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Q1, 2024

SIX MHS TOOLKITS:
EATING DISORDERS

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Tony Adams, MBE

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SIX MHS TOOLKITS:

EATING DISORDERS

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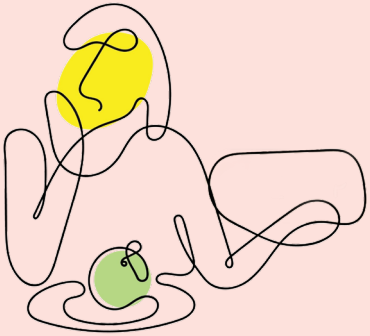


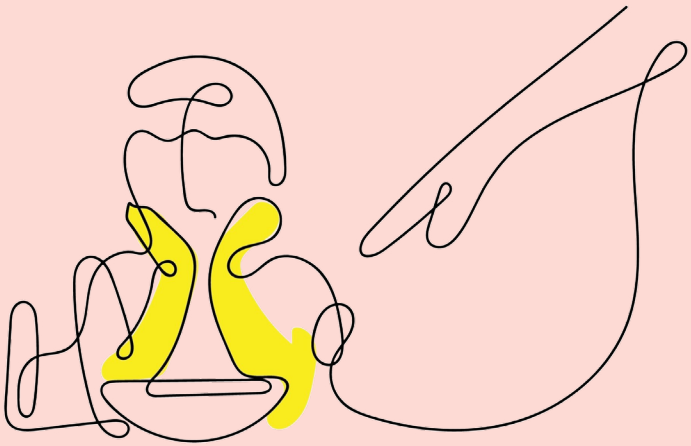
WHAT IS AN EATING DISORDER?

Eating disorders are serious mental illnesses that involve severe disturbances to someone's eating behaviours, thoughts and emotions.

These behaviours may involve the person restricting their food intake, eating large quantities of food at once with a sense of having lost control ('bingeing'), compensating for food eaten through purging (trying to get rid of the food), fasting or excessive exercise, or a combination of these behaviours.

It is important to remember that, despite how it may seem, eating disorders are not about food. Instead, eating disorders often serve a function in someone's life. For example,they might be a coping mechanism, a way for the person to communicate a certain emotion, or a means of helping the person feel in control.

Eating disorders can be difficult to identify and often those who have them can appear healthy despite being unwell.



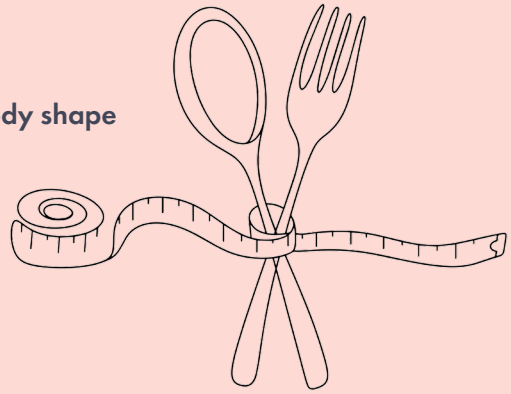
TYPES OF EATING DISORDERS

WHAT IS ANOREXIA?

People with anorexia may eat very little food, or binge (eat lots of food all at once) and then exercise or make themselves sick so they don't gain weight. Someone with anorexia is likely to be a lower weight than expected for their age and height.

Signs may include:

- Worry about gaining weight
- Not seeing their body the way you do
- Being secretive about their eating
- Doing lots of extra exercise
- Feeling dizzy or faint
- Wearing baggy clothes tohide their body shape
- Feeling cold
- Isolating themselves from others



WHAT IS BULIMIA?

People with bulimia may binge (eat lots of food at once) and then make themselves sick, exercise obsessively, or take laxatives because they feel guilty about what they've eaten, worry about their bingeing, or because their stomach is so painful. This is known as purging.

Diabulimia is the misuse of insulin is on the riase and can be fatal. People also misuse stimulants such as ADHD medication, amphetamines and methamphetamine to lose weight.

Often someone with bulimia will stay a "normal" weight, which can make it even harder to spot.

Signs may include:

- Yo-yo weight changes
- Secrecy around food
- Exercising lots more than usual
- Going to the toilet after meals
- Isolating themselves from others
- Poor skin
- Scars on fingers, knuckles, or backs of hands, and bad breath from being sick
- Feeling bad about their body image

WHAT IS BINGE EATING DISORDER?

