

Carers Booklet

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What is an eating disorder?

Eating disorders are serious conditions related to persistent eating behaviours that negatively impacts the individual's health, emotions and ability to function in important areas of life.

Most eating disorders involve the individual focusing too much on weight, body shape and food, leading to dangerous eating behaviours. These behaviours can significantly impact their body's ability to get appropriate nutrition. Eating disorders can harm the heart, digestive system, bones, and teeth and mouth, and lead to other diseases.

Eating disorders often develop in the teen and young adult years, although they can develop at other ages. With treatment, they can return to healthier eating habits and sometimes reverse serious complications caused by the eating disorder. ⁽¹⁾

The main types of eating disorders and their symptoms

Anorexia Nervosa – is an eating disorder characterised by an abnormally low body weight, or a dramatic decrease in body weight, intense fear of gaining weight and a distorted perception of weight or shape. People with anorexia use extreme efforts to control their weight and shape, which often significantly interferes with their health and life activities. When you have anorexia, you excessively limit calories or use other methods to lose weight. ⁽¹⁾

Bulimia Nervosa – individuals with this eating disorder binge and purge. They may secretly binge – eating large amounts of food with a loss of control over the eating – and then purge, trying to get rid of the extra calories in an unhealthy way. To get rid of calories and prevent weight gain, people with bulimia may use different methods such as: regular self-induced vomiting or may misuse laxatives, weight-loss supplements, diuretics or enemas after bingeing. They may also use other ways of getting rid of calories and preventing weight gain by fasting, strict dieting or excessive exercise. ⁽¹⁾

Binge eating disorder – is an eating disorder in which an individual frequently consumes unusually large amounts of food and feel unable to stop eating. Almost everyone overeats on occasion but for some people, excessive overeating that feels out of control can become a regular occurrence and this is known as binge eating disorder. When an individual has binge eating disorder, they may be embarrassed about overeating and vow to stop, but due to have such a compulsion to binge and strong urges, they find it extremely difficult to stop. ⁽¹⁾

Other types of eating disorders

PICA – an eating disorder where the individual eats things that are not considered food.

Rumination Disorder – where an individual will voluntarily regurgitate their food after previously chewing and swallowing it, re-chews it and then either swallows it again or spits it out.

Avoidant/restrictive food intake disorder – people with this disorder experience disturbed eating either due to lack of interest in eating or distaste for certain smells, tastes, colours, textures or temperatures.

Purging Disorder – individuals purge but do not binge.

Night eating syndrome – people with this syndrome frequently eat excessively at night time, often after awakening from sleep

Orthorexia – individuals with this disorder have an obsessive focus on healthy eating, to an extent that disrupts their daily lives.

Other specified feeding or eating disorder (OFSED) – this includes eating disorders that greatly affect an individual's life but do not fit into any of the categories above. ⁽²⁾

Behavioural and physical signs of Eating disorders

Behavioural signs of an eating disorder

- Intense fear of gaining weight
- Negative or distorted self-image
- Frequent checking in the mirror for perceived flaws
- Self-worth and self-esteem dependent on body shape and weight
- Fear of eating in public or with others
- Preoccupation with food
- Eating tiny portions or refusing to eat
- Avoiding eating with others
- Hoarding and hiding food
- Eating in secret
- Disappearing after eating—often to the bathroom
- Unusual food rituals (cutting food into small pieces, chewing each bite an unusually large number of times, eating very slowly)
- Any new practice with food or fad diets, including cutting out entire food groups (no sugar, no carbs, no dairy, vegetarianism/veganism)
- Little concern over extreme weight loss
- Obsessive interest in cooking shows on television and collecting recipes
- Consumption of only “safe” or “healthy” foods
- Social withdrawal
- Making excuses for not eating
- Cooking elaborate meals for others, but refusing to eat them themselves
- Eating strange combinations of foods
- Elaborate food rituals
- Withdrawing from normal social activities

Physical symptoms of an eating disorder

Noticeable fluctuations in weight, both up and down

Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)

Menstrual irregularities—missing periods or only having a period while on hormonal contraceptives (this is not considered a “true” period)

Difficulties concentrating

Abnormal laboratory findings (anaemia, low thyroid and hormone levels, low potassium, low blood cell counts, slow heart rate)

Dizziness

Fainting/syncope

Feeling cold all the time

Sleep problems

Cuts and calluses across the top of finger joints (a result of inducing vomiting)

