

Spot the Warning Signs - Eating Disorders

Notice - Ask - Listen - Support

Why spotting the signs matters

Eating disorders can develop gradually and are often hidden. Early changes may be explained away as healthy eating, stress, exercise, digestive problems, picky eating or a temporary loss of appetite. Sometimes the person themselves does not recognise how much their relationship with food has changed. Spotting a pattern early can create an opportunity for support before physical and psychological risks become more established.

There is no single appearance, personality or body size that identifies an eating disorder. A person may be struggling significantly while continuing to work, study, parent, socialise or appear outwardly well. Warning signs should therefore be understood as changes in behaviour, thinking, emotion, physical wellbeing and daily functioning rather than a checklist based on weight.

Changes around food and eating

- Skipping meals, delaying eating or repeatedly saying they have already eaten.
- A narrowing range of foods, new exclusions, rigid food rules or distress when familiar foods are unavailable.
- Eating unusually slowly, cutting food into tiny pieces, rearranging food or developing new rituals.
- Avoiding meals with other people or becoming anxious about restaurants, celebrations and shared food.
- Eating large amounts with a sense of loss of control, hiding food or packaging, or eating in secrecy.
- Leaving the table immediately after eating, frequent bathroom visits, or other signs of compensatory behaviour.
- Strong fear of choking, vomiting, contamination, allergic reaction or other consequences of eating.
- Sensory distress around texture, smell, temperature, appearance or mixed foods.

Notice the change, not just the behaviour

Some behaviours can have many explanations. What matters is whether they are new, increasing, distressing, rigid, secretive or interfering with health and everyday life. A single missed meal is different from an escalating pattern of avoidance. A food preference is different from restriction that leaves somebody nutritionally compromised or unable to participate in daily life.

Emotional, Cognitive and Social Warning Signs

Eating disorders often change the way somebody thinks and feels long before other people recognise a physical problem.

Thoughts and emotions

- Increasing preoccupation with food, ingredients, calories, body shape, weight or exercise.
- Guilt, panic, shame, irritability or distress around eating.
- Perfectionistic rules and a sense that eating must be earned or compensated for.
- Feeling out of control around food or frightened of beginning to eat.
- Low mood, anxiety, emotional numbness or reduced concentration.
- Harsh self-criticism and self-worth becoming increasingly tied to eating, body or performance.

Social and everyday changes

- Withdrawing from friends, family meals, work events or celebrations involving food.
- Loss of interest in hobbies or relationships as food, exercise or routines take over.
- Becoming secretive, defensive or distressed when asked about eating.
- Difficulty concentrating at school or work, reduced energy or increasing absence.
- Planning the day around food rules, exercise, bathroom access or opportunities to avoid eating.

Exercise warning signs

Movement becomes concerning when it is driven rather than chosen. Signs can include exercising despite injury, illness or exhaustion; distress when a session is missed; rigid step, time or distance targets; movement used to compensate for eating; or exercise repeatedly taking priority over rest, relationships and responsibilities.

Neurodivergent presentations

Autistic and ADHD people may show warning signs through increasing safe-food dependence, sensory overload, forgotten meals, difficulty initiating food preparation, strong routines, interoceptive differences or distress when expected foods change. These should not automatically be interpreted as defiance or body-image-driven restriction. Understanding the function of the eating difficulty is essential.

Physical Warning Signs and Medical Risk

Physical changes deserve attention even when the cause is uncertain. Eating disorders can affect cardiovascular, gastrointestinal, hormonal, neurological, dental and bone health, and risk can occur at any body size.

Signs that may need medical assessment

- Dizziness, fainting, weakness, unusual fatigue or difficulty concentrating.
- Feeling persistently cold, sleep disturbance or reduced physical stamina.
- Dehydration, headaches, muscle cramps or signs of electrolyte disturbance.
- Constipation, reflux, abdominal pain, bloating or other persistent gastrointestinal symptoms.
- Dental erosion, mouth or throat irritation where vomiting may be occurring.
- Changes in menstrual or hormonal functioning where relevant.
- Injuries, poor recovery from exercise or continuing to exercise when medically unwell.
- Rapid or substantial change in eating, hydration or physical functioning, regardless of weight.