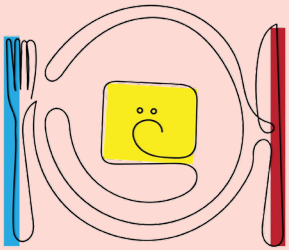
People with binge eating disorder may binge on a regular basis. Bingeing isn't just eating a bit more than usual – it might be days' worth of food in one sitting. Usually the food is what we might call "unhealthy". Binges will often be planned in advance and the food eaten in secret. Someone might feel "better" while bingeing, but afterwards they'll feel guilty and anxious about what has just happened.

Signs may include:

- Eating in secret.
- Hiding food packaging.
- Gaining weight.
- Spending lots of money on food.
- Self-conscious about eating in front of others.
- Loss of confidence and low self-esteem.
- Isolating themselves from others.

WHAT IS OSFED?

OSFED stands for "other specified feeding or eating disorder". If someone is diagnosed with OSFED, it means that their symptoms don't quite fit with what doctors expect of anorexia, bulimia, or binge eating disorder, though it is just as serious.



WHAT IS ARFID?

ARFID stands for "avoidant/restrictive food intake disorder", where someone avoids certain foods or limits how much they eat. This can be for a number of reasons, for example, they might be sensitive to certain tastes or textures, have had a bad experience with food, or not be interested in eating due to other reasons.

WHAT IS PICA?

Pica is an eating disorder where a person compulsively eats things that aren't food and don't have any nutritional value or purpose. Depending on when and why a person does this, pica can be normal, expected and harmless. However, it can cause major problems if a person with this condition eats something toxic or dangerous.

Pronounced "PIKE-ah," pica gets its name from a bird species, the Eurasian magpie (the formal Latin name for that species is Pica pica). This bird has a reputation for eating unusual objects.

Who does pica affect?

Pica can happen to anyone at any age but tends to happen in three specific groups of people:

- Young children, especially those under 6 years old
- People who are pregnant
- People with certain mental health conditions, especially autism spectrum disorder, intellectual disabilities or schizophrenia

PLEASE NOTE:

Everyone is a unique individual and labels and descriptions do not suit everyone, some people experience more than one eating disorder at the same time, some people have difficult experiences with food that may not be listed here, if you feel you need support it is valid and important that you seek help for your unique set of circumstances.

ORTHOREXIA NERVOSA

WHAT IS ORTHOREXIA?

Orthorexia was defined in 1997 by Dr. Steven Bratman, MD, and you can read more about it at his website. It is not currently recognised in a clinical setting as a separate eating disorder, so someone who visited the doctor with the symptoms would not be officially diagnosed with "orthorexia", although the term may be brought up when discussing their illness.

Orthorexia refers to an unhealthy obsession with eating "pure" food. Food considered "pure" or "impure" can vary from person to person. This doesn't mean that anyone who subscribes to a healthy eating plan or diet is suffering from orthorexia. As with other eating disorders, the eating behaviour involved – "healthy" or "clean" eating in this case – is used to cope with negative thoughts and feelings, or to feel in control. Someone using food in this way might feel extremely anxious or guilty if they eat food they feel is unhealthy.

It can also cause physical problems, because someone's beliefs about what is healthy may lead to them cutting out essential nutrients or whole food groups. All eating disorders are serious mental illnesses, and should be treated as quickly as possible to give the sufferer the best chance of fully recovering.

Orthorexia bears some similarities to anorexia, and someone who has symptoms of orthorexia might be diagnosed with anorexia if they fit with those symptoms as well. Eating disorders that can't be diagnosed as anorexia, bulimia, or binge eating disorder might be diagnosed as "other specified feeding or eating disorder" (OSFED).

Regardless, if you recognise any of the symptoms in yourself or someone you know, it may be a sign of an eating disorder, and you should seek advice from a doctor. You won't be officially diagnosed with orthorexia, but specialists should be able to consider your symptoms and feelings to work out what kind of treatment you should be getting.

Some possible signs of orthorexia are below. Remember, a person does not have to show all of them to be ill.

Some possible signs of orthorexia are below. Remember, a person does not have to show all of them to be ill.

SIGNS OF ORTHOREXIA

Behavioural signs

- Cutting out particular foods and food groups from their diet in an attempt to make their diet more healthy. More and more foods may be cut out over time
- Taking an existing theory about healthy eating and adapting it with additional beliefs of their own
- Poor concentration
- Judgment about the eating habits of others
- Obsession with healthy or supposedly healthy diet
- Increased focus on what they're eating may interfere with other areas of the person's life, such as their relationships or work

