ANOREXIA NERVOSA

Warning Signs, Recognition & Support

A detailed guide for parents, partners, families and carers

You do not have to wait until someone looks visibly unwell before taking concerns seriously. Anorexia can be serious at any body size, and early recognition matters.

Understanding what you may be seeing

Anorexia nervosa is an eating disorder in which restriction, fear, distress and beliefs about food, weight or shape can begin to dominate everyday life. It can affect physical health, thinking, emotions, relationships, education, work and a person's ability to take part in ordinary routines.

For people close to the person, the first signs are often changes rather than a single dramatic symptom. Someone who once ate with the family may begin avoiding meals. Exercise may shift from enjoyable to compulsory. Food choices may become narrower and governed by increasingly strict rules. A person may seem anxious, irritable, withdrawn, cold, tired or preoccupied.

Why it can be difficult to recognise

The person may hide or minimise what is happening, may genuinely struggle to recognise the seriousness of the illness, or may feel frightened that accepting help will lead to loss of control. Some people remain outwardly high-functioning. They may continue working, studying, parenting or socialising while becoming increasingly unwell.

Weight alone cannot tell you whether someone has an eating disorder or how medically compromised they are. Rapid change, restrictive behaviours, physical symptoms and psychological distress all matter. In children and teenagers, failure to gain expected weight or changes in growth can be important even without obvious weight loss.

What this guide is for

This resource is designed to help you recognise patterns, approach the person sensitively, understand physical and emotional warning signs, know when medical help may be urgent, and support the person without turning the relationship into constant monitoring.

It is not intended to diagnose anorexia. Diagnosis and medical risk assessment require appropriately qualified professionals. If you are worried, a GP or specialist eating-disorder service can assess the whole picture.

Your role is not to prove that the person has an eating disorder. Your role is to notice, care, speak up and help them reach appropriate support.

1. Warning signs around food and eating

Food-related changes can begin gradually. Look for a pattern and for behaviour that is different from the person's usual relationship with food.

Restriction and new food rules

• Skipping meals, delaying eating or repeatedly saying they have already eaten.

• Portions becoming noticeably smaller, or previously accepted foods disappearing from the diet.

• Increasingly rigid rules about calories, fat, carbohydrates, sugar, meal times, portion sizes or how food must be prepared.

• Describing ordinary foods as 'bad', 'dirty', 'unsafe', 'unhealthy' or forbidden, particularly when the list keeps expanding.

• Suddenly becoming vegetarian, vegan, 'clean eating' or highly health-focused when this also appears to provide a reason to restrict. These diets do not cause anorexia, but dietary rules can sometimes conceal restriction.

• Avoiding oils, sauces, dressings, mixed dishes, restaurant food or anything where ingredients or calories cannot be precisely known.

Mealtime behaviour

• Eating unusually slowly; cutting food into tiny pieces; rearranging food; taking very small bites; using particular plates or utensils.

• Wanting to prepare their own meals and becoming distressed if somebody else cooks or changes the plan.

• Avoiding family meals, celebrations, restaurants, holidays or social occasions involving food.

• Cooking, baking, reading recipes or feeding other people while eating very little themselves.

• Drinking large amounts of water, tea, coffee or low-calorie drinks around meals, or using gum excessively.

• Going to the bathroom immediately after meals, especially if there may also be vomiting or other compensatory behaviour.

Secrecy and reassurance

You may notice food being hidden, discarded, given away or left uneaten. The person may say they ate elsewhere, become defensive when asked, or reassure everyone that they are 'fine'. Avoid turning this into detective work. Record concerning patterns if needed for a clinician, but preserve trust wherever possible.

One unusual meal is not an eating disorder. Repeated restriction, distress, secrecy, rigid rules and a growing impact on everyday life deserve attention.

2. Exercise, body image and behavioural signs

When movement becomes compulsory

Exercise may become driven by fear, guilt or a need to compensate rather than enjoyment. The important question is not simply how much someone exercises, but whether they feel able to rest.

• Exercising despite illness, injury, exhaustion or medical advice to rest.

• Becoming distressed, guilty, anxious or irritable if exercise is interrupted.

• Adding extra walking, pacing, standing, stairs or movement throughout the day.

• Exercising secretly or late at night, or disguising exercise as another activity.

• Using exercise to 'earn' food or compensate for eating.

Body checking and avoidance

• Frequent weighing or needing to know weight repeatedly.

• Checking mirrors, photographs or reflections; measuring body parts; pinching skin; checking how clothing fits.

• Comparing their body or food intake with other people.

• Avoiding mirrors, photographs, changing rooms, intimacy or clothes that reveal body shape.

• Repeated reassurance seeking about whether they look bigger, smaller, 'fat' or different.

Changes in personality and daily life

• Withdrawal from friends and family, especially where socialising involves food.

• Increasing perfectionism, rigidity, irritability or difficulty coping when plans change.