Why body size cannot determine seriousness

A person can experience significant restriction, purging, nutritional deficiency or medical instability without being underweight. Waiting for somebody to 'look ill' can delay treatment. The pattern of behaviour, speed of change, physical observations, psychological distress and clinical assessment matter far more than appearance.

Urgent warning signs

Collapse or fainting, chest pain, severe weakness, confusion, severe dehydration, blood in vomit, severe abdominal symptoms, rapidly deteriorating physical health or immediate risk of self-harm or suicide require urgent assessment. In the UK, call 999 or attend A&E; for an emergency. NHS 111 can advise when urgent care is needed but the situation is not immediately life-threatening.

When you are unsure

You do not need to diagnose an eating disorder before encouraging help. If eating, exercise or feeding difficulties are causing distress, physical symptoms or interference with everyday life, it is reasonable to speak with a GP or eating-disorder service. Keeping brief notes about the changes you have noticed can help explain the pattern at an appointment.

How to Start the Conversation

Approaching somebody about eating can feel difficult. The aim is not to prove that they have an eating disorder. It is to make it safer for them to tell you what is happening.

Choose the moment

Try to speak privately at a relatively calm time rather than during an argument or immediately before, during or after a difficult meal. If the person is physically unwell, however, medical safety takes priority over waiting for the perfect conversation.

Use observations rather than accusations

Try: 'I've noticed meals seem much more stressful recently and you've been avoiding things you used to enjoy. I'm concerned about you.' This is usually easier to hear than statements about weight, appearance or assumptions about what the person is doing.

Ask, listen and stay curious

- What has eating been like for you lately?
- Is there anything about food, sensations, body image or eating situations that feels frightening or overwhelming?
- What happens in your thoughts or body when eating feels difficult?
- What would make meals or getting support feel safer?
- Would it help if I came with you to speak to somebody?

If they say nothing is wrong

Denial, minimising or uncertainty can be part of an eating disorder, but it can also reflect fear, shame or not yet having words for the experience. Avoid turning the conversation into an interrogation. You can say that you remain concerned, explain the changes you have noticed and leave the door open to talk again. If there is significant physical risk, seek professional advice even when the person is reluctant.

Language to avoid

- Comments about looking healthy, thin, bigger, better or worse.
- Praise for weight loss, dieting, discipline or exercise.
- Arguments about whether a particular amount of food is enough.
- Labelling foods as good, bad, clean, naughty or guilty.
- Telling somebody to 'just eat', 'just stop' or that other people have it worse.

From Warning Signs to Getting Help

Recognising the signs is only the first step. The next task is helping somebody move towards appropriate assessment and support.

Preparing for a GP or specialist appointment

- Write down the behaviours or changes that are causing concern and roughly when they began.
- Include physical symptoms such as dizziness, fainting, gastrointestinal problems, dehydration or exercise despite illness.
- Mention bingeing, purging, laxative or diuretic misuse, restriction or compulsive exercise directly if these are occurring.
- Explain sensory, neurodivergent, communication or accessibility needs.
- Ask what physical monitoring is needed and what should trigger urgent reassessment.
- Ask what specialist eating-disorder pathway or treatment is appropriate.

What treatment may involve

Treatment varies according to diagnosis, age, physical risk and individual circumstances. It can include eating-disorder-focused psychological therapy, guided self-help, family-based approaches, medical monitoring, nutritional rehabilitation and practical support. For some people, sensory or neurodivergence-informed adaptations are essential to making treatment accessible.

While waiting for specialist support

Waiting can feel frightening. Keep the GP informed if symptoms worsen. Use urgent services when physical or mental-health risk escalates. Reduce shame and secrecy, maintain connection and focus on basic safety rather than trying to design an entire treatment programme at home. Where a clinician has provided a plan, follow that plan and ask for clarification when something is unclear.

Recovery signs worth noticing too

- Telling somebody honestly that things are difficult.
- Accepting an appointment or medical check.
- Eating something despite fear or sensory discomfort.
- Resting instead of following a compulsive exercise rule.
- Breaking a ritual or tolerating a small change.
- Returning to a relationship, interest or activity that the eating disorder had pushed away.

