

Condition Insight Report (CIR)

**Bulimia Nervosa &
Anorexia Nervosa**

Version 1.0

[Slide 2 – Overview](#)

[Slide 3 – Fluctuations and reliability](#)

[Slide 4 – Sensitivities and customer care](#)

[Slide 5 – Functional impact 1-3](#)

[Slide 6 – Functional impact 4-6](#)

[Slide 7 – Functional impact 7-9](#)

[Slide 8 – Functional impact 10-12](#)

[Slide 9 – Additional reading/ resources](#)

PLEASE NOTE: This is a document for internal use only and not intended for distribution.

Throughout this document you will find links to external websites. These links are being provided as a convenience and for informational purposes only and do not imply on the part of Capita, IAS, DWP or DfC any endorsement or guarantee of any of the organisations, opinions or information (including the right to display such information) found on their respective websites. Any comments or enquiries regarding the linked websites or their content should be directed to the owners of the website.

Overview

Brief overview of the conditions.

Bulimia is an eating disorder and mental health condition.

People who have bulimia go through periods where they eat a lot of food in a very short amount of time (binge eating) and then make themselves sick, use laxatives (medicine to help them empty their bowels) or do excessive exercise, or a combination of these, to try to stop themselves gaining weight.

Anyone can get bulimia, but it is more common in young people aged 13 to 17.

Anorexia is an eating disorder and serious mental health condition.

People who have anorexia try to keep their weight as low as possible by not eating enough food or exercising too much, or both. This can make them very ill because they start to starve.

They often have a distorted image of their bodies, thinking they're fat even when they're underweight.

Men and women of any age can get anorexia, but it's most common in young women and typically starts in the mid-teens.

Presenting Symptoms

Symptoms of bulimia

- Eating very large amounts of food in a short time, often in an out-of-control way – this is called binge eating
- Making yourself vomit, using laxatives, or doing an extreme amount of exercise after a binge to avoid putting on weight – this is called purging
- Fear of putting on weight
- Being very critical about your weight and body shape
- Mood changes – for example, feeling very tense or anxious

These symptoms may not be easy to spot in someone else because bulimia can make people behave very secretly.

Signs and symptoms of anorexia

- Having an unusually low body mass index (BMI)
- Missing meals, eating very little or avoiding eating any foods they see as fattening
- Believing they're fat when they're a healthy weight or underweight
- Taking medicine to reduce their hunger (appetite suppressants)
- Their periods stopping (in women who have not reached menopause) or not starting (in younger women and girls)
- Physical problems, such as feeling lightheaded or dizzy, hair loss or dry skin

Some people with anorexia may also make themselves sick, do an extreme amount of exercise, or use medicine to help them empty their bowels (laxatives) or to make them urinate (diuretics) to try to stop themselves gaining weight from any food they do eat.

REMEMBER: You must not just consider the above symptoms of the conditions, but also the detrimental impact these may have on someone's physical ability to complete activities. Consider potential joint pain, fatigue, sickness etc.

Myth Vs Fact

Myths

- **Eating disorders are a choice**
- **Eating disorders are based around vanity**
- **Someone must be underweight to have an eating disorder**
- **Eating disorders are a diet gone wrong**
- **Eating disorders only happen to young girls**

Facts

- ✓ 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.
- ✓ 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.
- ✓ Often when people think of someone with an eating disorder, they think of someone who is significantly 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.
- ✓ 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.
- ✓ Research shows that eating disorders do not discriminate – they affect people of all genders, ages, ethnicities, sexual orientations, weights, and socioeconomic statuses.

Anorexia Nervosa

"I thought about food and calories all the time. I tried to avoid foods containing lots of fat or carbohydrates and only had 'safe' foods which I felt were okay to eat."

"As I lost weight I began to feel tired and this made me more depressed. I couldn't think straight or concentrate. All I could think about was food because my brain and body was craving for it. I realise now I was suffering from the effects of starvation."

"I suffered from the age of 12 until I finally sought help at the age of 24. At that point, I was pretty desperate and hopeless. I thought that change would never ever be possible and therapy was such hard work. It took a long time but I eventually entered recovery and have never looked back. My life now is wonderful - and I never thought that possible."

Bulimia Nervosa

"I used to go to the food cupboard, fridge or freezer and eat as much as I could, as quickly as possible, to try to make myself feel happier and fill the hole I felt inside. Afterwards I felt physically and emotionally upset and guilty about all the food I had eaten, so I would make myself sick."

"People thought I was really popular and together, but I knew I wasn't, I felt like a fake. I thought that people wouldn't like me if they knew what I was really like."

"The more I denied my body the food it needed, the deeper my hunger became, and the greater the sense of control I felt being restored. One day the hunger finally overwhelmed me. I began to purge. This quickly developed into a dangerous cycle of binge eating and vomiting."