Dental problems, such as enamel erosion, cavities, and tooth sensitivity

Dry skin

Dry and brittle nails

Swelling around area of salivary glands

Fine hair on body

Thinning of hair on head, dry and brittle hair (lanugo)

Cavities, or discoloration of teeth, from vomiting

Muscle weakness

Yellow skin (in context of eating large amounts of carrots)

Cold, mottled hands and feet or swelling of feet

Poor wound healing

Impaired immune functioning ⁽³⁾

Signs of Anorexia nervosa

Dramatic weight loss

Dresses in layers to hide weight, food, calories, fat grams and dieting

Refuses to eat certain foods, progressing to restrictions against whole categories of food (e.g. no carbs)

Makes frequent comments about feeling 'fat' or overweight despite weight loss

Complains of constipation, abdominal pain, cold intolerance, lethargy and excess energy

Denies feeling hungry

Develops food rituals (e.g. eating foods in certain orders, excessive chewing, rearranging food on a plate)

Cooks meals for others without eating

Consistently makes excuses to avoid mealtimes or situations involving food

Maintains an excessive, rigid exercise regimen – despite weather, fatigue, illness, or injury, the need to 'burn off' calories taken in

Withdraws from usual friend and activities and becomes more isolated, withdrawn and secretive

Seems concerned about eating in public

Has limited social spontaneity

Resists maintaining body weight appropriate for the age, height and build

Has intense fear of weight gain or being 'fat' even though underweight

Has disturbed experience of body weight or being 'fat', even though they're typically underweight

Has disturbed experience of body weight or shape, undue influence of weight or shape on self-evaluation, or denial of the seriousness of low body weight

Post puberty female loses menstrual period

Has a strong need for control

Shows inflexible thinking

Has overly restrained initiative and emotional expression (3)

Signs of Binge eating disorder

Evidence of binge eating, including disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food

Develops food rituals, such as only eating one particular food or food group

Steals or hoards food in strange places

Hides body with baggy clothes

Creates lifestyle schedules or rituals to make for binge sessions

Skips meals or takes small portions of food at regular intervals

Has periods of uncontrolled, impulsive or continuous eating beyond the point of feeling comfortably full

Appears uncomfortable eating around others

Develops food rituals (e.g. eats only a particular food or food group, such as condiments)

Skips meals or takes small portions of food at regular meals

Steals or hoards food in strange places

Drinks excessive amounts of water

Uses excessive amounts of mouthwash, mints and chewing gum

Hides body with baggy clothes

Maintains excessive, rigid exercise regimen to 'burn off calories'

Shows unusual swelling of cheeks and jaw area

Has calluses on knuckles and back of hands from self-induced vomiting

Teeth are coloured and stained

Creates lifestyle schedules or rituals to make time for binge-and-purge sessions

Withdraws from usual friends and activities

Looks bloated from fluid retention

Frequently diets

Shows extreme concern with bodyweight and shape

Has secret recurring episodes of binge eating

Why does my child have an eating disorder?

There is no single cause for an eating disorder. This may shock some people, as we always look for causes in childhood experiences or traumas.

What is known is that there are several risk factors which make it more likely that a person will develop an eating disorder. And there are known risk factors for specific types of eating disorders.

Someone with any kind of eating disorder is more likely to be sensitive, prone to anxiety, has high standards yet poor self-confidence. The reasons why these factors have come together in one individual will be personal. Sometimes it's just genetics, other times it's environmental. but mostly it is a mix of both. ⁽⁴⁾

Risk factors

Psychological risk factors

- Perfectionism

- Anxiety

- Depression

- Difficulty regulating emotions

- Obsessive compulsive behaviours

- Rigid thinking style (thinking there's only one correct way to do things, etc.)

Sociocultural risk factors

- Cultural promotion of the thin ideal

- Size and weight prejudice

- Emphasis on dieting

- 'ideal bodies' include only a narrow range of shapes and sizes

FAQ

How common are eating disorders?

The eating disorders anorexia nervosa and bulimia nervosa affect 0.5-3% of people over their lifetime. The most common age of onset is between 12-25. Although they appear to be more common in females, 10% of cases are also detected in males. Binge eating disorder and OSFED are more common and affect up to 6% of the population

Are certain personality traits more common in individuals with eating disorders?

