EATING DISORDERS AND HEART HEALTH

Why physical monitoring matters at every body size

The heart can be affected even when somebody does not look medically unwell

Eating disorders can affect heart rate, blood pressure, circulation, fluid balance and electrolytes. Risk varies between people and cannot be reliably assessed from appearance alone. Restriction, malnutrition, vomiting, laxative or diuretic misuse, dehydration and other compensatory behaviours can all have cardiovascular consequences. Medical monitoring is therefore an important part of eating-disorder care.

Why eating disorders can affect the heart

The heart is a muscle that depends on adequate energy, fluid and a stable balance of electrolytes to work effectively. When the body is under-fuelled or repeatedly loses fluid and electrolytes, it adapts. Some adaptations may initially be subtle, but they can become clinically important.

Eating disorders affect people differently. A person can experience cardiovascular complications at a range of body sizes, and a normal-looking appearance does not rule out medical instability.

Ways heart health may be affected

• **Slow heart rate (bradycardia):** prolonged undernutrition can reduce metabolic demand and slow the heart. In an eating-disorder context, a low pulse needs clinical interpretation rather than being automatically assumed to represent fitness.

• **Low blood pressure:** undernutrition and dehydration can contribute to hypotension, dizziness and fainting, particularly on standing.

• **Changes in heart rhythm:** electrolyte abnormalities, malnutrition and some compensatory behaviours can increase the risk of rhythm disturbances.

• **Reduced heart muscle mass and function:** significant malnutrition can affect muscle throughout the body, including the heart.

• **Circulation:** people may experience cold hands and feet, poor peripheral circulation, weakness or reduced exercise tolerance.

Every body deserves monitoring

NICE advises that assessment of eating disorders should consider physical signs and compensatory behaviours and should not rely on a single measure such as BMI. Significant restriction, rapid weight change, purging, dehydration, fainting, palpitations or other physical symptoms deserve proper assessment.

Electrolytes, fluids and heart rhythm

Electrolytes such as potassium, sodium, magnesium and phosphate help regulate nerve signals, muscles and heart rhythm. Vomiting, laxative or diuretic misuse, dehydration and nutritional disturbance can alter these levels.

Why potassium matters

Potassium is particularly important for normal electrical activity in the heart. Low potassium can occur with repeated vomiting or some forms of laxative or diuretic misuse. Severe abnormalities can cause weakness and dangerous heart-rhythm disturbances. A person cannot reliably tell from symptoms alone whether their potassium is safe; blood testing may be needed.

Dehydration and circulation

• Fluid loss can reduce circulating blood volume and contribute to low blood pressure, dizziness, fainting and a fast or compensatory pulse.

• Repeated vomiting or diarrhoea can affect both fluid and electrolyte balance.

• Excessive water intake can also be unsafe in some circumstances because it can disturb sodium balance.

• Kidney function and electrolyte results may need monitoring depending on symptoms and eating-disorder behaviours.

Purging is not made safe by body size

Someone who vomits, misuses laxatives or diuretics, or repeatedly fasts can develop medical complications regardless of whether their weight appears low, average or high. The frequency and severity of behaviours, physical symptoms, rate of change and clinical findings all matter.

What an ECG can show

An electrocardiogram (ECG) records the heart's electrical activity. Clinicians may use it when there are relevant symptoms or risk factors, including significant weight loss, purging, bradycardia, electrolyte disturbance, medications that may affect cardiac conduction, or other concerns. The need for an ECG should be decided clinically.

Symptoms that need urgent assessment

Seek urgent medical help for collapse, seizure, severe or persistent chest pain, significant breathing difficulty, confusion, severe weakness, or if the person is difficult to wake. Palpitations, repeated fainting, marked dizziness or rapidly worsening physical symptoms also warrant prompt medical advice.

Restriction, malnutrition and the cardiovascular system

When the body receives less energy than it needs, it begins conserving resources. Heart rate and blood pressure may fall. The person may feel cold, exhausted, dizzy or weak. These changes can occur before other people appreciate how medically compromised the person has become.

A low heart rate is not always 'athletic'

A slow pulse can be normal in some trained athletes, but in a person who is restricting food, losing weight, experiencing dizziness or showing other eating-disorder symptoms, it should not simply be attributed to fitness without clinical assessment.

Orthostatic symptoms

Feeling dizzy, light-headed or faint when standing can reflect changes in blood pressure and circulation. Clinicians may compare pulse and blood pressure lying or sitting and then standing. Repeated fainting or significant postural symptoms should not be normalised.

Compulsive exercise and the heart

• Exercise increases the body's energy and cardiovascular demands.

• Continuing intense activity while significantly under-fuelled, dehydrated, injured or medically unstable can add risk.

• An inability to rest despite illness, exhaustion or medical advice can be an eating-disorder behaviour rather than simply enthusiasm for fitness.

• Decisions about safe activity during recovery should be individualised with the treating team.

Refeeding and why monitoring can matter

When a severely malnourished person begins receiving more nutrition, shifts in fluids and electrolytes can occur. In people at risk of refeeding problems, clinicians may introduce nutrition and monitor blood results and physical observations carefully. Refeeding should not be feared or avoided; restoring nutrition is essential, but higher-risk situations require appropriate medical oversight.

