

# Eating Problems

Eating problems are mental health problems where someone has a difficult relationship with food. It's estimated that between 600,000 and 725,000 people in the UK have an eating problem.

Anyone can develop an eating problem, regardless of their age, sex or cultural background. We know that young women are more likely to develop an eating problem, particularly those in the 12 to 20 age range. Older women and men of all ages can also have an eating disorder.

An eating problem can be considered a 'disorder' if a person's behaviour meets the medical criteria for a diagnosis.

Someone may have an eating problem if they:

- restrict the amount of food they eat
- eat more than needed or feel out of control when eating
- eat a lot in secret
- feel very anxious about eating or digesting food
- eat lots of food in response to difficult emotions
- only eat certain types of food or stick to a rigid set of diet rules and feel very anxious and upset if they have to eat something different
- do things to get rid of what they eat (purging)
- stick to rigid rules around what they can and can't eat and how food should look – and feel very upset if they 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 their body to other people's and think about their shape or size a lot
- check, test and weigh their body a lot and base their self-worth on how much they weigh or whether they pass your checks and tests.

There are different types of eating disorders:

- **Bulimia nervosa** – the most common eating disorder. This involves people eating large amounts of food in one go (bingeing) because they are feeling upset or struggling with other difficult emotions. This is usually followed by feelings of guilt or shame and wanting to get rid of the food they've eaten (purging).
- **Anorexia nervosa** – is where people restrict the amount of food they eat so they don't get enough energy and nutrition to stay healthy. It's often believed to be about dieting but is

more often connected to very low self-esteem, negative self-image and intense feelings of distress.

- **Binge eating disorder** – is where someone can't stop eating, even if they want to. It's sometimes described as having a food addiction or compulsive eating. Often people rely on food for emotional support or use food to mask difficult feelings.
- **Eating disorder not otherwise specified (EDNOS)** – is where a person meets some but not all of the criteria for an eating disorder like bulimia or anorexia. This can be a confusion diagnosis as it might appear that the problem is not as serious as other disorders, but this is not true.

## What it's like to have bulimia nervosa:

Feelings	<ul style="list-style-type: none"><li>• ashamed and guilty</li><li>• poor body image</li><li>• scared of being found out by family and friends</li><li>• depressed or anxious</li><li>• lonely, especially if no one knows about the problems</li><li>• very low and upset</li><li>• rapid changes in mood</li><li>• stuck in a cycle of feeling out of control and trying to get control back</li><li>• numb, like feelings are blocked out by bingeing or purging.</li></ul>
Behaviour	<ul style="list-style-type: none"><li>• eat lots of food in one go (binge)</li><li>• go through cycles of eating, feeling guilty, purging, feeling hungry and eating again throughout the day</li><li>• starvation between binges</li><li>• secret eating</li><li>• craving certain types of food</li><li>• trying to get rid of eaten food (purge) through being sick, using laxatives or exercising excessively.</li></ul>
What might happen physically	<ul style="list-style-type: none"><li>• stable weight or going from being overweight to underweight quite often</li><li>• dehydrated, which can cause bad skin</li><li>• periods might become irregular or stop altogether</li><li>• stomach acid can harm your teeth and you can get a sore throat from being sick</li><li>• irritable bowel syndrome (IBS) from laxatives can also lead to; stretched colon, constipation and heart disease.</li></ul>

