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**We are a voice, a listening ear,  
a support for those affected by  
eating disorders and their families.**

#### SERVICES

- Email Support Service
- 24 Hour Helpline Support
- Drop-in Service
- 1-1 Support
- Monthly Support Groups
- Early Intervention/Prevention Programmes for Schools and Youth Groups
- Workshops for Professionals

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## GETTING HELP

Anorexia is a serious disorder and should not be left untreated. Both the physical and the psychological aspects of the disorder should be assessed and monitored. Treatment will vary according to the individual.

- The family doctor is often the first point of contact. A person may work towards recovery with their GP, or the GP may refer them to an alternative treatment route.
- Individual psychotherapy and family therapy can be useful in addressing the psychological and emotional issues that may be underlying the disorder.
- Nutritional counselling can increase a person's understanding of how their diet and eating patterns are affecting them physically, mentally and socially. However, nutritional counselling alone may not be recommended.
- Some people may require specialised inpatient or outpatient treatment. If this is the case, your family doctor will be able to advise you on the different options available to you.
- Support groups can help to break social isolation and encourage recovery, in conjunction with some of the other options listed above.

## PEOPLE CAN AND DO RECOVER

## RECOVERY

Because of the nature of the disorder, a person with anorexia nervosa may have difficulty acknowledging the seriousness of the risks to their physical and their mental health. The prospect of recovery can be very frightening because the disorder feels like their safety net and resistance to treatment is normal.

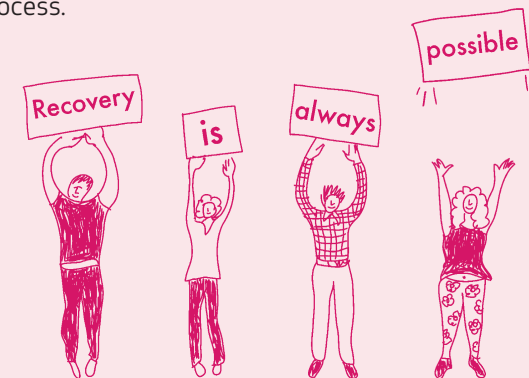
This may have the effect of delaying access to appropriate treatment and can cause severe distress for carers and family members.

Carers should seek information and support for themselves to increase their understanding of the disorder and their ability to help. Attending a support group for family and friends can be helpful at this time.

The time needed for recovery from anorexia nervosa varies according to each individual.

The disorder may be established for a long time before a person seeks help, and so recovery is often slow, and can take an extended period of time. This is not necessarily a negative thing. The process of the person trusting enough to let go of the disorder is one that they must feel able to take at their own pace.

Recovery happens in small steps, and relapse, where it occurs, should be understood as a natural part of this process.



# Anorexia Nervosa



## WHAT IS ANOREXIA NERVOSA?

Anorexia Nervosa is an eating disorder characterised by a determined effort to maintain a low body weight. As a result, both the body and mind are starved of the nutrients needed for healthy, balanced functioning. The person will be affected on a physical, emotional and psychological level.

**Anorexia Nervosa is a serious mental health condition, which can be life threatening.**

Although the word “anorexia” literally means “loss of appetite”, this does not accurately describe what a person experiences. Appetite is suppressed rather than lost, and an intense interest in food is retained. The person becomes fixated on eating less and less, and this fixation serves as a distraction from other feelings they may be experiencing.

In this way, anorexia nervosa can be understood as a coping mechanism - a way in which a person copes with their feelings, relationships and life situations.

Restriction of food intake often begins with the gradual elimination of high calorie foods from the diet. A sudden preference for a vegetarian diet may form part of this pattern. At first, behaviours may resemble a normal diet or lifestyle choice, but over time the relentless drive for thinness may become more obvious as the disorder progresses. Other means of maintaining a low body weight may include fasting, excessive exercise, self-induced vomiting and/or the misuse of laxatives, diuretics or appetite suppressants.

Anorexia is not primarily about food and weight issues, or about “slimming”. Many factors combine to make any one person more vulnerable to anorexia than another, and these factors vary from person to person. As with all eating disorders, the psychological issues and emotional distress underlying the physical symptoms must be addressed for long-term recovery to be possible.

Anorexia nervosa can affect both males and females of all ages, though it is most common amongst girls and younger women. Estimates suggest one in ten people with anorexia are male, though more recent studies suggest the figure may be much higher.

Anorexia in men can often present quite differently, with the focus shifting from a low body weight to a muscular physique. Behaviours may also differ - over-exercising is more common than dietary restriction in men with anorexia. *For more information see the EDA leaflet “Men and Eating Disorders”.*

## MAIN FEATURES

### Behaviours may include:

- Severely restricting the intake of food
- Changed behaviours around food
  - Rigid, limited diet
  - Rituals around food and eating
  - Increased use of spices, condiments, chewing gum
  - Increased consumption of fluids
  - Moving food around the plate
  - Taking a long time over meals
- Excessive thinking and talking about food and related issues
  - Reading and collecting recipes
  - Cooking for others, but without eating themselves
- Secrecy and denial around food behaviours
  - Claiming to have already eaten or to have plans to eat elsewhere
  - Secret disposal of food
- Episodes of bingeing or perceived overeating
- Frequent weighing
- Excessive levels of exercise
- Use of laxatives

### Emotional and psychological symptoms may include:

- Preoccupation with body weight, shape and size
- Intense fear of putting on weight
- Perception of body shape and size are disturbed (body image distortion). Even an obviously emaciated body is experienced as fat
- Low self-esteem
- Irritability and mood swings
- Difficulty resolving conflict
- Social isolation
- Difficulty coping with change and frustration
- Inflexible ‘black or white’/‘right or wrong’ thinking
- Depression
- Obsessive and/or compulsive behaviour
- Decreased interest in sex

### Physical symptoms may include:

- Low body weight
- Poor circulation
- Increased sensitivity to cold
- Dry, thinning hair
- Dry, discoloured skin
- Growth of fine, downy hair (lanugo) on the face and body
- Bloating of stomach, fluid retention
- Constipation and abdominal pain
- Restlessness
- Fatigue, difficulty sleeping
- Loss of periods (amenorrhoea)

Most physical symptoms will reverse with weight gain and normalisation of a balanced diet and eating habits.

## HEALTH CONSEQUENCES OF ANOREXIA NERVOSA

Alongside the visible symptoms, there are health consequences that must be considered. Ongoing restriction of food intake can lead to the body being starved of nutrients.

### Health consequences may include:

- Severe dehydration, which may lead to kidney failure
- Muscle weakness, which may lead to muscle loss
- Slower heart rate and low blood pressure, which may lead to heart failure
- Loss of bone density, which may lead to osteoporosis, fractures and postural problems
- Disruption of hormonal balance, which may lead to fertility problems

It is in the context of these long-term consequences that early intervention is particularly important.

Starvation can affect a person’s thinking and behaviour. Poor nutrition and dehydration produce changes in brain chemistry. It is thought that these changes in brain chemistry contribute to sustain the distorted thinking, disturbed perception and obsession with food associated with anorexia nervosa.

Cognitive ability can also be affected resulting in reduced concentration, poor memory, difficulties with abstract thinking, problem solving, and planning. In some cases, these changes can also increase vulnerability to depression, anxiety and other mental health disorders such as obsessive-compulsive disorder.

If there is a co-occurring condition, this should be addressed at the time of treatment.