

HEALTH MANAGEMENT INSIGHTS

Eating disorders

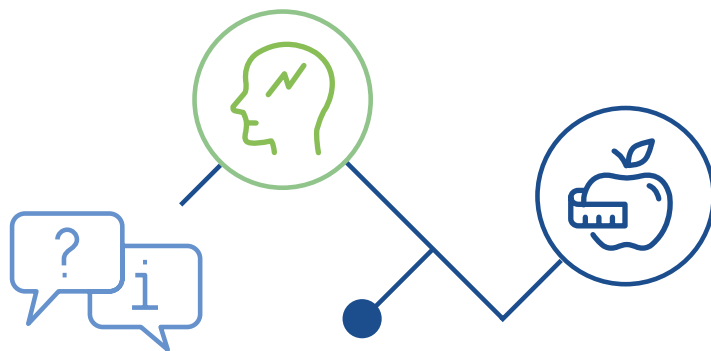
Key Takeaways

- > Eating disorders have dramatically increased in prevalence in the UK over the last 30 or 40 years.
- > Estimates of those affected vary - from between 700,000 people currently experiencing an eating disorder, to three million people impacted in some way.
- > Sufferers are primarily female, with the proportion of males affected estimated to be between 10 and 25 per cent.
- > Eating disorders are usually associated with younger people – and onset is often during school years – but they can affect people of any age.
- > Sadly, they remain a leading cause of hospital admission and death in young people.
- > Anorexia nervosa is perhaps the best-known disorder, although it may only account for around 8 to 10 per cent of cases overall.
- > Sufferers may also experience other mental health issues, gastrointestinal or gynaecological problems, diabetes or bone thinning.
- > The Covid-19 pandemic and lockdown have been extremely difficult for many sufferers. Anxiety, isolation, lack of oversight and increasing use of social media and video calls have all had a negative impact.
- > Adjustments at work can play a key role in recovery.
- > Members of sufferers' families can also benefit from support.
- > The disability provisions of the Equality Act 2010 are likely to apply to sufferers.



Condition Overview

The UK eating disorder charity Beat lists five categories of disorder, within which there are additional subcategories:



Anorexia Nervosa

Sometimes referred to as “Ana”, this is the most-dangerous form of eating disorder, where sufferers will restrict their food and fluid intake.

They may over-exercise or use other methods to achieve weight loss. It is fatal in about 10 per cent of sufferers, either due to complications caused by low weight or suicide.

Avoidant/Restrictive Food Intake Disorder (ARFID)

This condition is characterised by someone avoiding certain foods or types of foods. It may stem from a previous bad experience (for example choking), leading to fear and anxiety of that food type. In some cases, people have a low awareness of hunger and a low interest in eating generally.

Binge Eating Disorder

It is important not to confuse this with “comfort eating” which happens when someone feels stressed or low.

Binge eating is a different condition, where people lose control of their eating, consuming large amounts over a short period of time to the point of discomfort, often at speed and frequently alone. This commonly leads to subsequent feelings of guilt, shame, lack of self-worth and depression, which in turn may lead to a further binge episode.

Bulimia Nervosa

Sometimes called “Mia”, this is a serious mental illness where people will eat large amounts of food, then compensate by purging - for example with laxatives or vomiting.

The purging and vomiting often have long-term health effects for the sufferer.

Other Specified Feeding or Eating Disorder

This umbrella term includes people who do not quite have the diagnostic criteria to fit into the categories above.

It also covers purging disorder, night eating syndrome, anorexia athletica (over-exercise) and diabulimia. Diabulimia is a particularly serious form of eating disorder in people with type 1 diabetes, who avoid taking their insulin to lose weight.

How to help employees

How can you tell if someone has an eating disorder?

People with eating disorders can excel at their job and make great efforts to keep their work unaffected, but an employee may decide to broach the subject directly. While unusual, this is a positive sign which suggests they are ready for help.

Perhaps another colleague will voice concern, or you may notice changes in weight (loss, gain or fluctuations) or behaviour.

This might include stress and anxiety, social withdrawal, fatigue and difficulty concentrating. Somebody may avoid eating in public or with colleagues, perhaps finding excuses to avoid lunch. Some sufferers may follow an increasingly restrictive diet-and-exercise regime, under the guise of it being healthier or more ethical.

It can be difficult to start conversations and high levels of denial are often present.

What can I do as an employer?

Recovery is possible, and support during this phase is vital. Get advice from a trusted source, such as HML Occupational Health, or refer the employee to their GP. We are happy to advise on return-to-work plans or safety plans encompassing work and home.

Employees may require lengthy treatment and absences to attend appointments. It is important to handle this sensitively and confidentially.

Eating disorders are long-term illnesses and it is likely that the disability provisions of the Equality Act 2010 would apply to sufferers,

although this would be a legal rather than medical decision.

Some sufferers find it helpful to work with their employer, clinical team and occupational health to form a recovery plan. We are happy to assist with this.

Finally, it may not be the employee themselves who is the sufferer. Eating disorders affect the whole family, and support for relatives is important too. An Employee Assistance Programme may help here.

Much of the material in this article was informed by Beat, the UK eating disorders charity.

Resources

- > [Beat | The UK's Eating Disorder Charity \(beateatingdisorders.org.uk\)](http://beateatingdisorders.org.uk)
- > [Eating disorders - NHS \(www.nhs.uk\)](http://www.nhs.uk)
- > [Diabulimia and diabetes | Diabetes UK](http://Diabetes UK)

Eating Disorders Awareness Week is typically held around the beginning of March.

