



# **Eating Disorder Awareness Booklet**

# Anorexia Nervosa

Anorexia is often characterised as a disturbance regarding body shape or weight

People with anorexia may have a distorted view of their own body and may have an intense fear of gaining weight

**8%** Of people experiencing an eating disorder have anorexia

**16 - 17** is the average age of onset for anorexia

## Symptoms

Can include:

- Fear of putting on weight
- Preoccupation with weight
- Reduced food intake
- Development of 'rules' around eating

**18 - 19** is the average age of onset

**19%** Of people suffering with an eating disorder have bulimia

## Symptoms

Can include:

- Preoccupation with weight
- Guilt associated with food consumption
- Secrecy surrounding food consumption
- Low self esteem

# Bulimia Nervosa

People with bulimia are often caught in binge/purge cycles

Bingeing occur when large quantities of food are consumed over a short period of time

Purging occurs in various forms and is an attempt to compensate or 'gain control' after a binge

# Binge Eating Disorder

This occurs when people consume large quantities of food without feeling like they are in control of their actions

while some people may fast after bingeing, it is typically not followed with purge like activities

Binges are often stressful to the individual, and they may feel disconnected from themselves during this time

## Symptoms

Can include:

- Secrecy surrounding food consumption
- Feeling a lack of control
- Developing rules around consuming

**22%**

Of people experiencing with an eating disorder have BED

## Symptoms

Can include:

- Strong emotional response to certain foods or food types
- Stress or upset when having to consume food
- Avoiding certain foods at an inconvenience to oneself

## ARFID (Avoidant Restrictive Food Intake Disorder)

ARFID is characterised by the avoidance of particular foods, restrictive overall consumption, or both

This may present as distress when eating or an overall disinterest in eating

Some people with ARFID may show concern with the consequences of eating

# OSFED (Other Specified Feeding or Eating Disordered

Diagnosis typically given when disordered eating is present, but does not meet the criteria to be classified as the previously mentioned disorders

May include diagnosis such as:

Atypical Anorexia  
Bulimia Nervosa  
Binge Eating Disorder  
Purging Disorder  
Night Eating disorder  
(in low or limited duration)

## Symptoms

- Can include a combination of symptoms from other eating disorders

**47%** of those experiencing with an eating disorder have OSFED

## Symptoms

Can include:

- An unhealthy obsession with eating in a healthy way
- Compulsive checking of ingredient lists and labels
- Compulsive calorie counting

## Orthorexia Nervosa

This is not a formally recognised diagnosis

It is characterised by a preoccupation with perceived healthfulness, that negatively affect daily activities

Involves restriction of foods, similar to anorexia but less focused on weight

# Intersectionality in Eating Disorders

Many eating disorders develop during adolescence; cases can develop in those as young as 6 to women in their 70s

85% of those with an eating disorder are not underweight

Uk research between 2017 - 2020 saw eating disorder inpatient admissions rise 53% among people from a minority ethnic background. 216% among those from a Black African background

Members of the LGBTQIA+ community can be 3x more likely to develop an eating disorder

Eating disorders are likely present with a comorbidity, 58% are psychiatric while 42% are medical

The most common comorbidities are anxiety (62%) and mood disorders (54%)

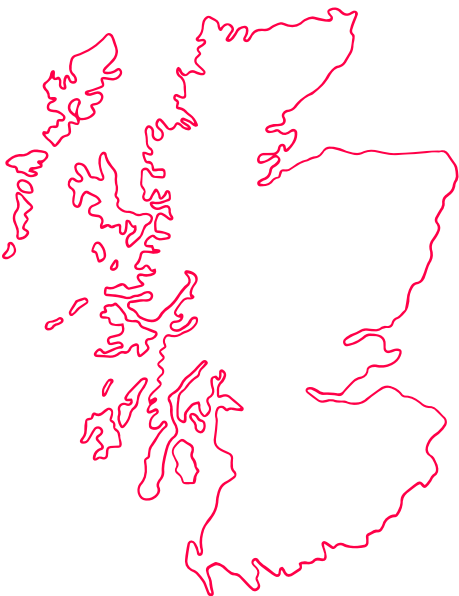
# Accessing Help

**When you feel that you are ready to seek help, there are numerous services available**

**To begin your journey towards recovery, you should first contact your GP. Sometimes it can be really difficult to chat to your GP, so you can always access our support even if you have never spoken to a healthcare professional.**



**It can take time to access services, or even to see a GP. while you wait we're here to help**



**SupportedED**

**[www.Supportedscotland.org](http://www.Supportedscotland.org)**

**[hello@supportedscotland.org](mailto:hello@supportedscotland.org)**

**Beat**

**Helpline: 0808 801 0432**

**Samaritan's**

**Helpline: 116123**

## How to approach loved ones

While it can be difficult to watch a loved one struggle with an eating disorder, it is important to remember that intervening will only work if that person is ready to begin recovery

Remember that they may be very aware of the negative consequences of their actions, making them feel ashamed will not aid their recovery

Try and avoid telling them what they must do, ask them what you can do to help them.

It is never your fault that you did not know or realise that your loved one had an eating disorders. Eating disorders hide and thrive in secrecy.

**SUPPORT** **ED**

The Community Eating Disorder Charity