• Loss of interest in hobbies, relationships or activities that used to matter.

• Problems concentrating, slower thinking, indecision, forgetfulness or reduced performance at school or work.

• Sleep disturbance, low mood, anxiety, tearfulness or emotional numbness.

• Wearing several layers because of feeling cold or to conceal changes in body shape.

Try to remember that many of these behaviours are driven by fear and illness. Confronting them as deliberate bad behaviour can increase shame and secrecy.

Ask yourself: Is their world becoming smaller because food, weight, exercise or body image is taking up more and more space?

3. Physical warning signs

Restriction and malnutrition can affect the heart, circulation, hormones, digestion, bones, muscles, brain and immune system. A person may have significant physical symptoms even when the seriousness is not obvious from appearance.

Signs you may notice

• Persistent coldness, cold hands and feet, or needing extra layers when others are comfortable.

• Dizziness, light-headedness, fainting or feeling weak when standing.

• Unusual tiredness, weakness, reduced stamina or difficulty completing normal activities.

• Palpitations, a racing or unusually slow heartbeat, chest discomfort or breathlessness.

• Pale appearance, poor circulation or feeling generally physically depleted.

• Constipation, bloating, abdominal discomfort, nausea or feeling full very quickly.

• Dry skin, brittle nails, hair thinning or hair loss; fine downy hair may develop on the body.

• Menstrual changes or periods stopping; hormonal changes and reduced sex drive can occur.

• In children and teenagers: slowed growth, delayed puberty, failure to gain expected weight or falling away from their previous growth pattern.

• Reduced strength, muscle loss, repeated injuries or stress fractures.

When to seek urgent help

Do not try to judge medical stability at home. Seek urgent professional advice if there is fainting, chest pain, severe weakness, confusion, marked dehydration, concerning heart symptoms, inability to keep fluids down, rapid physical deterioration, or any other symptom that makes you believe the person may be medically unsafe.

If the person has suicidal thoughts, has seriously harmed themselves, cannot keep themselves safe, or there is an immediate threat to life, seek emergency help. In the UK, call 999 or attend A&E; for a life-threatening emergency. NHS 111 can provide urgent medical advice when the situation is urgent but not immediately life-threatening.

Why medical monitoring matters

An eating-disorder assessment may include physical observations, blood tests, an ECG and other checks depending on symptoms and clinical judgement. Medical monitoring is not a punishment or a way of proving illness; it is part of keeping the person safe while treatment addresses the eating disorder.

Never reassure yourself solely because the person is still going to work, school or exercising. People can remain outwardly active while physically compromised.

4. Starting a compassionate conversation

Many families delay speaking because they are frightened of saying the wrong thing. You do not need a perfect script. A calm, caring conversation based on specific observations is usually more helpful than waiting until you are certain.

Choose the moment

Where possible, choose a private and relatively calm time rather than raising the subject in the middle of a difficult meal or argument. Avoid beginning with weight or appearance.

What you might say

'I've noticed that meals seem to have become really stressful and you've been feeling dizzy. I care about you and I'm worried. I'd like us to get some advice.'

'You don't have to convince me that you're struggling. I can see things have become hard, and I want to understand how I can support you.'

'I know you may not agree with me about how serious this is. I still think the changes I've seen deserve a medical check.'

Helpful communication

• Use 'I have noticed...' and 'I am concerned...' rather than 'You always...' or 'You are doing this to yourself.'

• Listen without immediately correcting every fear or belief.

• Acknowledge emotion without agreeing with the eating disorder: 'I can hear how frightening that feels.'

• Keep your voice steady. Intense confrontation can make it harder for the person to hear your concern.

• Offer practical help with booking appointments, transport, questions and attending if they want you there.

• If they reject the conversation, keep the relationship open and return to the concern later.

Avoid

Avoid praise or criticism about weight, shape or appearance; calorie debates; threats; shaming; comparisons; comments about willpower; or telling the person simply to 'just eat'. The difficulty is not a lack of common sense. Eating disorders involve powerful psychological and biological processes.

Warmth and firmness can coexist: 'I love you, I hear that this is frightening, and I am still going to help you get support.'

5. Supporting someone day to day

The best support depends on the person's age, medical risk and treatment plan. Ask the specialist team what role they want family members or partners to take, particularly around meals, exercise and monitoring.

Around meals

• Follow the agreed clinical or meal plan rather than negotiating a new plan every day.

• Keep the environment as calm and predictable as possible.

• Avoid discussing calories, dieting, weight loss or other people's bodies at the table.

• If advised by the team, plan a gentle distraction after meals when anxiety may be high.

• Do not secretly alter food to make it more calorific or less calorific unless this is specifically part of an agreed clinical plan; secrecy can damage trust.

• Recognise that eating can require enormous courage even when the meal appears ordinary to everyone else.

Protecting the relationship

• Keep talking about ordinary life as well as recovery. The person is more than the eating disorder.