Individuals who develop eating disorder often are perfectionistic, eager to please, sensitive to criticism and self-doubting. They may have difficulty adapting to change and be routine bound. A smaller group of patients with eating disorder have a more extroverted temperament and are novelty-seeking and impulsive with difficulty maintaining stable relationships. There is no one personality associated with eating disorders, however. ⁽⁵⁾

Can you tell by looking at someone if they have an eating disorder?

No, you cannot determine if an individual has an eating disorder simply by looking at them. Behaviours and attitudes should be used to determine if someone may be struggling, rather than weight and body size.

Is it my fault that my child suffers from an eating disorder?

No, your child's eating disorder is not your fault. There are many factors that contribute to the development of an eating disorder. You can, however, encourage recovery with love and support. Seek professional help to find out how you can best be supportive in your child's unique journey towards recovery.

Can eating disorders be fatal?

Yes, eating disorders have the second highest fatality rates among all mental illnesses. The first thing you should do if you are concerned for yourself or a loved one is find a doctor who understands eating disorders

How to get help for your loved one and the treatment options available

Eating disorders are treatable

It's usually very difficult for people with eating disorders to get better on their own, so it's important that your loved one or you know where to find professional help and support as soon as possible. The sooner someone is treated for an eating disorder, the better their chance of making a full recovery.

Where to get help

Gaining access to treatment isn't always as straightforward as we would like it to be and you might find that you're faced with a wait before getting NHS treatment. In these instances, there are online helplines you can contact such as PEDS.

The first port of call when you're looking for help is your GP. Your GP is an important step to take as they will be able to refer your loved one to local eating disorder services and can monitor their weight, bloods, etc. The NICE guidelines for eating disorders, which are based on available evidence and which your doctor should take into account while making decisions about your treatment, makes it very clear that immediate referral is the best course of action. If the GP does not refer your loved one straight away, please don't let them see this as a sign that they do not deserve treatment – instead see a different GP if your first visit does not go as well as you hope. It's also important to have family and friends around you who are supportive and are able to listen in hard times.

Once your loved one has been referred to eating disorder services, you will usually

Either inpatient or outpatient treatment options will be given. Outpatient is usually the first option they will use and if that does not help or the patient is too unwell, they will then go inpatient.

The types of therapies they use for the treatment of eating disorders are:

Cognitive based therapy (CBT)

Group therapy and individual therapy

Family therapy

Interpersonal Psychotherapy

Stages of Recovery

Recovery from an eating disorder can be a long process that requires not only a qualified team of professionals, but also the love and support of family and friends.

There are five Stages of change that occur in the recovery process: pre-contemplation, contemplation, preparation, action and maintenance.

Precontemplation stage

The precontemplation stage is evident when a person does not believe they have a problem. Close family and friends are bound to pick up on symptoms before the individual admits to it. They may refuse to discuss the topic and deny they need help. At this stage, it is necessary to gently educate the individual about the devastating effects the disorder will have on their health and life, and the positive aspects of change.

Do not be in denial of your loved ones eating disorder

Be aware of the signs and symptoms

Contemplation stage

The contemplation stage occurs when an individual is willing to admit that they have a problem and are now open to receiving help. The fear of change may be very strong, and it is during this phase that a psychotherapist should assist the individual in discovering the function of their eating disorder so they can understand why it is their life and how it no longer serves them. This, in turn, helps the individual move closer toward the next stage of change.

If your loved one is under the age of 18, insist that they receive professional help from a qualified eating disorder specialist

Educate yourself about the disorder

Be a good listener

Do not try to 'fix' the problem yourself

Preparation Stage

The person transitions into the Preparation Stage when they are ready to change but are uncertain about how to do it. Time is spent establishing specific coping skills such as appropriate boundary setting and assertiveness, effective ways of dealing with negative eating disorder thoughts and emotions, and ways to tend to their personal needs. Potential barriers to change are identified. This is usually when a plan of action is developed by the treatment team, (i.e. psychotherapist, nutritionist, and physician) as well as the individual and designated family members. This generally includes a list of people to call during times of crisis.

If supporting a loved one in their recovery, identify what your role is in the recovery process.

Explore your own thoughts and beliefs about food, weight, shape, and appearance.

Ask your child/loved one and the treatment team how you can be best involved in the recovery process and what you can do to be supportive.

Action Stage

The Action Stage begins when the person is ready to implement their strategy and confront the eating disorder behaviour head on. At this point, they are open to trying new ideas and behaviours, and are willing to face fears in order for change to occur. Trusting the treatment team and their support network is essential to making the Action Stage successful.

Follow the treatment team's recommendations.

