UNDERSTANDING YOUR DIAGNOSIS

Anorexia

Also called Anorexia Nervosa

An illness where fear of gaining weight leads you to eat far less than your body needs, even when your health is at risk.

HOW COMMON	OFTEN STARTS	TREATABLE	WHO IT AFFECTS
About 1 in 100 people	In the teen years, but any age	Yes - people do recover	Every body size and gender

What this is

- Anorexia is a real medical illness, not a choice, not a diet gone too far, and not a way of getting attention.
- It affects people of every body size, gender, race and background. You cannot tell who has it by looking at them.
- The illness changes how you see your own body, so what you see in the mirror may not match what other people see.
- This diagnosis is not a judgment about your willpower. It is a starting point for getting the right kind of care.

What it can look and feel like

- You think about food, eating and your body for most of the day, and it crowds out things you used to enjoy.
- You follow strict rules about what you will eat, and breaking one of them feels frightening or shameful.
- You feel cold most of the time, you tire easily, your hair may thin and your skin may get dry.
- You exercise even when you are hurt, exhausted or sick, and you feel guilty on the days you cannot.
- You avoid meals with friends or family, because eating in front of other people feels far too exposed.
- You check your body often, in mirrors, with your hands or on the scale, and the answer never feels reassuring.
- People close to you say they are worried, and you find yourself reassuring them that you are doing fine.

What is happening in your brain and body

- When your body does not get enough fuel, it slows everything down to save energy. Your heart rate and blood pressure drop.
- A hungry brain has a hard time thinking flexibly. Worry, low mood and rigid rules get stronger, not weaker.
- Your hormones shift, so periods may stop or become irregular, and bones can slowly lose strength over time.
- Vomiting or laxatives pull out minerals such as potassium that your heart needs in order to beat steadily.
- Because your body has adapted to too little food, starting to eat again is done carefully, with medical checks.

What can make it more likely

- Genes matter a lot here. Anorexia runs in families, and having a close relative with an eating disorder raises the chance.
- Traits such as perfectionism, anxiety and a need to do things exactly right are often there before the illness starts.
- Stressful times can set it off: puberty, a move, a loss, teasing about weight, or a sport that watches size closely.
- Living around messages that treat thinness as an achievement makes this illness easier to start and harder to notice.

What to expect

- Getting your body fed and steady comes first. Clearer thinking, mood and body image usually follow that, not the other way around.
- Recovery takes months to years, and slips are part of the road. A slip is information for your team, not a failure.
- Most people improve and many recover fully. Starting treatment earlier makes recovery faster and more complete.
- You may move between levels of care over time, from weekly visits to a day program and back, and that is normal.

What helps

Treatment works. Most people get better.

Talking therapies

- **Family-based treatment** works best for teens. Parents take charge of meals at first, then hand choices back step by step.
- **Enhanced cognitive behavioral therapy**, called CBT-E, helps adults change the food rules and beliefs that keep the illness going.
- Sessions are practical: a check of how the week went, a look at your eating record, and one hard step practiced at a time.
- A dietitian helps you build a meal plan you can actually follow, and adjusts it as your body starts asking for more.
- Family and group sessions lower shame and teach the people around you how to support a meal without it becoming a fight.

Medicines

- No medicine treats anorexia on its own. Food and steady nutrition are the main treatment, and everything else supports that.
- **Antidepressants** such as SSRIs can help with depression or anxiety, and they usually work better once your body is nourished.
- **Olanzapine**, a medicine that can quiet anxious, stuck thinking, is sometimes added to help with eating and weight gain.
- Your prescriber chooses every dose with you, starting low and adjusting slowly while checking your heart and blood tests.
- Tell your team about any vitamins, herbal products, diet pills or laxatives you take, since some are risky for an underfed body.

Everyday things that help

- Eating regularly through the day, even when you do not feel hungry, steadies your body faster than one large meal does.
- Pause hard exercise until your team says your heart and body can handle it, then add movement back in gradually.
- Alcohol is much harder on an underfed body and raises the risk of low blood sugar and heart rhythm problems.
- Take a break from social media accounts built around bodies, food tracking or weight while you are getting well.
- Line up two or three people you can text right after a hard meal, and tell them plainly what actually helps you.

Get help right away if

- If you are thinking of ending your life, call or text **988** in the US, or go to the nearest emergency room.
- Chest pain, a racing or very slow heartbeat, fainting or confusion means you need to be seen the same day.
- Vomiting blood, or being unable to keep any food or fluid down for a day, needs emergency care now.

Questions to ask your care team

- *What level of care do I need right now, and how will we decide when that changes?*
- *Which tests will you check, and how often, to be sure my heart and blood are safe?*
- *What does a good week look like for me, if we are not counting numbers?*
- *How can my family help at meals without it turning into a fight every night?*

Where this information comes from

988 Suicide & Crisis Lifeline. (n.d.). *988 Suicide & Crisis Lifeline*. https://988lifeline.org/

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

American Psychiatric Association. (n.d.). *What are eating disorders?* https://www.psychiatry.org/patients-families/eating-disorders/what-are-eating-disorders

MedlinePlus. (n.d.). *Eating disorders*. National Library of Medicine. https://medlineplus.gov/eatingdisorders.html

National Alliance on Mental Illness. (n.d.). *Eating disorders*. https://www.nami.org/about-mental-illness/mental-health-conditions/eating-disorders/

National Institute for Health and Care Excellence. (2017). *Eating disorders: Recognition and treatment* (NICE Guideline NG69). https://www.nice.org.uk/guidance/ng69

National Institute of Mental Health. (n.d.). *Eating disorders*. U.S. Department of Health and Human Services. https://www.nimh.nih.gov/health/topics/eating-disorders

NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.