



Healthcare  
Improvement  
Scotland

**SIGN**  
Evidence-based  
clinical guidelines

# Eating disorders



## Who is this booklet for?



This booklet is for people who:

- have been **diagnosed** with an eating disorder
- or are being assessed



**Diagnosed** means a doctor has decided what your illness or health condition is.

Being **assessed** is how doctors and healthcare staff make a decision about your treatment.



Family members, friends and carers may also find the booklet helpful.

Young people might find it helpful for an adult to read this booklet alongside with them.



You can find useful [video animations](#) on the SIGN website.



Details of support organisations and places you can find out more information are on pages 19 and 20.

## What are eating disorders?



Eating disorders are very serious and complicated mental illnesses.

The eating disorders charity Beat think more than 1 million people in the UK have an eating disorder.

Eating disorders can affect anyone.



Getting the right treatment quickly is important.

This booklet can help you understand what treatment you should be offered.



There are different types of eating disorder including:

### **Anorexia**

Anorexia is an eating disorder where people feel very worried about:

- eating
- their weight
- both eating and their weight



They may see themselves as overweight.

They try to keep their weight as low as possible by controlling what they eat.



They may also use other ways to control their weight such as:

- exercising a lot
- **purging**

**Purging** means getting rid of something.

In this case it means getting rid of food by being sick or taking laxatives or diuretics that make you go to the toilet.



## **Bulimia**

Bulimia is an eating disorder where at times someone will eat a lot of food.

This is called bingeing.

They will then try to feel better by exercising a lot or by purging.



## **Binge eating disorder**

Binge eating disorder is an eating disorder where people eat large amounts of food in a short time.

They do not try to feel better by purging.



## **Avoidant restrictive food intake disorder (ARFID)**



ARFID is an eating disorder that causes people to:

- avoid certain foods or food types
- limit the amount of food they eat
- or both these things

We do not have enough information to give advice for people with ARFID.

## **Other specified feeding or eating disorders (OSFED)**



A lot of people may have eating disorder symptoms that do not completely match one of the disorders described above.

You should still be offered treatment.

## **Getting help early**



Speak to your GP if you think you or someone you know has an eating disorder.

The earlier you get help, the earlier you can start to recover.

Everyone deserves to get well as soon as they can.

## Is it possible to recover from an eating disorder?



Yes. Recovery can be difficult but you can recover:

- by getting involved in your recovery and doing things to stay well
- with help from healthcare staff
- and with support from family and friends



Your healthcare staff will work with you to support you to make a full recovery.

They will make a plan to say what support is available at each stage of your recovery.

It will also say how you can take each step when you feel ready.

## What can I do to get better?



Your body needs to recover.

You will get support on how to improve your eating habits.

You may get help from an eating disorder dietitian or another healthcare staff to help with this.



**Weight recovery** means reaching a weight that is healthy for you.

Your healthcare staff will talk to you about **weight recovery** and you will be given support and information to get to a healthy weight.

## Exercise during recovery



Taking too much exercise can be a sign of an eating disorder.

Exercise can help your mental and physical recovery if you take it in a healthy way.



You will be given support to help you:

- understand how exercise affects your body and your mental health
- exercise in a healthy way
- see when you are doing too much exercise and how to manage this



You can find out more about returning to sport safely from:

- [Health4Performance](#)
- [Athletes in Balance](#)
- [Safe Exercise at Every Stage](#)

## How will anorexia affect my bones?



When anorexia develops in childhood and teenage years, a low body weight can make it more likely someone can get **osteoporosis**, and not grow well.

**Osteoporosis** means bones get weaker and might be more likely to break as you get older.

Putting weight back on is the best way to make this better or stop it happening.

Medical treatments might be offered to help your bone health but they will not work well unless you get to a healthy weight.

Your healthcare staff will talk to you before they prescribe any treatment.

## What if treatment is not working for me?



An eating disorder can be very serious or exist at the same time as another condition.

In these cases the usual treatments might not be right for you or might not work well.