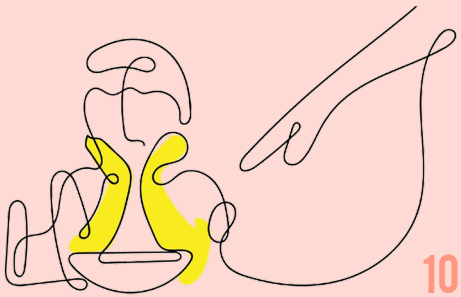
Psychological signs

- Obsession with healthy or supposedly healthy diet.
- Increased focus on what they're eating may interfere with other areas of the person's life, such as their relationships or work.
- Feeling unable to put aside personal rules about what they can and can't eat, even if they want to
- Feelings of anxiety, guilt, or uncleanliness over eating food they regard as unhealthy
- Emotional wellbeing is overly dependent on eating the "right" food
- Low mood or depression

Physical signs

If someone with orthorexia is following a diet that cuts out important food groups or nutrients, this could lead to malnutrition, with signs such as:

- Weight loss
- Feeling weaker
- Tiredness
- Taking a long time to recover from illness
- Feeling cold
- Low energy levels



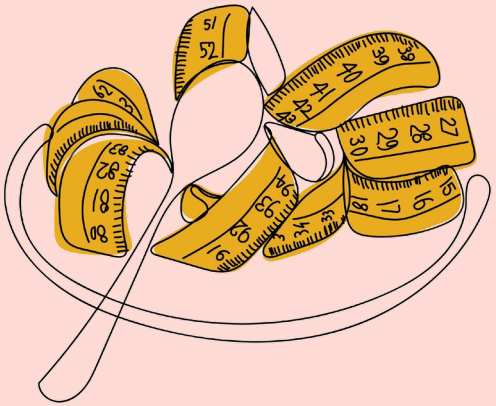
COMMON MYTHS AROUND EATING DISORDERS

MYTH: Eating disorders are a choice

FACT: **Eating disorders are complex illnesses – there is no single cause. Instead they are thought to be caused by a combination of biological, psychological, and sociocultural factors. Eating disorders are extremely distressing for both the individual and their loved ones, and often are accompanied by feelings of shame. They require specialist treatment, but people can and do get better. Eating disorders are mental health disorders and are never a personal choice.**

MYTH: Parents are to blame for their loved one's eating disorder

FACT: **There is often nothing a parent or other carer could have done to prevent the eating disorder, but they are often best placed to help to create an environment that promotes and supports recovery. Although treatment may involve families changing certain behaviours, this is often because families have inadvertently fallen into routines that accommodate the behaviours that have come from the eating disorder, as opposed to them being at fault. It is crucial for parents and carers to receive support during the illness due to the demanding nature of supporting someone with an eating disorder.**



MYTH: Eating disorders are someone being vain and seeking attention

FACT: Although there is often an association between body dissatisfaction and eating disorders, eating disorders are not someone being vain or just wanting to look a certain way. Eating disorders are serious diagnosable illnesses; they are not a lifestyle choice, a phase, or someone being attention seeking. Often people diagnosed with eating disorders go to great lengths to hide the eating disorder and to keep it secret.

MYTH: Someone must be underweight to have an eating disorder

FACT: Often when people think of someone with an eating disorder, they think of someone who issignificantly underweight. However, although weight loss is typical in anorexia nervosa, most people with an eating disorder stay at an apparently "healthy" weight or are "overweight". If the person does need to restore their weight, this is only one aspect of treatment, and being weight restored does not mean that the person is recovered. The thoughts and behaviours that come alongside the eating disorder also need to be addressed.

MYTH: Eating disorders only happen to young girls

FACT: Research shows that eating disorders do not discriminate – they affect people of all genders, ages, ethnicities, sexual orientations, weights, and socioeconomic statuses.

MYTH: Eating disorders are a diet that has gone wrong

FACT: Although for some people, one trigger for an eating disorder may be that they have been dieting, eating disorders are not "a diet that has gone wrong". They are serious mental health disorders.

MYTH: People cannot recover from the illness as it is in their genes

FACT: Although there is evidence that someone's genes contribute to the risk of developing an eating disorder, this does not mean that your loved one cannot recover. Genes are only one part of a complex mix of risk factors. Full recovery from an eating disorder is possible with the right help and support.

WHAT ARE THE SIGNS OF AN EATING DISORDER?

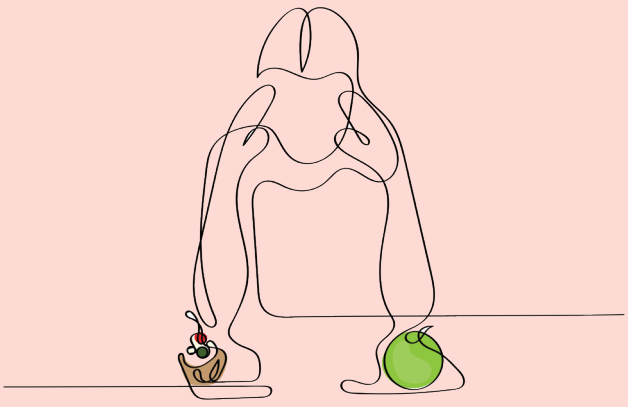
If you or people around you are worried that you have an unhealthy relationship with food, you could have an eating disorder.

