

Can Blood Tests Be Normal?

Understanding why routine blood results can look reassuring even when an eating disorder is present — and what a proper medical assessment should consider.

The central message

Yes. Blood tests can be within the laboratory reference range while someone is seriously affected by an eating disorder. Normal results are useful information, but they do not rule out malnutrition, medical instability, psychological distress or the need for treatment.

Why a “normal” result is not the whole picture

Blood tests measure specific substances in the blood at a particular moment. They do not directly measure how much effort the body is making to maintain balance, how rapidly health is changing, or how much fear, restriction, bingeing or compensatory behaviour a person is experiencing. Reference ranges describe where results commonly fall in a population; they do not establish that an individual is medically safe.

The body can compensate for inadequate or inconsistent nourishment for some time. It may maintain apparently ordinary blood concentrations by adjusting hormone signals, fluid balance and the movement of minerals between tissues. Some consequences of undernourishment, such as a slowing heart rate, low blood pressure, feeling cold, poor concentration or loss of strength, may be evident before a routine blood panel becomes abnormal.

The Royal College of Psychiatrists' Medical Emergencies in Eating Disorders (MEED) guidance explicitly warns that people may be at high risk despite appearing well and having normal blood parameters. This is why clinicians assess the person rather than interpreting blood tests in isolation.

What blood tests can tell us — and what they cannot

Depending on symptoms and clinical circumstances, investigations may include a full blood count; sodium, potassium and kidney function; liver tests; calcium, magnesium and phosphate; glucose; thyroid tests; and iron or vitamin studies. Not everyone needs every test. Clinicians select investigations according to history, examination and risk, and may repeat them when circumstances change.

- **Electrolytes:** Potassium, sodium and other levels can reveal dehydration or effects of vomiting, laxatives or diuretics. A normal level does not exclude harmful behaviour, and disturbances may fluctuate.
- **Phosphate and magnesium:** Levels matter particularly when nutritional intake is increasing after significant restriction. Initial results can be normal and subsequently change during refeeding.
- **Full blood count:** This can identify anaemia or altered white cell counts, but a normal result does not confirm adequate nutrition or exclude an eating disorder.
- **Kidney, liver and glucose tests:** These help assess complications and other possible causes of symptoms. Normal findings do not assess every aspect of physical risk.
- **Vitamins, minerals and hormones:** Some deficits or effects of altered nutrition may need targeted testing; routine panels cannot reveal everything.

Health problems may show up elsewhere

A fuller assessment considers pulse and blood pressure (sometimes lying and standing), temperature, hydration, symptoms, intake, recent changes in eating and weight, purging or excessive exercise, medication and mental health. An ECG may be needed to check the heart's rate and electrical activity. In children and young people, growth and development are especially important; an apparently ordinary adult-style number may be misleading without age-specific interpretation.

Eating-disorder patterns and normal blood results

Anorexia nervosa and atypical anorexia: Significant restriction and rapid weight loss can produce medical risk even when blood results are normal, and in atypical anorexia, even without a low BMI. Rate of change, nutritional intake and cardiovascular observations matter.

Bulimia nervosa and purging presentations: Vomiting, laxatives or diuretics can affect fluid and electrolyte balance, but a single normal blood test cannot show that purging is harmless. Heart symptoms and other complications still require assessment.

Binge eating disorder: Blood tests do not measure shame, distress, loss of control or impairment. A person can need psychological care without abnormal laboratory findings.

ARFID: Avoidance based on sensory differences, fear of consequences or low interest in food can cause nutritional deficiency or inadequate intake at any body size. Familiar foods may be protective, while physical and nutritional assessment can identify gaps that routine blood tests miss.

OSFED/UFED and other presentations: Atypical, mixed or not-yet-classified symptoms still warrant attention. Other feeding and eating difficulties, including pica, rumination and night eating presentations, need assessment based on their particular features. In type 1 diabetes with insulin restriction, urgent glucose and ketone assessment may be needed even when other tests look reassuring.

