SPACE TO BREATHE

Eating Disorders in Midlife and Menopause

Why eating difficulties do not have an age limit

Eating disorders can begin, continue or return in midlife and later life. Menopause, bereavement, caring responsibilities, illness, retirement, relationship change and cultural pressure about ageing may all affect body image, appetite and coping. Older adults deserve the same early recognition and specialist care.

UNDERSTAND	NOTICE	SUPPORT

INSIDE THIS GUIDE

- Why symptoms may be overlooked
- Midlife pressures may include
- A careful assessment considers

Use this guide to understand, begin a conversation, or help someone feel less alone.

You do not need to read it all at once. Pause whenever you need to and return when you feel ready.

A compassionate information guide

This resource offers general information and does not replace individual medical or specialist eating-disorder care.

Understanding what may be happening

Why symptoms may be overlooked

- Eating disorders are wrongly stereotyped as illnesses of teenagers.
- Weight change may be attributed only to ageing, stress or another condition.
- People may feel ashamed to disclose symptoms after many years.
- Physical illness, dental issues, medicines or financial pressures can complicate eating.

Midlife pressures may include

- Body composition and hormonal changes.
- Fear of ageing or loss of identity.
- Caring for children, grandchildren or parents while neglecting personal needs.
- Social isolation, grief, retirement or relationship change.

A careful assessment considers

- Eating-disorder behaviours alongside medical causes of appetite or weight change.
- Bone, heart, hormonal and digestive health where relevant.
- Medication, alcohol use, mood, cognition and suicide risk.
- The person’s history rather than age-based assumptions.

Gentle, practical ways forward

Support should always be adapted to the person, their diagnosis, physical health, culture, neurotype and treatment plan.

WHAT MAY HELP

- Speak to a GP about both eating behaviours and physical symptoms.
- Ask for an eating-disorder referral regardless of age.
- Review medicines and medical conditions with qualified clinicians.
- Build regular support around meals and major life transitions.
- Challenge ageist beliefs that recovery is no longer possible.

A gentle reminder

There is no age at which a person becomes too old to deserve understanding, treatment or a fuller life.

Please seek urgent help for fainting, chest pain, confusion, severe weakness, uncontrolled vomiting, blood, serious dehydration, or immediate risk of harm. In the UK call 999/A&E; for an emergency, NHS 111 for urgent advice, or contact your GP/eating-disorder team.

Trusted information

NHS: Eating disorders overview
https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/

NICE: Eating disorders: recognition and treatment (NG69)
https://www.nice.org.uk/guidance/ng69

Royal College of Psychiatrists: Medical Emergencies in Eating Disorders (MEED)
https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2022-college-reports/cr233

Beat: Eating-disorder information and support
https://www.beateatingdisorders.org.uk/

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