Symptoms of eating disorders include:

- Spending a lot of time worrying about your weight and body shape
- Avoiding socialising when you think food will be involved
- Eating very little food
- Making yourself sick or taking laxatives after you eat
- Exercising too much
- Having very strict habits or routines around food
- Changes in your mood such as being withdrawn, anxious or depressed

You may also notice physical signs, including:

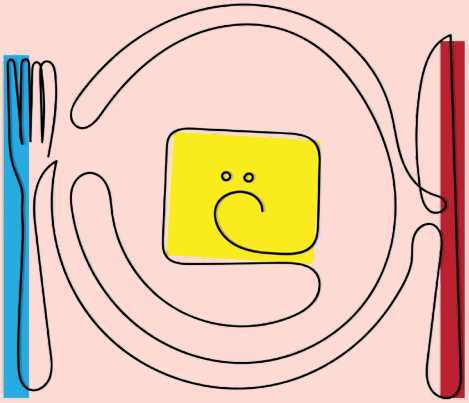
- Feeling cold, tired or dizzy
- Pains, tingling or numbness in your arms and legs (poor circulation)
- Feeling your heart racing, fainting or feeling faint
- Problems with your digestion, such as bloating, constipation or diarrhoea
- Your weight being very high or very low for someone of your age and height
- Not getting your period or other delayed signs of puberty



WHY DOES SOMEONE GET AN EATING DISORDER?

We don't know the exact answer, but research is leading to better understanding. We know it could be down to someone's genetics or biology – there's lots of research into how the brain works that's starting to tell us more.

Eating disorders can be triggered by many things. These might be significant life events, like moving house or school, parents splitting up, or someone close to the person passing away. They could be things like stress from school work or trouble with their friendship group. People may also experience pressure from classmates, social media, and things like adverts, that makes them worry about the way they look and feel the need to change. These aren't the only reasons – we'd run out of room if we tried to list them all!



What happens when someone is diagnosed with an eating disorder?

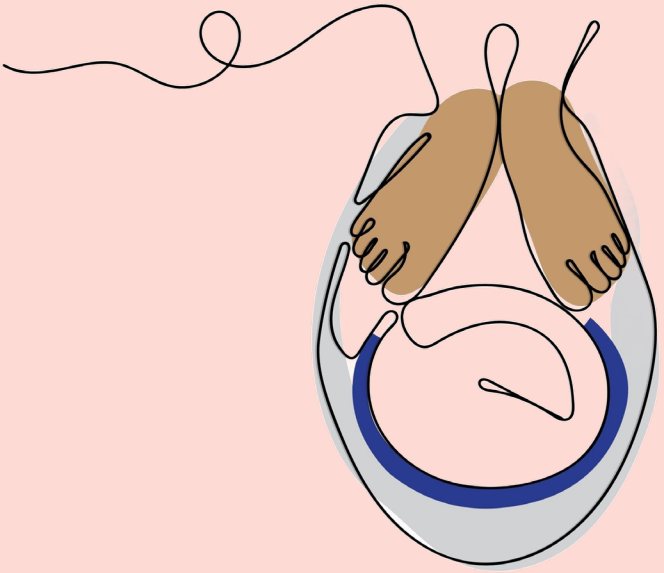
Depending on their eating disorder and other factors, a person will need to see their doctor, school nurse or other healthcare professional to access treatment. For bulimia and binge eating disorder, self-help may be recommended first – for example, keeping food and mood diaries. If someone is diagnosed with anorexia, they will probably be advised to access outpatient treatment such as therapy first of all. Sometimes they may need inpatient treatment, and during this they will usually stay in the hospital full time.

EATING DISORDERS IN MALES

Eating disorders can affect people of any gender. There has been an under representation of males in eating disorder research, and research with males is almost exclusively with cisgender males and may not be inclusive of people who identify as trans or gender diverse.

It is estimated that one third of people reporting eating disorder behaviours in the community are male. Males account for approximately 20% of people with anorexia nervosa, 30% of people with bulimia nervosa, 43% of people with binge eating disorder, 55-77% of people with other specified feeding or eating disorder) and 67% of people with of avoidant/restrictive food intake disorder. The prevalence of males living with an eating disorder may be much higher and under-reporting may be related to underdiagnosis, misdiagnosis and the stigma associated with eating disorders.