• Invite connection without making every social activity revolve around food.

• Notice qualities such as humour, kindness, persistence, creativity and courage rather than commenting on appearance.

• Agree boundaries around abusive or unsafe behaviour while recognising that distress may be intense.

• Make room for the person's voice and preferences wherever safety allows.

For partners

Partners can gradually find themselves becoming monitors, therapists and carers all at once. Ask the person and treatment team what is genuinely useful. Preserve some time where your relationship is allowed to be a relationship. Seek your own support rather than carrying fear alone.

For parents and carers

For children and young people, family involvement can be a central part of treatment. This does not mean that parents caused the eating disorder. Family-focused treatment can help parents temporarily take a more active role in supporting nutrition and reducing eating-disorder behaviours while the young person moves toward greater independence again.

For siblings and wider family

Siblings may feel frightened, overlooked, angry or confused. Give age-appropriate explanations, avoid making them responsible for monitoring, and preserve individual time and attention for them too.

Supporting recovery is demanding. Looking after yourself is not abandoning the person - it helps you remain steadier and more sustainable.

6. Professional help, treatment and preparing for appointments

The first appointment

A GP can assess concerns, consider physical risk and refer to specialist services. When an eating disorder is suspected, NICE recommends referral to an age-appropriate eating-disorder service. If you feel unable to explain everything verbally, take written notes.

Useful information to take

- When changes began and whether they are getting worse.
- Typical current eating pattern and major changes from the person's previous pattern.
- Exercise patterns and whether the person can rest.
- Any vomiting, laxative or diuretic use, binge eating or other compensatory behaviour.
- Dizziness, fainting, palpitations, weakness, digestive symptoms or menstrual/growth changes.
- Mood changes, self-harm, suicidal thoughts, substance use or other mental-health concerns.
- Medicines, supplements and relevant medical history.

Treatment approaches

Treatment should be individualised and usually involves specialist psychological treatment alongside nutritional and medical care. NICE guidance for adults includes eating-disorder-focused CBT, MANTRA and specialist supportive clinical management. For children and young people, anorexia-focused family therapy is an important recommended approach, with other therapies available when needed.

Recovery involves much more than a number on a scale. Treatment may address fear of food and weight gain, rigid rules, body image, emotional regulation, relationships, identity, anxiety, perfectionism and returning to a fuller life.

If the person is reluctant

Fear of treatment is common. Ask what they are frightened will happen. Offer to attend an appointment, help write questions or simply sit with them. If they are medically unsafe, however, safety has to take priority even when they do not feel ready.

You do not need to wait for motivation to be perfect. Sometimes support begins with one appointment, one honest conversation or one person refusing to give up.

7. Support, books and reliable information

UK support

NHS: Information about anorexia, eating-disorder symptoms and treatment. Contact a GP if you are concerned. NHS 111 can advise on urgent medical problems; call 999 or attend A&E; for a life-threatening emergency.

Beat: A UK eating-disorder charity providing information for people with eating disorders and carers, support services, HelpFinder and carer resources. Beat's England helpline is **0808 801 0677**.

Books for parents, partners and families

Skills-based Learning for Caring for a Loved One with an Eating Disorder: The New Maudsley Method - Janet Treasure, Gráinne Smith and Anna Crane. A practical guide to communication and supportive behaviour for carers. It can help families understand how fear, accommodation and conflict can become part of the cycle and introduces calmer ways of responding.

Anorexia and Other Eating Disorders: How to Help Your Child Eat Well and Be Well - Eva Musby. Written particularly for parents, combining practical ideas around meals and communication with compassionate support for the whole family.

Reliable professional guidance

NICE NG69 - Eating disorders: recognition and treatment. UK clinical guidance covering recognition, assessment, referral, physical monitoring, psychological treatment and the involvement of families and carers.

NHS eating-disorder information. Accessible information on symptoms, seeking help and treatment.

Beat. Information specifically for carers as well as people experiencing eating disorders, including downloadable resources and information about support programmes.

A message to the person supporting

It is painful to watch someone you love struggle with something that can seem to contradict everything you can see and understand. You may feel frightened one day, angry the next and completely exhausted after that. Those feelings do not make you a bad parent, partner or family member.

Try not to measure your usefulness by whether you can make the eating disorder disappear. You can offer steadiness. You can notice. You can listen. You can help the person reach specialist care. You can continue to see the whole person when the illness is taking up a great deal of space.

Recovery is often uneven. A difficult meal, a setback or a return of symptoms does not mean that all progress has been lost. Keep communication open and seek professional advice when the picture changes.

Keep hope close. The person you love is not the eating disorder, and recovery is possible.

Information sources: NHS eating-disorder and anorexia guidance; NICE guideline NG69, Eating disorders: recognition and treatment; Beat information and carer resources. Checked September 2026.

This guide is educational and does not replace individual medical assessment, diagnosis or specialist eating-disorder treatment.