Recovery supports the heart

Adequate nutrition, correction of dehydration and electrolyte abnormalities, reduction of purging, and appropriate rest can allow many cardiovascular changes associated with eating disorders to improve. Recovery is not only psychological - it is physical repair too.

What medical monitoring may involve

The exact monitoring needed depends on the person's eating-disorder presentation, symptoms, behaviours, medications and clinical findings. Not everybody needs every investigation.

A clinician may consider

• Pulse, blood pressure, temperature and postural observations.

• Weight history and recent rate of change, interpreted alongside the wider clinical picture.

• Blood tests including electrolytes and kidney function where indicated.

• An ECG when cardiac risk factors, symptoms or relevant clinical findings are present.

• Hydration, circulation and signs of physical compromise.

• Vomiting, laxative/diuretic misuse, restriction, bingeing and exercise patterns.

• Current medications and other medical conditions that may affect cardiovascular risk.

Information worth taking to an appointment

• How often restriction, vomiting, laxative/diuretic use, bingeing or fasting occurs.

• Recent changes in intake and weight, including rapid change even if current weight is not low.

• Any fainting, dizziness, palpitations, chest symptoms, breathlessness, weakness or unusual fatigue.

• Exercise frequency and whether resting causes significant distress.

• Fluid intake, dehydration symptoms and any episodes of being unable to keep fluids down.

• All medicines, supplements and substances being used.

Questions you can ask

Appointment prompts
Do my pulse and blood pressure need monitoring? Are blood tests needed to check electrolytes or kidney function? Is an ECG appropriate given my symptoms or behaviours? Are there symptoms that should send me to urgent care? Is my current level of exercise medically safe? How will my physical health be monitored while eating improves?

For family members and supporters

Take physical symptoms seriously without using them to frighten or shame the person. Encourage assessment and offer practical help attending appointments. Avoid trying to interpret pulse, blood pressure, blood results or ECGs without clinical guidance. If a professional gives clear safety instructions, help the person follow them.

Heart-health reflection and safety plan

This page is designed to help make physical symptoms easier to communicate. It is not a substitute for clinical monitoring.

Symptoms I have noticed

My physical picture

Dizziness or fainting:

Palpitations or unusual heartbeat sensations:

Chest discomfort or breathlessness:

Weakness, exhaustion or feeling very cold:

Other symptoms:

Behaviours my clinician needs to know about

Being open helps assessment

Restriction / fasting:

Vomiting:

Laxative or diuretic use:

Binge eating:

Exercise or compulsive movement:

Changes in fluid intake:

My safety plan

- The person or service I will contact if symptoms worsen:
- The urgent symptoms my clinician has asked me to watch for:
- Who can help me attend an appointment or emergency assessment?
- What would make it easier for me to be honest about purging, restriction or exercise?

A message from Space to Breathe Therapy

If you are struggling with an eating disorder, you do not have to prove that your body is unwell enough before physical symptoms matter. Feeling faint, experiencing palpitations, being exhausted or frightened by what your body is doing deserves attention. Please tell your healthcare professional what is actually happening, including behaviours that feel embarrassing to say aloud.

If you are supporting someone, take symptoms seriously without turning their body into a source of fear. Encourage proper monitoring, stay alongside them and remember that nourishing and protecting the body is part of recovery, not separate from it.

Books, resources & clinical references

Recommended reading

• **Sick Enough: A Guide to the Medical Complications of Eating Disorders** - Jennifer L. Gaudiani. Accessible information about the physical effects of eating disorders.

• **Skills-based Caring for a Loved One with an Eating Disorder** - Janet Treasure and colleagues. Practical guidance for families and carers.

• **Anorexia Nervosa: A Recovery Guide for Sufferers, Families and Friends** - Janet Treasure. Recovery-focused information including physical aspects of illness.

UK information and support

NICE: Eating disorders: recognition and treatment (NG69), including physical assessment and monitoring. **NHS:** eating-disorder information and advice on accessing care. **Beat:** eating-disorder information, HelpFinder and support for people experiencing an eating disorder and those supporting them.

Clinical notes

This guide is informed by NICE NG69 and associated UK clinical guidance on assessing physical risk in eating disorders. NICE recommends assessment of physical health, effects of malnutrition and compensatory behaviours, and consideration of ECG monitoring based on relevant risk factors. Clinical assessment may include pulse, blood pressure, blood tests and other investigations depending on presentation. The guide also reflects NHS and Beat information on the potential physical complications of eating disorders and the importance of seeking appropriate medical care.

Important

This resource provides general education and supportive guidance. It cannot determine whether an individual's heart is safe and does not replace examination, blood tests, ECG assessment or specialist eating-disorder care. If there are severe or rapidly worsening symptoms or an immediate threat to life, seek urgent medical help.

Sources

National Institute for Health and Care Excellence (NICE), *Eating disorders: recognition and treatment (NG69)*.
NHS, eating-disorder and condition-specific health information.
Beat Eating Disorders, information on eating disorders, physical health and getting support.

Space to Breathe Therapy
Support • Understanding • Belonging