



Guidance for those supporting someone with an Eating Disorder

Here to help on: phone: 01749 343344 email: support@swedauk.org online: www.swedauk.org

Somerset and Wessex Eating Disorder Association (SWEDA) is open to referrals for anyone affected by an eating disorder. We support sufferers, loved ones and carers. We are happy to take new clients and can offer a range of specialist support. Please encourage anyone with an eating disorder related concern to get in touch with us.

Meanwhile, this crib sheet should give you some basic information about eating disorders and how to support someone who is struggling with a food or eating related mental health concern.

What is an eating disorder?

An eating disorder is a persistent (ongoing) disturbance in thoughts and behaviours around food, eating and weight. They are serious mental illnesses that can cause significant harm to sufferers.

Any person of any age, gender, sexuality, race, culture or situation can develop an eating disorder

Why do people get eating disorders?

The short answer is that we don't know, or that there are many different reasons, especially as there are different eating disorders with different symptoms. Often, an ED helps a person to cope with difficult emotions and to feel a sense of control. Some reasons that people get EDs are:

- Genetics
- Personality traits – like perfectionism, or highly anxious people
- Trauma

What types of ED are there?

In *Anorexia Nervosa (AN)* sufferers:

- Will try to keep their weight as low as possible by not eating and/or over-exercising
- Are likely to be medically underweight
- Will often experience themselves as fat which they find very distressing
- Might have obsessive or compulsive tendencies especially around food

In *Bulimia Nervosa (BN)* sufferers:

- Will binge eat (eat a large amount of food in a short time) and then 'Purge' (find a way to 'get rid' of the binged food. This might be through making themselves vomit, through using laxatives, or by using extreme exercise.
- May be very secretive about their behaviours and feel deeply ashamed of them
- May be any size or weight
- Are likely to see experience themselves as fat, which will be extremely distressing to them.

In *Binge Eating Disorder (BED)*, sufferers:

- Will eat very large amounts of food in short amounts of time
- May feel 'out of control' or 'in a trance' when binge eating and continue eating even when full
- Could live in a larger body (be overweight) or have a high BMI
- Feel extreme shame about their eating

Many more people may have other forms of *Disordered Eating*; sufferers may

- Struggle with their relationship with food and weight and may experience great distress with some symptoms from AN, BN or BED (see OSFED)
- Experience obsessions or compulsions around food and eating (see orthorexia, ARFID)

- Struggle with eating a range of foods or with the texture or other aspects of food or the feeling of being full (see ARFID)
- Use food as a way to self-soothe or comfort themselves and then experience guilt or shame

What might be important to know in the current climate of COVID-19?

Often sufferers have a belief that they do not deserve food or help, or have a very real fear of food, or of not being able to get the right food. In the current climate around food hoarding and panic buying, this is particularly worrying and a huge trigger for people with EDs and there may have concerns around:

- Not being able to access 'safe' foods or food required for meal plans
- Relapse due to the stress of a disrupted routine
- Binging due to having to store food or others stockpiling food
- Struggling to eat in front of others
- Breaks with their medical teams, being/ not being weighed, or lack of face-to-face appointments
- Concern around having to ask someone else to get food for them
- Fear that they may be at risk of catching COVID-19 due to being in an 'at risk' group – e.g. low or high BMI

How should I support a person with an ED?

In some ways, people with eating disorders may have the same concerns as others with mental health issues or who are experiencing a crisis. They may be struggling with anxiety or fear, depression or isolation. You can offer support in the same way that you might any other service-user. However, there are a few points worth remembering:

- Listen to the person – they may know best about their own situation and will have an understanding of their own condition
- Anxiety is a key feature of EDs and will likely be present for the person you are supporting
- Understand that food can be literally terrifying for an ED sufferer – do not minimise their fear
- Avoid diet talk or diet culture talk
- Sufferers may feel extremely ashamed about their behaviour so may struggle to reach out or talk openly
- They may have their own self-care and self-help techniques which can be useful in stressful situations
- Some people refer to their ED as something outside themselves or talk about the ED 'voice' – this is a useful way to understand the way it feels to have an ED.

Glossary:

AN – an abbreviation for Anorexia (see above)

BN – an abbreviation for Bulimia (See above)

BED – an abbreviation for Binge Eating Disorder (see above)

OSFED – Other Specified Feeding or Eating Disorder – used when someone may have some symptoms of another ED but does not fully match the medical criteria – this is still a serious mental illness

ARFID – Avoidant or Restrictive Food Intake Disorder

Orthorexia – An obsession with extreme healthy eating; the idea that some foods are 'clean' and others are not

Diabulimia – a combination of Diabetes and Bulimia; an attempt to control weight by restricting insulin by someone with type I diabetes.

Fear Foods – foods that someone with an ED finds particularly challenging or frightening to deal with

Food rituals – actions that someone with an ED may use such as cutting food into tiny pieces, chewing a certain number of times or other obsessive behaviours

Russell's Sign – scarring or bruising on the knuckles from banging against teeth when someone repeatedly makes themselves vomit

Refeeding Syndrome – a serious medical emergency that occurs when someone who has been starving themselves starts to eat again too quickly

Purge – to do something to compensate for calories taken in – forced vomiting, extreme exercise, using high doses of laxatives

Restrict – to restrict the amount of food and calories that are taken into the body below what is needed

Pro-Ana – Pro-Anorexia; refers to websites or other resources that promote Anorexia as a lifestyle choice and offer tips on how to maintain it

Pro-Mia – Pro-Bulimia; refers to websites or other resources that promote Bulimia as a lifestyle choice and offer tips on how to maintain it