DID YOU KNOW?

EATING DISORDERS CAN AFFECT YOUR DIGESTIVE SYSTEM

The digestive system can change when eating becomes restricted, irregular or affected by compensatory behaviours. Eating disorders may be associated with bloating, abdominal discomfort, constipation, reflux, nausea and changes in how quickly food moves through the stomach and intestines. These symptoms are real, and for some people they can unfortunately reinforce fear of eating. Understanding what is happening can make recovery symptoms feel less mysterious and help someone seek appropriate medical and nutritional support.

SLOWER DIGESTION	With significant restriction or undernutrition, stomach emptying and intestinal movement may slow. Someone can feel full unusually quickly or remain full for a long time after eating. Bloating and discomfort can then make eating feel even harder, despite the body needing regular nutrition.
CONSTIPATION & BOWEL CHANGES	Reduced food intake, inadequate fluid, changes in fibre intake and slower gut movement can contribute to constipation. Bowel habits can also change during nutritional rehabilitation as the digestive system adapts to a more consistent intake.
BLOATING IS NOT THE SAME AS BODY FAT	Bloating can be especially distressing when someone already feels anxious about their body. Gas, fluid shifts, constipation and changes in gut motility can alter how the abdomen feels and looks temporarily. This does not mean recovery is going wrong.
REFLUX, NAUSEA & DISCOMFORT	Reflux, nausea and upper-abdominal discomfort can occur in people with eating disorders. Repeated vomiting can irritate the oesophagus and mouth and may have wider medical consequences. Persistent or severe gastrointestinal symptoms should be medically assessed rather than automatically attributed to anxiety.
PURGING & LAXATIVE MISUSE	Vomiting and misuse of laxatives can cause dehydration and electrolyte disturbances. Laxatives do not prevent the body absorbing most calories and their misuse can create additional bowel problems. Stopping long-term misuse may need professional support because symptoms such as constipation or fluid changes can be difficult to manage.
WHAT CAN HAPPEN DURING RECOVERY	When regular nutrition is reintroduced, the gut does not always feel comfortable immediately. Fullness, bloating and bowel changes may temporarily become more noticeable. A clinician or dietitian experienced in eating disorders can help distinguish expected recovery-related symptoms from problems needing further investigation.

RECOVERY & HELP

Digestive discomfort can become one of the reasons an eating disorder tells someone to eat less. Treatment aims to break that cycle safely. Depending on individual needs, support may include physical assessment, nutritional rehabilitation and psychological therapy. A GP or specialist eating-disorder service can assess symptoms and decide whether additional gastrointestinal investigation is needed.

Seek medical advice: Severe or persistent abdominal pain, repeated vomiting, blood in vomit or stool, black stools, inability to keep fluids down, fainting, marked weakness or signs of dehydration need medical assessment. Call 999 or attend A&E for a life-threatening emergency.

A recovery reminder: Digestive symptoms during recovery can feel frightening, but discomfort does not automatically mean that eating is harming the body. Individual assessment matters, and gradual improvement can occur as consistent nourishment and gut function are restored.

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.