## What it's like to have anorexia nervosa:

Feelings	<ul style="list-style-type: none"><li>• Obsessive and intrusive thoughts of food</li><li>• the need to be perfect, feelings of not being good enough</li><li>• lonely, especially if no one knows about the eating problems</li><li>• loss of control when eating</li><li>• guilt from hiding things from family and friends</li><li>• poor (and sometimes distorted) view of the body</li><li>• frightened of putting on weight</li><li>• angry if challenged</li><li>• tired and disinterested in things</li><li>• depressed, anxious or suicidal</li><li>• panicky around meal times.</li></ul>
Behaviour	<ul style="list-style-type: none"><li>• Reduction in food intake or stop eating altogether</li><li>• count calories of all food and ruminate on this</li><li>• hide food or secretly throw it away</li><li>• avoid foods that feel dangerous e.g. high calorie content</li><li>• use drugs that say they reduce appetite or speed up your digestion</li><li>• think about losing weight all the time</li><li>• exercise a lot and have strict rules about quantity</li><li>• make rules about food, like listing 'good' and 'bad' foods</li><li>• develop very structured eating times</li><li>• check body and weight all the time.</li></ul>
What might happen physically	<ul style="list-style-type: none"><li>• weight loss</li><li>• physically underdeveloped (if anorexia starts before puberty)</li><li>• feel weak and move slowly</li><li>• feel very cold all the time</li><li>• periods might become irregular or stop altogether</li><li>• hair might thin or fall out</li><li>• develop fine fuzzy hair on the arms and face (called 'lanugo')</li><li>• lose interest in sex or not be able to have or enjoy it</li><li>• find it hard to concentrate</li><li>• bones may become fragile.</li></ul>

## What it's like to have binge eating disorder:

Feelings	<ul style="list-style-type: none"><li>• out of control and as if they can't stop eating</li><li>• embarrassed or ashamed</li></ul>
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	<ul style="list-style-type: none"> <li>• lonely and empty</li> <li>• very low, even worthless</li> <li>• poor body image</li> <li>• stressed and anxious.</li> </ul>
Behaviour	<ul style="list-style-type: none"> <li>• pick at food all day, eat large amounts all at once (bingeing)</li> <li>• eat without really thinking about it</li> <li>• regularly eat unhealthy food</li> <li>• eat for comfort when you feel stressed, upset, bored or unhappy</li> <li>• hide how much is being eaten</li> <li>• eat until you feel uncomfortably full or sick</li> <li>• try to diet but find it hard.</li> </ul>
What might happen physically	<ul style="list-style-type: none"> <li>• possible weight gain</li> <li>• health problems associated with being overweight, such as diabetes,</li> <li>• breathlessness</li> <li>• feel sick a lot</li> <li>• sugar highs and crashes (having bursts of energy</li> <li>• health problems such as acid reflux and irritable bowel syndrome (IBS).</li> </ul>

**“It starts as sadness then I feel myself shutting down, becoming less capable of coping. Eventually, I just feel numb and empty”.**

### Causes:

There is no single cause of eating problems – most professionals think they come from a combination of environmental and biological factors. The reasons may be complex and confusing. Some reasons include:

**habits and traits** - People with eating problems often share common traits which may make them more vulnerable, for example: perfectionism, self-critical, competitive, obsessive or compulsive behaviour, lack of confidence in self-expression.

**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 a loved one, divorce or serious family problems. Eating problems often develop at the same time as going through major life changes such as puberty, going to a new school, working out sexuality, or leaving home for the first time.

**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 surrounds people with messages about ideas of how bodies should look.

**physical and mental health problems** - physical or mental health problems, may also lead to the development of eating problems. Having a physical health problem can lead to feelings of powerless, so eating or exercise may be used as a way of feeling in control. Eating problems can begin because of experiencing 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.

**biological and genetic factors** - research has shown that genes may have an impact on whether someone is 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 and some people may be more sensitive to the hormones that control hunger and fullness. This could make them more likely to overeat or binge.

### Treatment:

Treatment is aimed at developing balanced and healthy eating patterns and to help address and cope with any underlying issues. These include;

- Online self-help programmes
- Talking treatments
- Medication (to manage mood states such as depression and anxiety)
- Admission to a clinic

### For family and friends:

**Let them know you are there**, that you are supportive and ready to listen.

**Try not to get angry with them**, they will 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. But this is not true. If you interpret someone's eating problems in a particular way – without really listening to the person themselves it could add to their feelings of helplessness.

**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.

**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.

**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 which 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".

**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 our pages on eating problems. B-eat also has blog posts and a community.

**Encourage them to seek professional help.** See our page 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.

**Accept that recovery is a long process.** Remember that while their body might look healthier quickly, they 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.