DID YOU KNOW?

EATING DISORDERS CAN AFFECT YOUR BONES

Bones are living tissue and need adequate energy, protein, minerals and hormones to remain strong. Eating disorders — particularly when they involve prolonged energy deficiency — can interfere with bone formation and maintenance. Reduced bone mineral density can develop without obvious symptoms, and someone may not know their bones have been affected until a scan identifies it or a fracture occurs.

BONE IS CONSTANTLY CHANGING	Throughout life, old bone is broken down and new bone is formed. During childhood, adolescence and early adulthood the body is also building peak bone mass. Inadequate energy availability during these important years can interfere with bone development and may have consequences that continue later in life.
HORMONES & ENERGY AVAILABILITY	When the body does not receive enough energy, reproductive and other hormonal systems can change. Reduced oestrogen or testosterone, alongside changes in other hormones involved in bone metabolism, can contribute to loss of bone strength. Menstrual changes can be an important warning sign, but people can have compromised bone health without losing periods.
OSTEOPENIA & OSTEOPOROSIS	Low bone mineral density may be described as osteopenia or, when more severe and interpreted within the appropriate clinical context, osteoporosis. Weaker bones can increase fracture risk. Assessment differs according to age, sex and clinical circumstances, so bone-scan results need professional interpretation.
WHO CAN BE AFFECTED?	Bone health is relevant across eating-disorder diagnoses, sexes, genders, ages and body sizes. Risk depends on factors including duration and severity of nutritional restriction, hormonal changes, age, previous fractures and other medical factors. Appearance cannot show whether someone's bones are healthy.
EXERCISE IS NOT ALWAYS THE ANSWER	Weight-bearing activity can support bone health in many people, but more exercise is not automatically safe when someone is medically compromised or under-fuelled. Compulsive or excessive exercise can increase energy deficit and injury risk. Activity during recovery should be discussed with the treating team when there are concerns about medical or bone health.
RECOVERY & BONE HEALTH	Adequate and consistent nutrition is central to protecting bone health. Treatment focuses on correcting energy deficiency and supporting eating-disorder recovery. Calcium and vitamin D are important, but supplements alone cannot replace adequate overall nutrition. Bone density may improve with recovery, although the degree of recovery varies between individuals.

WHEN MIGHT BONE HEALTH BE ASSESSED?
A clinician may consider bone-health assessment when there has been prolonged undernutrition, significant hormonal disturbance, fractures, bone pain or other risk factors. NICE provides specific recommendations about when bone mineral density scanning should be considered in people with anorexia nervosa. Decisions should be individual rather than based on a generic timetable.

Help & recovery: If you are worried about bone health, periods stopping or becoming irregular, repeated injuries, fractures, prolonged restriction or other eating-disorder symptoms, speak to a GP or eating-disorder service. Treatment can bring together medical monitoring, nutritional rehabilitation and psychological support.

A recovery reminder: Protecting your bones is another reason recovery matters. Nourishment is not simply about changing weight — it supplies the energy and building materials the body needs to maintain, repair and protect itself.

Clinical information sources: NICE NG69, *Eating disorders: recognition and treatment*; Royal College of Psychiatrists, *Medical Emergencies in Eating Disorders (MEED)*; NHS eating-disorders information; Beat eating-disorder information and support. This resource is educational and does not replace individual medical advice.