Research on the perceived barriers towards help-seeking for people with eating disorders found that stigma and shame were most frequently identified as barriers for accessing treatment. Males may experience stigma associated with the common misconception that eating disorders are a 'female' disorder which may present as a barrier to seeking and engaging in treatment.

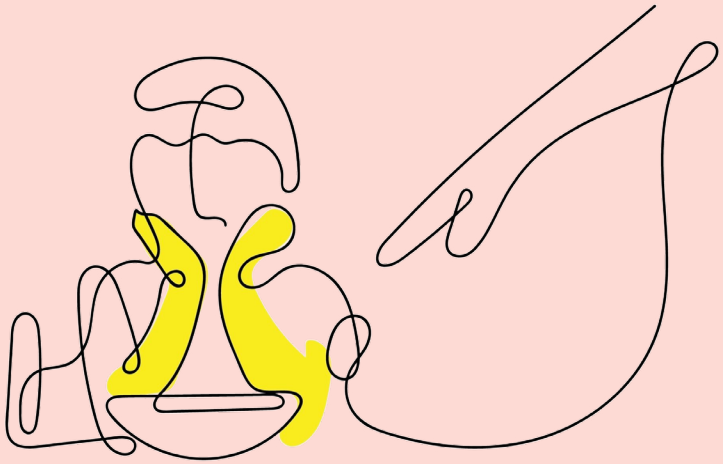


Development of eating disorders in males

The elements that contribute to the development of an eating disorder are complex, and involve a range of biological, psychological, and sociocultural factors. Any person, at any stage of their life, is at risk of developing an eating disorder.

Some of the triggers and high-risk groups, presentations and communities that may put males at an increased:

- **Direct or perceived pressure to change appearance or weight**
- **Influence and pressure of the media and social media**
- **External and internal pressure to adhere to the 'thin ideal', ' muscularity ideal' or 'fit ideal'**
- **Belonging to LGBTQIA+ communities**
- **Experiencing body dissatisfaction, negative body image and/or distorted body image**
- **Fasting or restriction of food intake for any reason**
- **Medical conditions which impact eating, weight and shape (e.g. type 1 and type 2 diabetes, coeliac disease,post-surgery)**
- **Mental health conditions (e.g., depression, anxiety**
- **Engaging in competitive occupations, sports, performing arts and activities that emphasise body weight/shape requirements (e.g., dancing, modelling, athletics, wrestling, boxing, horse riding)**
- **The childhood and adolescent developmental periods**



AUTISM AND ANOREXIA NERVOSA

Over the past decade or so, it has been increasingly observed that there seems to be an overlap between autism, and anorexia nervosa (AN). At face value these two conditions appear to be very different. Anorexia is a severe eating disorder characterised by an intense fear of gaining weight, persistent attempts to restrict energy intake and disturbances in the experience of one's body or shape, that typically emerges during adolescence in females, while autism is a neurodevelopmental condition, characterised by differences in social interaction and communication, as well as differences in rigid and sensory behaviours, that typically is diagnosed in childhood in males. However, clinical observation and increasing research attention suggests that autism is over-represented in anorexia, ranging from estimates of between 20% to 30%.

Attempts to understanding the impact of this overlap, or comorbidity, are just beginning. It has been suggested that the presence of autism in anorexia may be detrimental to treatment outcomes, leading to longer inpatient stays and challenging the success of traditional treatment approaches. However, it is important to note that this does not mean that these individuals are "failing" to recover or are "resisting" treatment; it merely means that they may have unique thoughts, feelings and behaviours that need to be heard, respected and incorporated into their treatment plans.

Indeed, several recent research studies that have explored the lived experiences of autistic individuals with anorexia have found they report that current treatments fail to meet their unique set of needs, calling for more accessibility and engagement by eating disorder services that are frequently found to misunderstand autism. Frustration is also felt by parents of autistic individuals with anorexia, who perceive that current services fail to adapt to their child's needs and, in some cases, even fail to accept autism as part of their eating disorder diagnosis. Watching someone you love struggle with an eating disorder can be an incredibly distressing experience; add the (often undetected) presence of autism and healthcare professionals that report a lack of knowledge and confidence in treating autism with an eating disorder framework, and this distress and frustration will reach overwhelming levels.

But you are not alone.

Researchers and clinicians are starting to translate lived experiences into treatments and interventions that will help work towards improving the lives of autistic individuals with anorexia. While increasing awareness of the overlap between autism and anorexia is a starting point, it is by no means the final destination.

A possible route towards achieving a more comprehensive understanding of how to treat these co-existing conditions are studies that seek to identify possible thoughts, feeling, behaviours and processes that may be unique to this population.

