



# Seeking treatment for an eating disorder?

**The first step is a GP appointment.**

This leaflet has guidance for the person who has or may have an eating disorder, anyone supporting them, and their GP. It's based on the guideline on eating disorders from the National Institute for Health and Care Excellence (NICE), which the GP should use when making decisions about patients' healthcare.

# I think I may have an eating disorder

**If you're concerned that you may have an eating disorder, this leaflet is designed to give you guidance during a GP appointment and help you get a referral for specialist assessment.**

- Make an appointment with your GP straight away. The sooner you can get treatment, the better. You can ask for a double appointment to allow yourself more time.
- Take a supportive person with you if you'd like. Some GPs may ask to speak to you alone for some of the appointment, but your supportive person can come back to discuss next steps together.
- Give your GP as much information as you can, including the GP guide in this leaflet. It may help to write down your symptoms and any concerns beforehand, so you don't have to think on the spot.

Ideally, your GP will refer you to a specialist, who can assess your needs and develop a treatment plan. Because GPs don't specialise in eating disorders, they may have some misconceptions about these illnesses. In that case, there are some things that you or your supportive person can say below. You can refer the GP to the GP guide for more information.

Misunderstandings you might come across	How to respond
What you're experiencing hasn't been going on long enough.	This is a good reason for a speedy referral! The sooner eating disorders are treated, the better the chance of recovery.
Your weight doesn't suggest you need a referral.	This is a mental illness. It cannot be judged using only physical criteria such as weight, which can go up, down, or stay the same. The NICE guideline says the decision to refer should consider a range of mental as well as physical factors.
This may be a phase, so you should try to eat normally and come back again.	Comments like these show the need for a referral. Eating disorders need to be assessed and treated by those with an appropriate level of understanding. Waiting could mean the illness progresses further.

If a referral to a specialist isn't the result of your appointment, you have the right to ask to see a different GP. Don't be daunted and don't give up – you deserve treatment, and the sooner a referral is made, the better.

Before the appointment, write down symptoms or behaviour you're concerned about and questions you have for the GP here:

Continued  
overleaf

For more information, visit [beateatingdisorders.org.uk](https://beateatingdisorders.org.uk) or [nice.org.uk](https://nice.org.uk) for the full guideline. You can call or email Beat's Helpline to discuss anything in this leaflet.

# I'm worried about someone I know

**If you're concerned that someone you know has an eating disorder, this leaflet is designed to give guidance during a GP appointment so you can help them get a referral for specialist assessment.**

- If you or the person you're supporting are uncertain about whether they have an eating disorder, you can learn about the symptoms at [beateatingdisorders.org.uk](http://beateatingdisorders.org.uk), or see our booklet "Eating disorders: a guide for friends and family", available on our site. You can also search our HelpFinder for services in your area.
- Ensure a GP appointment is set up straight away. The sooner people can get help, the better their chance of recovery. You can ask for a double appointment to allow more time.
- If they'd like you to, attend the appointment with the person you're supporting. Talk about what role they'd like you to take, and help them write down their symptoms and concerns so they're not put on the spot.
- Ensure the GP is given our GP guide at the beginning of the appointment, and support the person in making sure they don't leave without a referral.

The GP may ask you to leave the room for part of the assessment, but you can come back for the end of the appointment to plan next steps if the person you are supporting wants.

Ideally, the GP will refer the person you're supporting to a specialist, who'll be able to assess their needs and develop a treatment plan. Because GPs aren't specialists in eating disorders, they may have some misconceptions about these illnesses. In that case, there are some things you can say overleaf. You can refer them to the GP guide for more information.

Misunderstandings you might come across	How to respond
<p>What the person is experiencing hasn't been going on long enough.</p>	<p>This is a good reason for a speedy referral! The sooner eating disorders are treated, the better the chance of recovery.</p>
<p>The person's weight doesn't suggest they need a referral.</p>	<p>This is a mental illness. It cannot be judged using only physical criteria such as weight, which can go up, down, or stay the same. The NICE guideline says the decision to refer should consider a range of mental as well as physical factors.</p>
<p>This may be a phase, so the person should try to eat normally and come back again.</p>	<p>Comments like these show the need for a referral. Eating disorders need to be assessed and treated by those with an appropriate level of understanding. Waiting could mean the illness progresses further.</p>

If referral for assessment by a specialist isn't the result of the appointment, the person you're supporting has the right to ask to see a different GP. Don't be daunted and don't give up – they deserve treatment, and the sooner a referral is made, the better the chance of recovery.

