SPACE TO BREATHE THERAPY • SUPPORT HUB

Why Can Recovery Cause Bloating?

Digestive discomfort, fear and what may help

Bloating, fullness, constipation and stomach discomfort are common worries during eating-disorder recovery. These sensations can feel alarming and may be misread as proof that eating is harmful. They deserve compassionate medical attention, but they do not automatically mean recovery is going wrong.

UNDERSTAND	NOTICE	SUPPORT

INSIDE THIS GUIDE

- Why digestion may feel different
- What not to assume
- When to seek medical advice

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 digestion may feel different

- Restrictive eating can slow movement through the stomach and bowel.
- Irregular intake may disrupt normal hunger, fullness and digestive rhythms.
- An anxious nervous system can intensify gut sensations and muscle tension.
- When intake increases, the digestive system may need time to adapt to greater volume and variety.
- Constipation, dehydration, medicines or an unrelated condition can add to symptoms.

What not to assume

- A sensation is not a reliable measure of body change.
- Bloating does not mean a person has eaten “too much”.
- Cutting out more foods without clinical advice can reinforce fear and reduce nutritional adequacy.
- Online detoxes, laxatives and compensatory exercise can be harmful.

When to seek medical advice

- Persistent or severe pain, repeated vomiting, blood, black stools or a swollen rigid abdomen need prompt assessment.
- Fainting, chest pain, confusion, severe weakness or inability to keep fluids down require urgent help.
- Discuss ongoing symptoms with a GP and eating-disorder team rather than self-diagnosing.

Gentle, practical ways forward

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

WHAT MAY HELP

- Follow the meal plan agreed with your team rather than reacting to each sensation.
- Wear comfortable clothing and use warmth or gentle breathing if approved.
- Keep symptom notes focused on patterns and safety, not calories or body checking.
- Ask a dietitian or clinician before changing fibre, fluids or supplements.
- Reduce repeated mirror checking or measuring after meals.

A gentle reminder

Digestive recovery is rarely perfectly linear. The aim is not to ignore discomfort, but to respond without letting fear make every food decision.

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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