Remove triggers from your environment: no diet foods, no scales, and no stress.

Be warm and caring, yet appropriate and determined with boundaries, rules, and guidelines.

Reinforce positive changes without focusing on weight, shape, or appearance

Maintenance/Relapse

The Maintenance Stage evolves when the person has sustained the Action Stage for approximately six months or longer. During this period, they actively practice new behaviors and new ways of thinking as well as consistently use both healthy self-care and coping skills. Part of this stage also includes revisiting potential triggers in order to prevent relapse, establishing new areas of interests, and beginning to live their life in a meaningful way.

Applaud your loved one's efforts and successes.

Continue to adjust to new developments.

Redefine the boundaries at home as necessary.

Maintain positive communications.

Be aware of possible recovery backsliding

A possible sixth stage

The Termination Stage & Relapse Prevention. Relapse is sometimes grouped with the maintenance stage since recovery is nonlinear and it is not uncommon to return to old behaviors during the overall recovery process.

So, how do you know when it is time to discontinue treatment? With the understanding that this decision is best made in consultation with your treatment team, ask yourself the following questions:

Have I mastered the Stages of Change in the major areas of my eating disorder?

Do I have the coping skills necessary to maintain these changes?

Do I have a relapse prevention plan in place?

Am I willing to resume treatment in the future if necessary?

Tips to help a loved one suffering

Recognise that you are not to blame.

Acknowledge to your loved one that they are not to blame.

Recognise how distressing the illness is for your loved one.

Educate yourself about eating disorders where you can.

Ask your loved one how they are feeling and what they are thinking, rather than making assumptions.

Avoid discussing weight, shape, food, and diets in front of your loved one, and model a balanced relationship with your own food and exercise.

Remind yourself that things can change and reassure your loved one that recovery is possible.

Ask your loved one what you can do to help – for example, helping them to stick to regular eating, putting in boundaries following mealtimes, having a space to talk about how they are feeling. Your loved one may respond that you can just “leave them alone” or that you can’t do anything to help, so here it can be helpful to remind them you can hear their distress and how difficult things are, and you are there if they need you.

Recognise any ‘accommodating or enabling behaviours’ – behaviours that you do to help reduce your loved one’s distress from the eating disorder, for example, cleaning up vomit or cooking different meals for them, but that collude with the disorder and cover up the negative consequences of the behaviours 9

Activities to help distract them from the eating disorder

Go for a short walk in the fresh air (if they are physically well enough to and if they don't see it as a way to 'burn calories') Walking is both regulating and calming. It soothes your nervous system and helps to calm your mind and body.

Meditate / mindfulness

Do a pamper day/evening

Get them to pet your cat or dog or rabbit or bird! Pets have been proven to calm down your mind and body.

Go to the movies if the food there is not a trigger

Lay down and watch a heart-warming or funny movie on Netflix. Get them to do something with their hands like beading or knitting while you're watching to engage all your senses

Draw, paint or colour.

Go for a nice scenic drive

Journaling /scrapbooking

Make a vision board filled with future goals and recovery quotes

Activities to help them rationalise/ control the thoughts

Get them to draw on a very large piece of paper how big they think their body is. Then get them to lay on the piece of paper and draw around their body to show that their actual size and the size they think they are, are completely different. This will show them that their eating disorder lies to them about their size.

Similarly, you can get a piece of string and get them to tie the string to the size they think a body part is, for example their leg. Once they have done this, put the string around their leg, mark it and show them what their actual leg size is.

Tips for them:

Externalise and Defuse the Thoughts

Before accepting your thought as a command to follow, externalise it. For example, when you have the thought, *"I can't eat a bagel,"* label it as "an eating disorder thought" and rephrase it as "My eating disorder is telling me not to have a bagel."

Once you defuse the thought it becomes easier to choose a more workable course of action which may involve disobeying the eating disorder, such as, "Thank you, eating disorder, but I'm not going to listen to you. I don't want to let my mind bully me."

This is a strategy from acceptance and commitment therapy (ACT).

Challenge the Thought

Ask yourself any combination of the following questions:

What is the evidence for that thought?

For example: “If I eat a bagel, I will gain 5 pounds.” There is no evidence for this thought; a bagel could not possibly constitute enough calories to make me gain 5 pounds.

What are alternative beliefs?

For example: “I shouldn’t eat unless I am truly hungry.” An alternative belief is “Since I enjoy eating with family members, I need to sometimes work my mealtimes around the needs of others. This may mean eating when it is time for a meal even if I am not hungry.”