My Warning Signs Diary - Page 1

Use this page to notice changes without counting calories, recording weight or judging yourself. Look for patterns in context, emotions, thoughts and behaviour.

What did I notice today?

Changes around food, eating, movement, routines or social situations.

What was happening beforehand?

Stress, sensory overload, conflict, tiredness, hunger, uncertainty or something else.

What thoughts or feelings appeared?

Fear, shame, guilt, numbness, rules, body thoughts or self-criticism.

What did I do next?

Avoidance, restriction, bingeing, purging, checking, exercise, asking for help or another response.

My Warning Signs Diary - Page 2

This page helps turn noticing into support. Look for what your body and mind may have needed, what helped and what you want somebody else to understand.

What might this have been communicating?

A need for safety, predictability, nourishment, rest, control, sensory relief or connection.

What helped even a little?

A person, a safer environment, grounding, nourishment, rest or a kinder thought.

What made things harder?

Comments, demands, uncertainty, pain, tiredness, isolation or physical symptoms.

Who or what could support me next?

A trusted person, GP, therapist, eating-disorder service, practical adjustment or emergency support.

My Recipe for Early Support

This is not a meal plan. It is a practical recipe for responding when warning signs begin to appear.

Ingredients	Method
♥ One honest observation ♥ Curiosity ♥ A calm moment ♥ A trusted person ♥ Clear language ♥ Medical awareness ♥ Patience ♥ Practical support ♥ Permission to ask again ♥ Hope	Step 1: Notice the change rather than waiting for certainty or a diagnosis. Step 2: Describe what you have observed without commenting on appearance. Step 3: Ask an open question and give the person time to answer. Step 4: Listen for what food or eating feels like from the inside. Step 5: Check physical safety and seek medical advice when symptoms are concerning. Step 6: Offer one practical next step, such as arranging an appointment or going with them. Step 7: Reduce shame: make it clear that struggling does not mean failing. Step 8: Keep the conversation open. One difficult response does not mean you should never ask again.

Chef's Notes

Warning signs are invitations to become curious, not evidence that you have failed to notice something sooner. Some signs are subtle, some overlap with other conditions, and some people work very hard to hide their distress. You are allowed to ask for professional guidance even when you are uncertain.

Serving Suggestions

Best served with calm language, privacy, time and a willingness to listen. Avoid serving with judgement, weight talk, threats or arguments about whether somebody is 'ill enough'. Add practical support and professional advice according to the level of risk.

Books, Resources and References

Books

- Janet Treasure, Gráinne Smith and Anna Crane - Skills-based Caring for a Loved One with an Eating Disorder.
- Christopher G. Fairburn - Overcoming Binge Eating.
- June Alexander and Janet Treasure - A Collaborative Approach to Eating Disorders.
- Jennifer J. Thomas and Kamryn T. Eddy - Cognitive-Behavioral Therapy for Avoidant/Restrictive Food Intake Disorder.

Information and clinical references

- NICE NG69 - Eating disorders: recognition and treatment.
- NHS - Eating disorders: overview, symptoms and accessing help.
- Beat - UK eating-disorder information, helplines and support.
- American Psychiatric Association - DSM-5-TR, Feeding and Eating Disorders.
- Royal College of Psychiatrists - eating-disorder information and clinical resources.

A Message from Maggie

If something has made you stop and wonder whether you or somebody you care about may be struggling, you do not need to wait until everything is obvious. Eating disorders often grow quietly. A change in routines, increasing fear, secrecy, sensory distress, compulsive exercise or simply a sense that food is taking over more of life can all be worth noticing. You do not need the perfect words or a diagnosis before you reach out. Begin with curiosity. Ask what is happening. Listen to the answer, including the parts that may be difficult to explain. Support is not about policing somebody; it is about helping them feel safe enough to be honest and making sure physical and emotional risk is taken seriously. Early support can matter enormously.

Space to Breathe Therapy - Support Hub

Educational information only. This guide does not replace individual medical assessment, diagnosis or treatment.