
- loses their appetite
- is afraid of gaining weight
- has very strict habits or routines around food
- experiences changes in mood, such as being withdrawn, anxious or feeling low in mood.

Physical signs can also occur in young people with an eating disorder. These could include:

- feeling cold, tired or dizzy



- pain, tingling or numbness in their arms
- feeling faint
- problems with digestion
- dramatic weight loss or weight gain.

## How to start a conversation with a student if you're concerned

Individuals with an eating disorder especially need to feel they are worthy of love and care. A trusting relationship can help them to open up about how they are feeling and what they are struggling with.

### How education staff can help:

- Asking if the student would like to talk about their worries and take them seriously. Show them you care by listening, offer empathy and understanding, and help them to solve problems.
- Taking a non-judgemental approach, which accepts the young person's negative feelings as valid.
- Asking them how they would like to be supported and letting them remain in control as much as possible.
- Be aware that individuals often feel a sense of shame around their eating behaviours, and they may find it difficult to talk about. Try to acknowledge this, and empathise with their struggles.
- If you are the first person this individual has told about their eating difficulties, encourage them to seek out appropriate therapeutic help as soon as possible. Their GP is the best person for them to see initially, as they will be able to direct them to the best service for them. See below for further sources of support and who to involve.

### Try to avoid:

- Making assumptions; ask the student what help they need rather than assuming or guessing.
- Minimising their experiences or feelings, and using phrases such as "calm down" if they are feeling anxious.

## Who else to involve

If you are worried that a young person is at risk, always follow your setting's safeguarding policies and procedures. Involve your designated safeguarding team as a matter of priority who will contact other services as necessary. If the young person is at immediate risk, ensure that they are taken to their GP or A&E as a matter of urgency, depending on the severity of the concern.

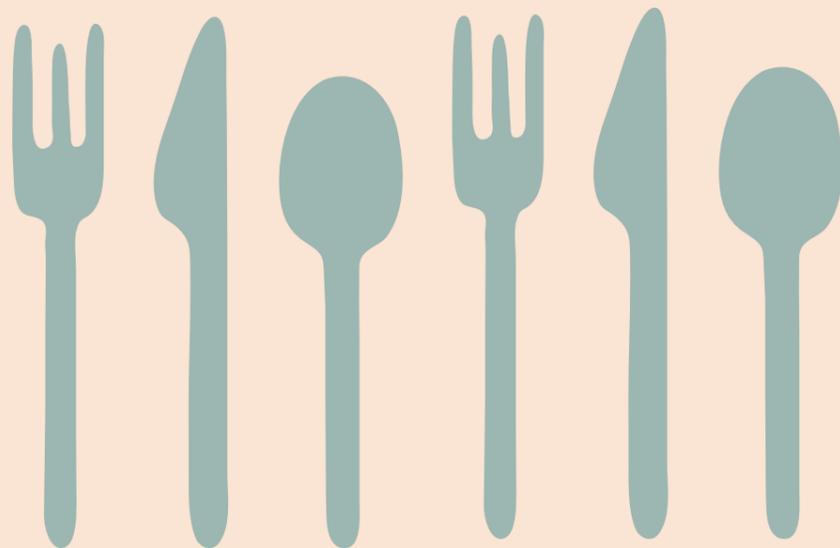


It's important to familiarise yourself with any local support services that are available in your area and ensure you understand the pathways for referring students.

Young people can find mental health support and guidance on the [On My Mind](#) section of the Anna Freud Centre's website.

Some national organisations who may also be able to offer support include:

- **Beat:** the UK's leading charity supporting those affected by eating disorders and campaigning on their behalf.
  - [beateatingdisorders.org.uk](http://beateatingdisorders.org.uk)
  - 0808 801 6770
  - [help@beateatingdisorders.org.uk](mailto:help@beateatingdisorders.org.uk)
- **Young Minds:** a mental health charity for children, young people and their parents.
  - [youngminds.org.uk](http://youngminds.org.uk)
  - Text YM to 85258
- **AFC Crisis Messenger:** a free, confidential, 24/7 text support service.
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## Notes and reflections