Why someone may look well and still be unwell

Appearance is not a reliable medical screening tool. People may continue attending work or school, keep up conversations and minimise symptoms while experiencing significant physical or psychological effects. A person can also be at higher weight, have a stable-looking weight, or have only recently begun to struggle and still deserve investigation and timely referral.

What “normal bloods” should not mean

Normal results should not be used to say “you do not have an eating disorder”, “you are medically fine”, or “wait until the tests get worse”. They are one part of a broader clinical picture.

What if the test is normal but symptoms continue?

Describe the symptoms and the behaviours clearly. Tell your GP or treatment team about missed meals, rapidly changing intake, food avoidance, vomiting, laxative or diuretic use, dizziness, fainting, palpitations, weakness, difficulty concentrating and fears around food, as relevant. If recording weights or describing portions is distressing, ask how to share the needed information safely.

A useful question is: “Could we look at my pulse, blood pressure, recent intake, symptoms and whether an ECG or repeat tests are appropriate, rather than relying on the blood result alone?” A clinician can also consider other medical explanations for symptoms rather than automatically attributing everything to the eating disorder.

Blood results can change during recovery

Recovery and nutritional rehabilitation are not assessed by one “good” set of tests. After prolonged undernourishment, increasing intake can sometimes cause rapid shifts in phosphate, potassium, magnesium and fluid balance — known as refeeding-related complications. This risk requires professional assessment and, for some people, supervised monitoring. It is not a reason to delay seeking help or to attempt complicated self-management; it is a reason to involve an appropriate clinical team.

Likewise, normalising laboratory values does not necessarily mean distressing thoughts, purging urges, food fears or social difficulties have resolved. Physical recovery, psychological recovery and restored daily functioning may progress at different rates.

For parents, partners and carers

If someone says “the doctor said my bloods are fine”, acknowledge the relief a reassuring result can bring, while keeping attention on symptoms and functioning. You can ask what follow-up is planned, who will monitor physical health, and when to seek urgent advice. Avoid arguments about whether the person “looks ill enough”. Encourage assessment without making food or body size a test of whether they deserve care.

When to seek urgent help

Seek urgent medical advice for fainting, marked dizziness, significant weakness, inability to drink adequately, persistent vomiting, rapidly worsening physical condition or concerning changes in heart rate. Call 999 for severe chest pain, collapse, significant breathing difficulty, altered consciousness or another immediate emergency. In the UK, NHS 111 can advise about urgent concerns that are not immediately life-threatening. If insulin is being reduced or omitted in type 1 diabetes, urgently seek diabetes-team or emergency assessment, particularly with high glucose, ketones, vomiting or abdominal pain.

Questions to take to an appointment

- Which parts of my eating or physical health history concern you, even if my blood tests are normal?
- Have my pulse, blood pressure and postural symptoms been reviewed, and do I need an ECG?
- Do I need nutritional assessment, specialist referral or repeat investigations?
- If my intake has changed significantly, is a monitored nutrition plan necessary?
- Who should I contact if symptoms worsen before the next appointment?

From My Table to Yours

You do not need a particular blood result to justify asking for help. A laboratory report is a small part of your health story, not the whole story. Your experience of food, your physical symptoms, your fears and the effect on your life are all important. Appropriate care should make room for the whole person.

For individual support and resources, visit spacetobreathetheapy.co.uk.

References and further reading

1. NICE. Eating disorders: recognition and treatment (NG69), sections 1.2 and 1.10–1.11. [nice.org.uk/guidance/ng69](https://www.nice.org.uk/guidance/ng69).
2. Royal College of Psychiatrists. Medical Emergencies in Eating Disorders: Guidance on Recognition and Management (MEED, CR233; updated guidance). [rcpsych.ac.uk](https://www.rcpsych.ac.uk) — MEED.
3. Beat Eating Disorders. [beateatingdisorders.org.uk](https://www.beateatingdisorders.org.uk).

This article provides general education and is not a diagnosis, interpretation of personal test results or substitute for individual medical advice. Prepared October 2026.