

# Supporting Someone With Orthorexia

## Compassion • Support • Recovery

Orthorexia is a term used to describe an unhealthy and increasingly rigid preoccupation with eating foods considered healthy, pure, clean or correct. It is widely discussed in eating-disorder practice and research, but it is not currently a standalone diagnosis in DSM-5-TR or ICD-11. That does not make the distress unreal. A person can become nutritionally compromised, anxious, socially isolated and dominated by food rules even when the behaviour began as an attempt to improve health.

## When 'healthy' becomes rigid

The difficulty is not simply enjoying nutritious food. Concern grows when rules become inflexible, more foods are excluded, eating outside the plan causes marked anxiety or guilt, and a person's self-worth becomes linked to how perfectly they eat. Time may be consumed by ingredient checking, researching foods, planning, preparing, avoiding restaurants or recovering emotionally after a food rule is broken.

## Possible signs

Supporters may notice an expanding list of forbidden foods, fear of ingredients or processing methods, repeated label checking, avoiding food prepared by others, bringing food everywhere because nothing else feels safe, distress when routines change, moral language such as 'good', 'bad', 'clean' or 'toxic', social withdrawal, weight loss or nutritional deficiency, compulsive exercise, or a growing belief that strict eating proves discipline or worth.

*Health is not measured by how frightened somebody becomes of food. Flexibility, nourishment, connection and quality of life matter too.*

## Food noise, fear and perfectionism

Orthorexic patterns can create relentless mental noise. The person may spend hours analysing what they have eaten, what they will eat next, whether ingredients are acceptable and whether they have damaged their health by breaking a rule. Perfectionism can turn small deviations into perceived failures. Reassurance alone may not stop this cycle; specialist eating-disorder support can help the person examine the beliefs and behaviours maintaining it.

## Helpful language

| Avoid...                       | Try...                                                                             |
|--------------------------------|------------------------------------------------------------------------------------|
| "But those foods are healthy." | "I can see the rules around food are making life smaller and more stressful."      |
| "Just eat some junk food."     | "We can work towards more flexibility at a pace supported by your treatment team." |
| "You are being obsessive."     | "It sounds exhausting to have so many rules to manage."                            |
| Debating every nutrition claim | Focus on distress, flexibility, nourishment and everyday functioning.              |
| Praising extreme discipline    | Notice courage when the person tolerates uncertainty or flexibility.               |

# Supporting Flexibility Without Policing Food

## Do not turn recovery into another set of perfect rules

A supporter can accidentally replace one rigid system with another. Recovery is not about forcing a person to eat every feared food immediately or proving that nutrition concerns are irrational. Ask what their clinician or dietitian recommends. Encourage gradual flexibility, regular nourishment and experiences in which food can be part of life rather than the organiser of life.

## Meals, shopping and eating socially

Practical help might include eating together, reducing repeated discussions about ingredients, sharing shopping or cooking, supporting planned exposure to greater variety, and helping the person remain connected with social occasions. Avoid surprise challenges. If a restaurant, family meal or change of routine is likely to be difficult, talk beforehand about what would make participation manageable without reinforcing every rule.

## Wellness culture and online information

Social media, influencers and wellness marketing can present ordinary foods as toxic, inflammatory, dirty or dangerous and promote increasingly complicated rules as health advice. Some information is evidence-based; much is oversimplified, commercially motivated or unsuitable for an individual. If online content repeatedly increases fear or restriction, reducing exposure and discussing claims with an appropriately qualified dietitian or clinician can be part of recovery.

## Autism, ADHD and sensory differences

Food restriction in neurodivergent people needs careful understanding. An autistic person may avoid foods because of texture, smell, predictability, interoception or sameness; somebody with ADHD may struggle with planning, remembering meals or executive function. ARFID can also involve sensory sensitivity, fear of consequences or low interest in eating. These experiences are not automatically orthorexia. Clinicians should explore what is driving the restriction rather than assuming all limited eating has the same meaning.

## Anxiety, control and life events

Rules can become especially appealing when life feels uncertain. Anxiety, trauma, grief, illness or a frightening health experience may intensify a wish to control what enters the body. Understanding this context does not mean ignoring nutritional or medical risk. It helps treatment address the reason the rules feel protective while building safer ways to cope with uncertainty.

## A practical flexibility reflection

**What rule is operating?** Write it plainly: 'I must never eat...' or 'Food is only safe if...'

**What does the rule promise?** Safety, health, control, certainty, identity or relief from guilt?

**What does it cost?** Time, relationships, money, nourishment, spontaneity or peace of mind?

**What happens if it is challenged?** Notice anxiety, guilt and predictions rather than immediately treating them as facts.

**What would one supported step towards flexibility look like?** This should fit the person's treatment plan rather than becoming a home-made exposure programme.

## Supporter wellbeing

Watching somebody become frightened of ordinary food can be frustrating and confusing. Try not to become the nutrition police, internet fact-checker and therapist all at once. Agree what your role is. Get your own support where needed, particularly if meals have become dominated by arguments, reassurance seeking or repeated checking.

# Assessment, Treatment and Recovery

## Physical health still matters

Restrictive eating can lead to inadequate energy or nutrient intake even when the foods being eaten are individually nutritious. Depending on the person's pattern, clinicians may assess weight change, pulse, blood pressure, blood tests, gastrointestinal symptoms, menstrual or hormonal changes, bone health, fatigue and other physical effects. The person's body size alone should not determine whether concerns are taken seriously.

## Treatment

Because orthorexia is not a standalone formal diagnosis, clinicians may formulate the difficulties within another eating-disorder diagnosis or alongside anxiety, obsessive-compulsive features or other conditions, depending on the individual. Treatment should target the actual problems: nutritional adequacy, rigidity, avoidance, anxiety, compulsive checking, body or health beliefs, social withdrawal and the loss of flexibility. Psychological therapy and specialist dietetic support may both be useful.

## When to seek urgent help

Seek urgent medical assessment if there is collapse or fainting, chest pain, severe weakness or confusion, seizures, breathing difficulty, severe dehydration, inability to keep fluids down, marked palpitations or another rapid deterioration. In an immediate emergency in the UK, use 999/A&E.; For urgent concerns that are not immediately life-threatening, contact NHS 111, the person's GP or their eating-disorder service.

## Questions for appointments

Is the person getting enough energy and nutrients? Are blood tests or physical monitoring needed? Could another eating disorder, ARFID, OCD, anxiety or a medical condition better explain some symptoms? How should feared foods and food rules be approached? What role should family or partners have around meals? Would specialist dietetic support help? Which symptoms need urgent review?

## A message from Space to Breathe Therapy

*It can be difficult to recognise an eating problem when it is dressed in the language of health. The person may genuinely believe every rule is protecting them, and part of them may be frightened that recovery means abandoning health altogether. It does not. Recovery can mean widening life again: eating with people you love, tolerating uncertainty, nourishing your body without endless calculation and allowing food to be food rather than a daily test of whether you have been good enough.*

## Further reading and UK support

**Beat:** UK information and support for eating disorders, including information about orthorexia and other eating or feeding problems.

**NHS/GP:** a starting point for assessment of eating-disorder symptoms and physical health concerns.

**Specialist dietitian:** where available, an eating-disorder-informed dietitian can help distinguish evidence-based nutrition from fear-driven restriction and support nutritional adequacy.

**Reading:** books about eating-disorder recovery, food flexibility and diet-culture beliefs may be useful when selected with the person's clinician. Avoid highly prescriptive wellness books that could create additional rules.

This guide is educational and supportive and does not replace individual medical, dietetic or psychological assessment.