A recent paper developed a model of autism-specific mechanisms in restrictive eating disorders that were reported by autistic women, parents of autistic women and healthcare professionals working in the field, citing a broad range of behaviours and processes including sensory processing, social interaction and relationships, self and identity, difficulties with emotion, rigid, intense or literal thinking styles, and a need for control and predictability. While these behaviours were frequently reported to play an important role in the development and maintenance of restrictive eating, it should be noted that such attempts do not try to create definitive categories or criteria. Studies that are routed in these lived experiences bear witness to differences between individuals, even within individuals, as certain behaviours may also fluctuate in "importance" across the development of, maintenance of and recovery from anorexia.

Identifying possible factors and behaviours should be a first step in increasing awareness of autism in eating disorder services; the second step should be informed, person-centred care. This will involve applying such research findings to real-life clinical pathways and services. Historically, much has been lost in translation between the seemingly distinct pathways, with a lack of awareness of and training regarding autism and neurodiversity frameworks in eating disorder services, and a similar lack of knowledge or training in eating disorders observed in neuro-developmental pathways. Communication between multidisciplinary professionals and the development of person-centred, or autism-focused, interventions are vital in supporting the treatment and recovery of autistic individuals with anorexia. A recent clinical pathway that has sought to do just that has been implemented in England, known as the PEACE (Pathway for Eating disorder and Autism developed from Clinical Experience), and it is hoped that a similar clinical approach will be adopted soon in other UK countries. Further information regarding the PEACE pathway can be found at their website (peacepathway.org/).

Navigating and supporting a loved one through anorexia when they are also autistic presents many challenges. The start of your journey is to inform; yourself, your loved ones and your services. This knowledge and awareness will help you forward on your journey, and hopefully get your child and your family the suitable and autism-specific support that you need.

Research suggests that people with ADHD may have higher risk of developing bulimia nervosa and binge eating disorder due to difficulties with impulse control.

What is AFRID? (avoidant restrictive food intake disorder)

AFRID s often due to sensory and processing issues: People can be over or under sensitive to particular sensations, including taste, flavour, or smell.

It's not uncommon for autistic people to have 'feeding problems'. This might be down to a number of different factors, including having sensory sensitivities towards certain foods, anxiety about certain foods, and having a preference for eating the same foods over and over again. There are many parallels in these behaviours when compared to the behaviours seen in ARFID.

While people on the autism spectrum may often be characterised as having 'picky' or 'fussy' eating habits, those with co-occurring ARFID experience much more severe and restrictive behaviours.

COPING WITH AN EATING DISORDER DURING RAMADAN

Ramadan is a time of self-reflection and devotion that many Muslims look forward to. However, for people with eating disorders, this can be triggering & anxiety provoking time and can exacerbate their difficulties. As eating disorders seriously compromise bodily functions, particularly if the body is already in a state of starvation, fasting during Ramadan could adversely and significantly affect your health, welfare and overall recovery. We therefore advise that you discuss whether fasting is right for you with your Eating Disorder team, friends/family and/or Imam/spiritual leader, in order to get the right support and advice to help you get the most out of this special time.

You may feel guilty and overwhelmed with not being able to fast during Ramadan, but remember, you are exempt from fasting on medical grounds, and there will be other acts of worship you can participate in.

If you do not fast during Ramadan you can make up the missed days at a later time when you are physically and mentally in a better place. If fasting triggers your eating difficulties and you are unable to make up your fasts you can pay Fidyah instead (a donation of food or money for those in need).

- Remember this is a time where God is looking for abstinence from bad characteristics so the abstinence from food is only one aspect of the fast. There are other ways to work towards the goals of Ramadan
- Remember you are also able to reap in the reward of another person who is fasting
- Most importantly, remember the rewards for not fasting are based on the intentions of your heart

How to look after yourself if you are fasting

- Preparing food for those who are fasting
- Feeding others
- Read your obligatory prayers, as well as praying Tahajjud and/or Taraweeh prayers.
- Spend time making Dhikr (rememberence of Allah) and Dua (supplication)
- Read the Quran daily, with its interpretation
- Read books to increase your knowledge on Islam
- Spend your time doing things that make you feel happy, closer to God and serving others
- Give to charity and show small acts of kindess to people around you

Above all, remember to practice self-compassion and be kind to yourself and make a personal Ramadan plan for you.

How to look after yourself if you are fasting

If it has been established that it is in fact safe for you to fast, and fasting will not jeporadise your recovery or increase the risk of a relapse, then there are a number of things you can do to help you to get through Ramadan.

1. It is important to keep checking in with yourself. Some people can start to experience unhelpful thoughts about losing weight through fasting, so keep reminding yourself of the real meaning behind Ramadan. If you notice any signs of a relpase then it might be helpful to speak to loved ones and to stop fasting, temporarily.