Fluctuations



- Eating habits will often relate to external factors. This may impact the fluctuation of the symptoms.
- If someone is experiencing more stress or changes out of their control, this may exacerbate their eating disorder.
- People may also go through stages of what appears to be 'stability' in terms of their weight, but this does not mean their symptoms are not present and causing a functional limitation.
- If someone's eating disorder is causing an impact to their physical health, consider symptoms such as fatigue and pain can fluctuate day to day dependant on level of physical activity.

Reliability

What specific areas should be covered to ensure a complete, reflective report?

SAFETY



TIMELY



ACCCEPTABLE
STANDARD



REPEATEDLY



Do they have any symptoms which could cause a safety consideration?

For any activities where restriction is reported how long does it take them to complete these activities? Has how long it takes them changed over time?

How have they adapted to completing tasks over time – is this different to what might be considered 'normal'?

Are they able to repeat a task as often as required? Is this the same every day?

Consider the detrimental impact of stress on someone's eating disorder. If someone completes activities that cause extensive stress, does this worsen their symptoms? If so, to what extent? Do their actions put them at risk? Do they also experience co-existing MH conditions which may put them at risk of overdose, self-harm or suicidal ideation/intent?

If someone has an eating disorder, an activity such as preparing food or taking nutrition may take a substantially prolonged period of time. Consider if intrusive thoughts impact these activities and if prompting/assistance are required throughout the duration.

Consider if someone is completing activities to an acceptable standard. For example, just because someone is eating regularly, if they are purging after each meal, this would not be taking nutrition to an acceptable standard and must be adequately explored.

If someone has physical ailments secondary to their eating disorder, they may struggle to complete activities repeatedly. Consider symptoms such as fatigue may worsen as the day progresses and consequently impact someone's ability to complete activities repeatedly.

For internal use only. Not for distribution.

Sensitivities

What areas might they find difficult to mention or perhaps understate the impact of?

They may find it embarrassing to talk about their symptoms and may worry that they will not be taken seriously. They may also underestimate the impact that their eating disorder is having on their physical health.

The psychological and physical impact that an eating disorder can have on an individual can be extremely profound. People may find it difficult to understand and empathise with them, making the individual feel more isolated and withdrawn.



Customer Care

How is it best to ask about any sensitive topics and what are the common courtesies?

In general

- Take their mental health problem seriously; **be understanding and empathetic** and try not to put the individual under any pressure.
- Don't just focus on their physical ability** to undertake daily activities but how it affects them personally (i.e. anxiety surrounding specific activities)
- Include the person in the consultation** process by asking them if there is anything that you can do to make them feel more comfortable.
- Let them know what to expect** from the process and spend a little longer explaining what you need from them and what they can expect during your introduction.
- You could **ask them if there are any adjustments** that would make them feel more comfortable during the assessment e.g. ask if they would feel more comfortable if a friend or family member was to come with them.
- Encourage them to **take their time**.

During face to face interactions

- Offer them breaks** if they need it, provide water and tell them where the nearest toilets and exits are.



Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 1: Preparing food

Consider if someone has an eating disorder, they may avoid this activity altogether. Also, if someone has a diagnosis of depression alongside their eating disorder, they may lack motivation to prepare food.

You must also explore the physical impact of having a severe eating disorder. This may lead to pain or fatigue limiting their ability to complete this activity.

Remember in PIP...

Are they motivated to cook? Do they go in the kitchen? Are there any risks if they are in the kitchen? If they have physical ailments secondary to their eating disorder, this must be explored. Are they fatigued? Do they have joint pain? How long can they stand for? Can they lift pans and chop vegetables?

Activity 2: Taking nutrition

Consider if someone is taking nutrition reliably. If someone has bulimia they may be bingeing (eating excessive amounts of food) and then vomiting.

People with an eating disorder may also limit their dietary intake substantially and require support and prompting to eat regularly or not purge after eating.

They may also require a nutritional source and could require assistance to manage this.

Remember in PIP...

Do they require prompting to eat? If they do, is this throughout the duration of the meal? Are they missing meals on a regular basis? Also, if relevant you must explore bingeing and purging. Are they vomiting after every meal as this would not be considered acceptable?

Activity 3: Managing therapy and monitoring a health condition

Someone with an eating disorder may also have co-existing mental health conditions requiring medication. They may require supervision or assistance to manage this.

They may also be receiving therapies for their eating disorder.

Remember in PIP...

Do they manage their own medication? Are they motivated? Do they require supervision or prompting? Are there any risks of overdose? Do they receive any therapy in the home environment?