For more information, visit [beateatingdisorders.org.uk](https://www.beateatingdisorders.org.uk), or [nice.org.uk](https://www.nice.org.uk) for the full guideline. You can call or email Beat's Helpline to discuss anything in this leaflet.

# GP guide to eating disorders



**This leaflet is designed by Beat, the UK's eating disorder charity, to help ensure that patients who are worried they have an eating disorder can get help quickly. One in six people who approach their GP about an eating disorder decide to see a different GP (Beat, 2017). This leaflet answers some questions you may have if you're not familiar with eating disorders, and addresses some misconceptions about these mental illnesses.**

All the advice in this leaflet follows the NICE recommendations for eating disorders, which cover anorexia, bulimia, binge eating disorder, and OSFED (other specified feeding or eating disorder). The guideline is clear that people with eating disorders should receive treatment at the earliest opportunity (NICE Recommendations 1.2.1).



## **Does my patient have an eating disorder, and if so what do I do?**

NICE guidelines suggest considering a range of factors when deciding whether to refer someone for treatment (NICE Rec. 1.2.6), but the fact that you have been given this leaflet is a strong sign that your patient has an eating disorder.

Because of the highly specialised level of care required for people with eating disorders, NICE recommends immediate referral for specialist assessment (NICE Rec. 1.2.10). Ensure you enter "eating disorder" into SNOMED CT / READ code.



## **Would it be better to wait to see if things get better or worse before referring?**

No – patients should be assessed and receive treatment at the earliest opportunity (NICE Rec. 1.2.1). There can be serious long-term consequences to delayed referral.

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overleaf



### **Their weight is not dangerously low – should referral be delayed?**

No. Eating disorders are mental illnesses, and it is not possible to gauge whether someone has one using only physical parameters such as weight, which may go up, down, or stay the same. No single measure should be used to determine whether to offer treatment (NICE Rec. 1.2.8).



### **The patient is denying there's a problem. Maybe this is a 'phase'?**

People with eating disorders often struggle to acknowledge or even recognise that they're ill (DSM 5), and the concerns of those around them should be considered too (NICE Rec. 1.2.6). If in doubt, don't wait – refer to specialists.



### **Who is in the best position to make an assessment?**

NICE recommend that anyone with a suspected eating disorder should be referred immediately to a community-based, age-appropriate eating disorder service for further assessment or treatment (NICE Rec. 1.2.10).

Thank you for reading this leaflet. By referring your patient for specialist assessment as quickly as possible, you'll help to give them a greater chance of a full recovery.

**For more information, please visit [beateatingdisorders.org.uk](https://beateatingdisorders.org.uk).**  
**While Beat doesn't offer clinical treatment, other services such as its Helpline and online support may also be helpful to your patient.**

## Looking for support?

**Helpline:** 0808 801 0677 [help@beateatingdisorders.org.uk](mailto:help@beateatingdisorders.org.uk)

**Youthline:** 0808 801 0711 [fyp@beateatingdisorders.org.uk](mailto:fyp@beateatingdisorders.org.uk)

 [@BeatEDSupport](https://twitter.com/BeatEDSupport)  [BeatEDSupport](https://www.instagram.com/BeatEDSupport)

### Online support

Visit [beateatingdisorders.org.uk](https://beateatingdisorders.org.uk) for information about eating disorders, message boards, online support groups and one to one chat.

Use [helpfinder.beateatingdisorders.org.uk](https://helpfinder.beateatingdisorders.org.uk) to find services in your area.

### General enquiries

Unit 1 Chalk Hill House, 19 Rosary Road, Norwich, NR1 1SZ

0300 123 3355 • [info@beateatingdisorders.org.uk](mailto:info@beateatingdisorders.org.uk)

 [@beatED](https://twitter.com/beatED)  [beat.eating.disorders](https://www.facebook.com/beat.eating.disorders)

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