2. Do not skip Suhur or Iftar.

3. Plan your meals in advance. Ensure that you include energy providing foods in your meal, i.e. rice, breads, dates and yoghurt and desserts.

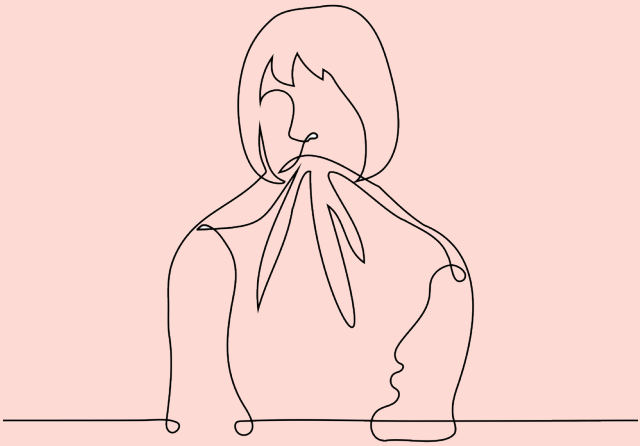
4. Eat your meal at a sensible pace and remember to drink plenty of water between ftar and Suhur gradually, rather than drinking large amounts of water at once.

5. If you struggle with binges, long periods of low food intake can trigger a binge episode. To reduce the risk of losing control make sure you do not skip suhur or iftar and practice mindful eating during iftar.

6. Following iftar, try to distract yourself from unhelpful thoughts by talking to others, read the Quran or spending time with family.

7. Make dhikr (remembrance of Allah) and prayer.

8. Above all, be compassionate to yourself. It is ok if things do not go to plan, do not give up. Learn from the experience and think about what can be done differently the next day.



TRAVEL ADVICE IF YOU HAVE AN EATING DISORDER

Thinking of going on holiday?

Here are a few things to consider if you have an eating disorder...

EHIC and Travel Insurance.

The European Health Insurance Card (EHIC, previously known as E111) allows card holders to access state-provided healthcare in the European Economic Area (EEA) for a reduced price, and sometimes for free. It covers pre-existing medical conditions, such as your eating disorder. You can apply using the following link:
https://www.ehic.org.uk/Internet/startApplication.do (NB. Never apply using a site which asks for a fee)

The EHIC is NOT an alternative to travel insurance. It will not cover you for healthcare expenses outside the state-provided system, and will not cover the cost of bringing you back to the UK. Your insurance provider needs to be made aware of your eating disorder, otherwise your insurance will be invalid.

Flights

As a general rule, medical professionals do not advise taking long-haul flights if your BMI is under 15. There are many things to consider when booking flights:

- **Meals** - It is important to check whether your airline provides food on board, and for you to consider whether you will be able to manage these realistically, especially when there may be limited options on board. You may wish to take your own meals and snacks with you.

- **Hydration** - IFlights can make anyone dehydrated due to the low humidity in the plane, coupled with alcohol intake. Dehydration on flights is a risk factor for developing deep vein thrombosis (DVT), which are blood clots in your legs. It is important that you are able to drink more water than you would usually, and you should consider wearing be low knee compression stockings.

- **Travel sickness** - It is important to check whether your airline provides food on board, and for you to consider whether you will be able to manage these realistically, especially when there may be limited options on board. You may wish to take your own meals and snacks with you.

Renting a car

If you choose to rent a car abroad, the fee will usually include insurance. Pre-existing conditions may make this insurance invalid, and leave you with potentially large costs if you have an accident. Check all the fine print, and do your homework before you go.

Jet lag and time difference

If you are awake for approximately 16 hours a day, you will often have a meal plan that advises 3 regular meals, and 3 snacks in between. If you are about to take a long haul flight and know that you will be awake for a lot longer than that, then you will need to plan extra meals and snacks, so that you continue to eat every couple of hours. If you know that you are someone who struggles to eat when you're tired, speak to the people you're planning to travel with, and see if there is a way that they can help support you with this.

Vaccinations

If your immune system is not working well (i.e. if you have a low white cell count (WCC)) you should seriously consider whether you will be putting yourself at increased risk of infection depending on where you are intending to go. You may need to have vaccinations before you go. If your immune system is weak, you might not be allowed to have the vaccinations, so you should attend your local travel clinic at your GP surgery well in advance to plan this carefully.

Activity Levels

If you are sightseeing, it is likely that you will be using up more energy than you do at home or at work. It is important to think about whether you need to adjust your meal plan accordingly.