What are the consequences of having that thought?

For example: “I’ve already blown it, so I’m going to go ahead and finish the box of cookies and start my diet tomorrow.” The consequence of this thought is that it causes me to binge which makes it worse because I end up eating even more than if I just work on accepting what I’ve already eaten.

Make a Coping Card

Take an index card and write the automatic or problematic thought on one side and the rational response on the other. This is a great strategy for those problematic thoughts that come up repeatedly. It is a good idea to review the cards daily and to keep them in your wallet. You can also pull them out whenever you find that you are having the automatic thought.

For example, a common problematic thought could be, “I’m bored. Eating will make me feel better.” On the other side of this card, write “Eating when I am bored will only make me feel worse.”

Run a Behavioural Experiment

Make a prediction, “If I allow myself dessert four nights this week, I will gain five pounds,” and run an experiment to test it out. Weigh yourself at the beginning

Mealtime Tips

Mealtimes can be particularly difficult. You may find the following advice helpful.

If your child is in treatment, ask their treatment team for advice on how to cope with mealtimes.

Try to make meal plans with your child that you both agree to.

Agree with the family that none of you will talk about portion sizes, calories or the fat content of the meal.

Avoid eating low-calorie or diet foods in front of them or having them in the house.

Try to keep the atmosphere light-hearted and positive throughout the meal, even if you do not feel that way on the inside.

If your child attempts to get too involved in cooking the meal as a way of controlling it, gently ask them to set the table or wash up instead.

Try not to focus too much on them during mealtimes. Enjoy your own meal and try to make conversation.

A family activity after the meal, such as a game or watching TV, can help distract them from wanting to purge or overexercise.

Do not despair if a meal goes badly – just move on.

School pressures and recovery

Studies have found a link between the increased academic pressures facing young people and the increasing prevalence of eating disorders.

It is important that although your child still tries to do their best at school, their mental health is more important, and they need to get all the help they can with their eating disorder.

It is a good idea to let your loved one's school know about their eating disorder so they can monitor their eating, behaviours and be there to support them, perhaps even watch them whilst they eat in a separate room from others.

It can also be helpful to ask your love one's school to remove them from PE lessons if they are physically too unwell to take part or if exercising is a trigger to them.

Overall, it is important to take off as many school stresses as possible whilst they

Holidays and Christmas tips

The holiday season is the time of year most associated with traditions, many of which revolve around food. For those struggling with an eating disorder this can be an especially stressful time, and seemingly simple commitments such as attending a holiday gathering and reuniting with family can become sources of tremendous anxiety and immense emotional strain.

Tips to help you through the holidays

For the one suffering

Be mindful of the holidays and the fact that they are not for just eating. Take time to reflect on the significance of being present with loved ones and shift the focus away from food.

Have a “buddy” that you can check in with during difficult meals or help you if you begin to struggle or panic. Ask if you can lean on them when dealing with obsessive or addictive behaviours. Knowing that there is someone who can help through tough times can be extremely powerful.

Be honest with your family and friends about your worries and concerns. Having an open and honest dialogue can make others aware of the complexity of eating disorders especially around the holidays.

Decrease stress by making lists, such as deciding what to spend and how much time you will commit to shopping. If you do not find the “perfect” gift, the world will not end.

Reduce stress surrounding food-related activities. Make peace with the concept of holiday-related food reminding yourself to remain present and not become stuck in common eating disorder related thoughts. Be prepared by consuming a small meal or snack before attending parties. Allow yourself to enjoy a holiday food that you have fond memories of, and if you consume a little more than planned, it's okay. Tomorrow is a new day. For now, remember to

Discuss your holiday anticipations with your treatment team so that they can help you with potential stressors and triggers and enact a plan for coping and overcoming. Preparing for stressful situations and working on strategies beforehand can help you not fall into self-destructive patterns.

Stick to your prescribed recovery program. Structure your day so that you can keep to the recovery disciplines and actions, especially when it comes to scheduled mealtimes.

Avoid “overstressing” and “overbooking” yourself. Cut down on unnecessary events and obligations to give yourself time for relaxation, renewal and self-contemplation. Remember that you do not have to

For those with a loved one suffering from an eating disorder:

Avoid the role of “food police” unless a treatment team has given you a plan to monitor and portion your loved ones’ food. This role may backfire and cause increased anxiety.

Offer support and words of encouragement. Ask specifically how you can help them cope with the stressors of the holidays and assist them with their treatment and recovery.