Your healthcare staff may need to look at a different treatment.





If your eating disorder is very serious, or if you also have:

- post-traumatic stress disorder (PTSD)
- personality disorder
- or substance misuse

then treatment will be discussed with you and chosen carefully based on your needs.

You may also get support from your community mental health team.

## Using the Mental Health Act to support care

Sometimes the illness is too serious to allow normal treatment, as the person is at risk.

Healthcare staff may need to admit people for treatment under The Mental Health (Care & Treatment) (Scotland) Act 2003.

This means a person would be **sectioned**.

**Sectioned** means you have to stay in hospital for treatment because you are too ill to make decisions for yourself.



## What treatments are available?



Treatment usually involves ‘talking therapy’.

Your healthcare staff will:

- explain how a therapy works and why it is right for you
- discuss treatment plans with you
- encourage you to share any ideas and worries you have

## Children and young people with anorexia



Family-based treatment (FBT) should be offered as the best treatment option.

It involves working with a therapist to understand how anorexia has affected you and how your family can support you to get better.

## Children and teenagers with bulimia



It is unusual for young children to get bulimia.

Healthcare staff will explain what this means for younger children.

Teenagers with bulimia could be offered cognitive behavioural therapy (CBT) or family-based treatment (FBT) as their first treatment.



## **Cognitive behavioural therapy (CBT)**

is a talking therapy that involves working with a therapist to help you change your thinking and behaviour.

If you or your family do not want CBT or FBT, psychodynamic therapy could also be considered.



**Psychodynamic therapy** involves working with a therapist to look at problems from your past and present relationships and everyday life.

It can help you understand your relationships with other people.



Healthcare staff may consider prescribing a medication called fluoxetine for young people aged between 16-18 years.

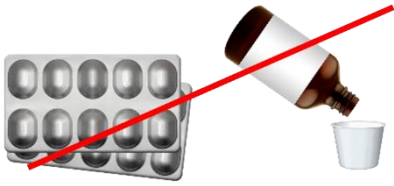
This would only be for a short time and you would have one of the talking therapies at the same time.

## **Children and teenagers with binge eating disorder**



Teenagers could be offered:

- cognitive behavioural therapy
- **interpersonal** psychotherapy
- or family-based treatment



Medication should not be prescribed for young people with binge eating disorder.



**Interpersonal** psychotherapy (IPT) is when healthcare staff help you understand how your relationships with others affect your mental health.

## Adults with anorexia



Cognitive behavioural therapy – enhanced (**CBT-E**) or another form of CBT should be offered as the first choice of psychological treatment for adults with anorexia.



**Cognitive behavioural therapy – enhanced (CBT-E)** is when your therapist will work with you to help you change your thoughts and eating behaviours.

If this does not work your healthcare staff will talk to you about different therapies and how they could help you.

## Can medication help to treat anorexia?



Some people with anorexia who have obsessional thinking can be helped by taking the medicine olanzapine.

Your healthcare staff will talk to you about the different medications that could be prescribed.

If your body weight is low it can be risky to take certain medications.



An **electrocardiogram (ECG)** and regular blood tests might be needed for monitoring.

An **ECG** is a painless test that records your heart's rhythm and electrical activity.

## Adults with bulimia



**Cognitive behavioural therapy-enhanced (CBT-E)** or **cognitive behavioural therapy (CBT-BN)** are talking therapies that should be offered as the first choice of psychological treatment for adults with bulimia.

If you do not find CBT helpful your team will work hard to find a treatment that works for you and helps you recover.

## Can medication help to treat bulimia?

You may be offered antidepressant medication along with psychological treatments.



Fluoxetine is the most common antidepressant that could be given.

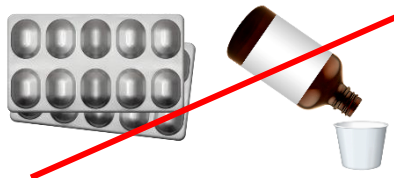
It can help with symptoms of bingeing and purging.

Your healthcare staff will talk to you about taking antidepressant medication.