Food abroad

While many people enjoy travelling because of the new foods they can experience, for someone with an eating disorder, this can be a major source of anxiety. It is important to seriously think about whether you will be able to manage without the regular foods that you eat. If you want to take food away with you, check with customs for that specific country that you will be allowed to do so, as some e.g. Australia, have very strict rules on importing foods.

You may also wish to think about whether self-catering accommodation is more achievable than eating out regularly.

And finally...

Going on holiday can be a very positive experience, but if you have an eating disorder you should consider all the points above and plan things in advance. Speak to the professionals involved in your care, and your support network, early on, so that you can all agree on a safe plan. There are no hard and fast rules about BMI, but your overall clinical picture needs to be taken into consideration.

Book links available from the SIX MHS App

BOOKS

- *Overcoming Binge Eating: The Proven Program to Learn Why You Binge and How You Can Stop* by Christopher Fairburn (2013) ISBN: 978-1572305618. This is the book that we use commonly in our service to treat Bulimia Nervosa and Binge Eating Disorder.
- *Beating your Eating Disorder: A Cognitive-Behavioural Self-Help Guide for Adult Sufferers and their Carers* by Glen Waller, Victoria Mountford, Rachel Lawson, Emma Gray, Helen Cordery and Hendrik Hinrichsen (2010) ISBN: 978-0521739047
- *Bulimia Nervosa: A Self Help Cognitive Therapy programme for Clients* by Myra Cooper, Gillian Todd & Adrian Wells (2000) ISBN: 978-1853027178
- *Bulimia: A Guide for Family and Friends* by Roberta Trattner Sherman & Ron Thompson (1996) ISBN: 978-0787903619
- *A Cognitive-Interpersonal Therapy Workbook for Treating Anorexia Nervosa: The Maudsley Model* Paperback – Illustrated, 31 Oct. 2018 by Ulrike Schmidt (Author), Helen Startup (Author), Janet Treasure (Author) Collins-Donnelly, K. (2014).
- *Banish Your Body Image Thief: A Cognitive Behavioural Therapy Workbook on Building Positive Body Image for Young People* by Jessica Kingsley
- *Caring for a Loved One with an Eating Disorder: The New Maudsley Method* by Janet Treasure,
- *Understanding Your Eating: How to Eat and Not Worry About It* by Julia Buckroyd (2011) ISBN: 978-0335241972

MEMOIRS

- *Brave Girl Eating: The Inspirational True Story of One Family's Battle with Anorexia* by Harriet Brown (2011). ISBN: 978-0749955182
- *When Anorexia Came to Visit: Families Talk About How an Eating Disorder Invaded Their Lives* by Bew Mattocks (2013) ISBN: 978-0957511842
- *A Girl Called Tim: Escape from Eating Disorder* by June Alexander (2014) ISBN: 978-1742570792
- *Weighing It Up* by Ali Valenzuela (2009) ISBN: 978-0340988404
- *Please eat...: A Mother's Struggle to Free Her Teenage Son from Anorexia* by Bev Mattocks (2013) ISBN: 978-0957511804
- *Gaining: The Truth about Life After Eating Disorders* by Aimee Liu (2007) ISBN: 978-0446577663
- *Unbearable Lightness: A Story of Loss and Gain* by Portia de Rossi (2011) ISBN: 978-0857204110
- *Pointe* by Brandy Colbert (2016) ISBN: 978-9876128919
- *Just Listen* by Sarah Dessen (2007) ISBN: 978-0141322919
- *Elena Vanishing* by Elena and Clare B. Dunkle (2015) ISBN: 978-1452121512
- *Stick Figure* by Lori Gottlieb (2009) ISBN: 978-1439148907
- *Skinny* by Ibi Kaslik (2007) ISBN: 978-0802797384

If you have been affected by an eating disorder, and you would like some help, or someone to talk to, we are here for you. Just pick up the phone and give SIX MHS a call, or send us a message:

0800 880 7373

helpline@sixmhs.com

You may also find some of the following websites have helpful resources and advice:

BEAT: beateatingdisorders.org.uk

National Eating Disorders Collaboration: nedc.com.au

NHS South London and Maudsley: slam.nhs.uk

FEAST: feast-ed.org

FREED: freedfromed.co.uk

Sources:

Beat: beateatingdisorders.org.uk
Cleveland Clinic: my.clevelandclinic.org
National Eating Disorders Collaboration: nedc.com.au
FEAST: feast-ed.org
FREED: freedfromed.co.uk
NEDA: nationaleatingdisorders.org
NHS South London and Maudsley: slam.nhs.uk
Forward Thinking Birmingham: forwardthinkingbirmingham.nhs.uk
EVA: anorexiafamily.com
Priory Group: priorygroup.com
National Eating Disorders Collaboration: nedc.com.au

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