Be respectful of the individual’s recovery process. If the person is not yet comfortable eating or celebrating in front of others let them know that you understand and are there to support them .”

How to look after your own mental health as a carer

Take full advantage of carers group and carers helpline

Take one day at a time. While thinking about the future is normal, try and focus on the challenges of caring just one day at a time.

Make a list of friends or relatives that can help. A list can clarify how many others you can call on.

Ask a friend to stay overnight. It may help you get a good night's sleep and provide extra company.

Discuss flexible work options with your employer. Many employers offer flexible working arrangements. Talk to them about possible options.

Advice to siblings

Siblings often feel forgotten about when an eating disorder occurs at home. Suddenly a lot of attention can be focused on the person suffering and siblings may feel left out or invisible. At the same time siblings have to cope with living in a situation which has suddenly become very stressful. They too experience the arguments, the unbearably tense family meals, and the anxiety over what will happen next.

If your brother or sister has an eating disorder, remember that it is OK for you to find the situation hard as well. It may be difficult for you to find time and space which is not dominated by the eating disorder, so see if you can arrange to spend time with friends or with other family members which is just for you. A regular time with your mum or dad on your own can give you space to chat and to make sure there is time for you.

Siblings often struggle with feeling guilty or with worrying if something they have said or done caused the eating disorder. Remember that an eating disorder is very complicated. You will not have caused it! All siblings argue sometimes, and during those arguments most people say things they later regret. If there are genuine things you wish you had not said then why not write a letter, email or send a card and let your brother or sister know. Don't be afraid to tell them that you love them. If you can find time to spend with them without the eating disorder being at the front of everyone's mind, this will be really helpful – so if there are things you used to do together, try to keep doing them!

Finally, it's not unusual for siblings to struggle with thoughts and feelings about their own eating or weight. With so much focus and discussion about these things you might find yourself thinking about them in a way you wouldn't usually. Make sure you find a channel to talk about these things. It may be that someone from school or somewhere else – an older friend, counsellor or youth worker – can meet up with you

Communicate with your parents so that they can understand the situation from your perspective and the impact your sibling's eating disorder is having upon you. Don't be afraid to speak up if you feel too much pressure or responsibility. Keeping lines of communication open will ensure everyone is being heard at all times.

An eating disorder is a psychological illness and therefore affects a person's mind and their character. It can feel as if the person you know and love has gone and in their place is somebody you don't know and can't relate to in the same way. An eating disorder can make a person act differently and your sibling's behaviour might have become quite irrational and they may experience mood swings, which can be quite frightening for you as a brother or sister. Remember that they are still the same person but that they are just struggling and therefore need more support. Do treat them like normal, (however difficult this is for you) and refrain from either directly tackling them on the subject of food and eating or avoiding it altogether. Spend more time together and remind them of the good times you've had in the past – reminiscing can help you to feel closer and is a good way to lead into a deeper conversation.

As a sibling you're in a really good place as your brother or sister can often feel most comfortable talking to you. You will have a different view of the issues your sibling is struggling with and you may be able to better understand any social or academic pressures they may be facing and help them to identify what could be behind their worries. It is tempting to avoid socialising with them, especially if they have become withdrawn but do include them in social activities and group events. An eating disorder can cause the person to be particularly introspective; helping them to look to future goals can help gain a wider perspective.

It can feel very lonely at times and it's important to make time for yourself and have a network of supportive people available. You may only want to talk to one person, a good friend, teacher or even a professional, or you might feel able to confide in a few trusted people. It might be a good idea to let a teacher, work colleague/manager, a person in whom you trust, know about the issues you're coping with at home so they can help with any work commitments or academic pressure. Getting involved in group activities, such as team sports, clubs, societies can help you to feel less alone and can help to distract you from your worries about your sibling and the issues at home.

Your own eating habits and body image. When food has become such an issue and an area of upset and conflict, it's easy to lose the enjoyment of eating and mealtimes. You may feel anxious around the thought of eating as a family and your own appetite might even be affected. It's important that you communicate any anxieties you have around your own eating and/or body image to a person you trust, so you can chat through some of underlying emotions. ¹³

Resources

www.pedsupport.co.uk

admin@pedsupport.co.uk

beateatingdisorders.org.uk

mind.org.uk

<https://www.eatingdisordertherapyla.com/reading-resources/>

<https://www.nhs.uk/conditions/eating-disorders/>

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