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 4: Washing and Bathing

Consider if someone has an eating disorder, they may be consumed by their own thoughts and lack interest in completing this activity. Also, if someone has a diagnosis of depression alongside their eating disorder, they may lack motivation to wash.

You must also explore the physical impact of having a severe eating disorder. This may lead to pain or fatigue limiting their ability to complete this activity.

Remember in PIP...

Are they motivated to bathe on the majority of days? Do they require prompting? If they have physical ailments secondary to their eating disorder, this must be explored. Are they fatigued? Do they have joint pain? How long can they stand for? Can they wash all of their body? How do they feel after?

Activity 5: Managing toileting needs and incontinence

Consider joint pain secondary to their eating disorder which may impact their ability to use the toilet.

You must also explore any incontinence reported.

Remember in PIP...

Can they sit on and stand from the toilet and reliably clean themselves? Do they experience incontinence? If so, do they self manage? Do they require any aids?

Activity 6: Dressing and undressing

Consider if someone has an eating disorder, they may be consumed by their own thoughts and lack interest in completing this activity. Also, if someone has a diagnosis of depression alongside their eating disorder, they may lack motivation to dress.

You must also explore the physical impact of having a severe eating disorder. This may lead to pain or fatigue limiting their ability to complete this activity

Remember in PIP...

Are they motivated to dress on the majority of days? Do they require prompting? If they have physical ailments secondary to their eating disorder, this must be explored. Are they fatigued? Do they have joint pain? Can they dress all of their body? How do they feel after?

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 7: Communicating Verbally

Although the eating disorder itself may not impact this activity, please consider if there is any cognitive fatigue as a result of their condition which may limit ability to communicate reliably.

Remember in PIP...

Can they express and understand verbal information?
Can they speak on a mobile phone? Who do they speak to? Do they have any hearing or cognitive impairments?

Activity 8: Reading and understanding signs and symbols

Although the eating disorder itself may not impact this activity, please consider if there is any blurred vision or cognitive fatigue as a result of their condition which may limit reading ability.

Remember in PIP...

Can they read and understand basic and complex written information? Complex written information is anything more than one sentence. Can they read text messages? Can they read a book or anything online? If not, why not? Do they require any aids other than spectacles?

Activity 9: Engaging with others face to face

Someone with an eating disorder may suffer from social isolation and the fear of judgement causing them anxiety when going out of the home and engaging with others.

Remember in PIP...

Does their condition restrict them with engaging? Who can they engage with on the majority of days? How do they feel meeting new people? Does this increase anxiety? If so, how is this managed? Do they require support? If so, who is this from? If someone specific, are they the only person who can support and why?

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 10: Budgeting

Although the eating disorder itself may not impact this activity, please consider if there is any cognitive fatigue as a result of their condition which may limit ability to communicate reliably.

Also consider if they have a diagnosis of depression they may lack motivation to manage their finances.

Remember in PIP...

Are they motivated to manage their household bills? How would they feel if they received a new bill? Can they plan for future purchases? Can they understand change in a shop?

Activity 11: Planning and following a journey

Someone with an eating disorder may suffer from social isolation and the fear of judgement causing them anxiety when going out of the home. They may also have co-existing mental health conditions that impairs their ability to plan and follow a journey.

Remember in PIP...

Do they have anxiety leaving the home? If they do, does this meet the OPD threshold? What symptoms do they experience? How do they overcome this? If they experience OPD, how often do they leave the home? Could they leave the home more frequently with support? Are OPD symptoms on both familiar and unfamiliar journeys?

Activity 12: Moving Around

You must explore the physical impact of having a severe eating disorder. This may lead to pain or fatigue limiting their ability to complete this activity.

Remember in PIP...

If their eating disorder causes physical ailments, this must be adequately explored here. How long can they walk for? What distance does this cover? At what pace can they walk? Does this increase pain or fatigue? Can they repeat this distance? If so, does pace slow? If not, how much does distance reduce and how many times can they repeat? Do they use an aid? Do they have a history of falls?

Additional reading or other resources

EXTERNAL

[Overview - Bulimia - NHS \(www.nhs.uk\)](https://www.nhs.uk)

[Anorexia nervosa - NHS \(www.nhs.uk\)](https://www.nhs.uk)

[Types of eating disorders – Mind](#)

[Eating Disorder Myths - Beat \(beateatingdisorders.org.uk\)](https://beateatingdisorders.org.uk)

[Men and Eating Disorders – Eating Disorders NI](#)

[Anorexia Nervosa – Eating Disorders NI](#)

[Bulimia Nervosa – Eating Disorders NI](#)

[Binge Eating Disorder – Eating Disorders NI](#)

Version	Date	Signed off by	Comments
1.0	12/10/2023	Dr Shah, Rebecca Sparks and Jade Mayfield	New re-branded document