## Adults with binge eating disorder



If you have a binge eating disorder you should be offered cognitive behavioural therapy (CBT) or interpersonal psychotherapy (IPT) first.



Medication is not recommended for adults with binge eating disorder.

Your healthcare staff will talk about your treatments with you.

## Very serious eating disorders that have lasted for a long time



There are big differences in how long someone is ill with an eating disorder and the time it takes them to get better.

People can recover after living with eating disorders for many years.



Sometimes the first treatment may not work.

You should be offered more than one treatment and any new treatments.

Sometimes it may be helpful to move from treatment to work on a better quality of life.



If you decide to stop treatment you should be able to:

- change your mind in the future and work with healthcare services again
- discuss options with healthcare staff



Your healthcare staff can give you advice about support from:

- social services
- housing and education
- employment services

## How will I be treated if I also have diabetes?



Eating problems are twice as common in people with type 1 diabetes than in others.

Problems are often linked to bingeing and purging.



If your healthcare staff thinks you may have an eating disorder, they will talk to you about this at your diabetes review.

To find out more, they may use a questionnaire.



If you have type 1 diabetes and an eating disorder, the diabetes healthcare staff involved in your care will work with mental health staff to support you.

They will give you extra help to check and control your blood glucose.



## How will I be treated if I am pregnant?



Pregnancy may make you think about your body differently.

An eating disorder can make things more complicated.

Healthcare staff should ask you sensitively if you have or have had an eating disorder.



They should support you with how your eating disorder symptoms may change.

You may need more checks and support on healthy eating.



You may need a care plan to support you:

- when preparing for pregnancy
- during pregnancy
- and after your baby is born



A team of healthcare staff from many different services may work together to plan your care.

## What if I move between services during treatment?



Moving between services is called **transition**.



Transitions can happen because you are:

- moving home
- moving from child to adult services
- moving from inpatient to outpatient services



Your healthcare staff from different services will work together with you and your carers to build a good transition plan that works well for everyone involved.



A Transition Manager will check that things are working well at each stage.



A copy of the plan will go to both healthcare teams (the one you're moving from, and the one you're moving to).

Everyone will know about each step in the plan and when changes will happen.

## Is there support for families and carers?



Adults with eating disorders will guide their own recovery, but it is important to have a supportive network of people so they can help you with your recovery.

Family and carer support can be given and still keep personal and medical information private.



All carers should be offered support. This could be by using a self-help skills book from [Experienced Carers Helping Others](#) (ECHO) or through Collaborative Carer workshops.

## Where can I find out more?

<https://www.beateatingdisorders.org.uk/>



The Beat Adult [Helplines and email support](#) are open to anyone over 18.

Beat Scotland helpline: 0808 801 0432

Email: [Scotlandhelp@beateatingdisorders.org.uk](mailto:Scotlandhelp@beateatingdisorders.org.uk)

Beat Youthline for anyone under 18:  
0808 801 0711

Email: [fyp@beateatingdisorders.org.uk](mailto:fyp@beateatingdisorders.org.uk)

CARED Scotland  
[www.caredscotland.co.uk](http://www.caredscotland.co.uk)

F.E.A.S.T. [www.feast-ed.org](http://www.feast-ed.org)

Mental Welfare Commission  
[www.mwcscot.org.uk](http://www.mwcscot.org.uk)

Adviceline: 0800 389 6809

Email: [mwc.enquiries@nhs.scot](mailto:mwc.enquiries@nhs.scot)



NHS Inform

<https://www.nhsinform.scot/illnesses-and-conditions/mental-health/eating-disorders>

Tel: 0800 22 44 88

Scottish Association for Mental Health (SAMH) [www.samh.org.uk](http://www.samh.org.uk)

Tel: 0344 800 0550

Email: [info@samh.org.uk](mailto:info@samh.org.uk)



If you would like this information in another language or format please:

- phone 0131 623 4720
- or email: [sign@sign.ac.uk](mailto:sign@sign.ac.uk)