

Supporting Someone with Anorexia Nervosa

A compassionate, practical guide for families, partners, friends and carers | Space to Breathe Therapy

Anorexia nervosa is a serious eating disorder, not a preference, a phase, or a problem that can be solved by simply asking someone to eat. It can involve intense fear, rigid food rules, distress about weight or shape, and behaviours that become difficult to change even when the person wants life to be different. Its physical and psychological effects can be severe. Compassionate support matters, alongside appropriate medical and specialist treatment.

1 | Understanding what may be happening

Anorexia nervosa may involve significantly restricted food intake, fear of weight gain and changes in the way someone experiences their body, weight or the seriousness of their illness. People can experience perfectionism, anxiety, compulsive exercise, guilt around food and social withdrawal. The illness can narrow their world, affecting work, education, relationships, concentration and sleep. It is not always possible to judge risk from outward appearance, and you should not wait for someone to look unwell before asking for help.

It can be useful to distinguish the person from the eating disorder. A loved one may sound defensive, frightened or contradictory because eating-disorder thoughts have become powerful, not because they do not care about you. People may also experience autism, ADHD, trauma, depression or anxiety, which can shape the kind of support that works for them.

2 | Signs you might notice

Possible changes include skipping or avoiding meals, increasingly rigid rules or rituals, intense distress when plans change, withdrawal from shared eating, frequent body checking, excessive exercise, preoccupation with food, and efforts to conceal difficulties. Physical signs may include persistent tiredness, dizziness, fainting, feeling cold, constipation, difficulty concentrating and disrupted menstrual cycles for those who menstruate. Not everyone experiences the same signs; some may be absent.

Avoid treating these observations as proof or conducting secret investigations. Instead, use them as reasons to approach the person sensitively and encourage professional assessment.

3 | How to begin a difficult conversation

Choose a private, calm time away from the dinner table. Use concrete observations rather than labels or comments on appearance. Try:

"I have noticed meals seem to be causing a lot of distress lately, and I am worried about how you are feeling. I care about you. Would you be willing to tell me what it has been like?"

Listen before offering solutions. You can say, "You do not have to explain everything today," or "I would like us to get the right help together." Avoid arguments about whether a person looks thin enough to be unwell, moral language about good or bad food, and comparisons with other people who have eating disorders. If your first conversation does not go well, it is still possible to return to it with kindness.

4 | Supporting meals while avoiding food policing

Professional treatment may involve a structured eating or meal-support plan. Following that plan is different from making spontaneous demands, bargaining, criticising portions or monitoring every bite. Ask the treatment team how relatives or partners can help, and agree roles where possible. For some people, quiet company and predictable routines help; for others, direct support and clear clinical boundaries may be necessary.

Helpful questions include: “What would make this meal environment less overwhelming?” and “What has your team suggested we do when anxiety becomes strong?” Avoid using exercise, praise, punishment or permission as a way to control food. Do not turn one difficult meal into a judgement about an entire day or recovery.

5 | Responding to distress after meals

Anxiety, guilt, urges to move excessively or the need for reassurance can intensify after eating. Offer calm companionship, an agreed activity or grounding support, if welcomed and consistent with the care plan. Some people benefit from conversation unrelated to food; others need a little quiet. Avoid commenting on body shape, reassuring repeatedly that they have not gained weight, or implying they need to compensate. If purging or other harmful behaviours are present, seek specialist advice about safe responses.

An example: “That felt very difficult. You do not need to solve everything right now. Would sitting together or doing something gentle and distracting help?”

6 | Medical risks: when to act

Restriction and malnutrition can affect the heart, circulation, electrolytes, digestion, hormonal health, bones and thinking. Refeeding after significant undernutrition may require medical supervision. Seek prompt GP or specialist eating-disorder assessment if intake is restricted, symptoms are escalating or you are concerned about physical health. A person may require urgent assessment at any body size.

Get urgent help for collapse, fainting, chest pain, irregular heartbeat, confusion, severe weakness, significant dehydration or inability to eat or drink safely. In the UK call **999** for an immediate emergency, or **NHS 111** for urgent advice when it is not an immediate emergency. Do not independently create a rapid refeeding or exercise programme.

7 | Treatment and the family’s role

Evidence-based care commonly involves medical monitoring and specialist psychological treatment, with nutritional support as needed. The exact approach depends on the person’s age, health and circumstances. For children and young people, treatment frequently involves family participation; for adults, support should respect autonomy and consent while addressing risk. A GP can refer to local eating-disorder services. A treatment team can explain how loved ones should respond to meals, exercise, distress and signs of deterioration.

Questions worth asking: What medical checks are needed? What is our agreed meal-support role? What should we do if eating becomes unsafe? How can we avoid unintentionally reinforcing eating-disorder rules? What is the plan outside working hours?

8 | Boundaries, relationships and carer wellbeing

Supporting someone can create fear, exhaustion, arguments and an urge to watch constantly. You cannot be a loved one’s therapist, and you should not have to manage every risk alone. Agree boundaries that protect safety and dignity: what you can offer, which behaviours need professional input, and when you will seek support yourself. Where appropriate, help other family members understand the plan so responses are consistent and do not become confrontational.

Try: “I love you and want to stand beside you. I also need guidance about how to help safely, so I would like us to ask the care team together.”

9 | A brief shared support plan

Notice: Which situations tend to increase distress? Are any physical warning signs present?

Ask: What kinds of words, company, structure or sensory adjustments are useful? What makes things harder?

Agree: Who is the professional contact? How will meals and post-meal periods be supported in accordance with treatment? What is the urgent-help plan?

Review: What is working? Is anyone becoming overwhelmed? What would be one manageable step towards support this week?

10 | Useful UK starting points

NHS: [nhs.uk](https://www.nhs.uk) - information about anorexia nervosa, emergency symptoms and accessing care through a GP.

Beat: [beateatingdisorders.org.uk](https://www.beateatingdisorders.org.uk) - eating-disorder information and services for people affected and their supporters. **Mind:** [mind.org.uk](https://www.mind.org.uk) - mental-health information and support. Availability and contact details may change; check each organisation directly.

A closing thought

You do not need to have the perfect words. What matters is responding to the person with care, taking risks seriously and helping them access appropriate treatment. Recovery is rarely a straight line. A difficult day does not cancel progress, and support is more sustainable when families and carers are supported too.

*Until next time, give yourself **Space to Breathe**.*

With love, Maggie

Space to Breathe Therapy

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