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## What is the difference between disordered eating and an eating disorder?

It can be difficult to differentiate between disordered eating and a full-blown eating disorder (ED). This is especially the case since we live in a diet culture where talk of weight loss, 'clean eating' and fitness is rife. However, it's important we are able to identify a toxic relationship with food and know where to seek help early before things get worse.

### What is disordered eating?

[Dr Omara Naseem](#) is a senior psychologist who describes disordered eating as 'symptoms of an [eating disorder](#) which are at the subclinical level for diagnosis'.

This does not mean they aren't harmful or can be safely ignored. Symptoms of disordered eating still warrant attention, as early intervention is the key to stopping disordered habits becoming entrenched.

Disordered eating can include:

- Limiting food intake.
- [Binge eating](#) - eating a very large amount of food at once and feeling out of control of eating.
- Purging - making yourself sick or misusing [laxatives](#).

Disordered habits are not limited to food, though, as someone might also engage in:

- [Obsessive exercising](#).
- Cutting out food groups.

- Extreme dieting.
- Fasting.
- Using diet teas.
- Detoxes.
- Cleanses.

Dr Naseem says disordered eating often represents the development of ED symptoms. These can wrongly be viewed as someone being 'healthy'.

"Preoccupation with food, and weight and [body shape](#) are the first physiological signs of undereating and often manifest in disordered eating," she says.

## What is an eating disorder?

"Eating disorders are complex mental illnesses with the highest mortality rate of any mental health disorder," says Dr Naseem.

The peaks for an eating disorder to occur are in [adolescence](#) and young adulthood. However, eating disorders can develop before and after these timeframes too.

Eating disorders [do not discriminate](#). They affect all [genders](#), ages, sexualities, [races](#), socio-economic classes and people from all backgrounds.

There are four main categories of eating disorder:

- [Anorexia nervosa](#).
- [Bulimia nervosa](#).
- Binge eating disorder.
- Other specified feeding or eating disorder (OSFED).

Dr Naseem stresses that OSFED is no less serious than the other categories of eating disorders. It simply means that its symptoms don't fit the categories of anorexia nervosa, bulimia nervosa or binge eating disorder.

OSFED includes atypical anorexia nervosa, atypical bulimia nervosa, purging disorder and night eating syndrome. In older diagnostic systems, the term 'eating disorder not otherwise specified' (EDNOS) was used instead of OSFED.

Dr Naseem says it is very common for people to move between different eating disorder diagnoses over time.

"I want to highlight that all eating disorders are serious. I also want people to know that eating disorders aren't solely - or even mainly - about food. People with eating disorders often feel a lot of pain, sadness and worry. Recovery is about addressing other issues in their life also, and helping them develop coping strategies beyond controlling their food. However, there are effective treatments for all disorders."

## **When does disordered eating become an eating disorder?**

"In my view, disordered eating would always warrant attention," says Dr Naseem.

"When disordered eating starts to interfere with daily life, this is an early warning sign of the development of an eating disorder. Disordered eating can lead to people withdrawing from situations, feeling preoccupied and having trouble concentrating. They may also have compulsive or rigid behaviours and show emotional distress."

In some cases, a person might have continued or rapid weight loss. However, this will [not always happen](#), as eating disorders are not weight disorders and weight may be within normally accepted limits. A person does not have to be a set weight in order to have an ED, contrary to the misconceptions.

To be diagnosed with an eating disorder, a person must have symptoms that meet a certain threshold. The main purpose of a diagnosis is to create appropriate treatment plans, rather than to give people a label.

Dr Naseem explains that eating disorders should be diagnosed by GPs, trained eating disorder doctors, psychiatrists and psychologists.

## How common is disordered eating?

It's rare nowadays to turn on the TV and not see an advert for a diet plan. Likewise, it's difficult to open a social media app and not see photoshopped images or influencers promoting weight loss products. We live in a diet culture, and Dr Naseem believes this has contributed to disordered eating becoming 'normalised'.

"I believe a rise in fitness and [clean eating trends](#) has led to a normalisation of disordered behaviours. This has undoubtedly skewed how people view healthy eating and body image ideals. It's important people know that 'health' looks different for everyone."

With social media often perpetuating harmful messages, people might not always realise they have a disordered relationship with food. Stereotypes around eating disorders can also lead to people believing they aren't 'sick enough'.

## Does disordered eating always turn into an eating disorder?

"Disordered eating does not always develop into an eating disorder," Dr Naseem says.

She explains how vital early intervention is so people can get well again before their symptoms escalate and worsen. The sooner a person notices problematic behaviours and takes action, the faster they can make a full recovery.

## What is the treatment process for a diagnosed eating disorder?

Treatment for an eating disorder depends on the diagnosis.

Dr Naseem says currently, the NHS will treat eating disorders in accordance with NICE guidelines in different ways.

- Restrictive eating disorders are treated using the Maudsley model of anorexia nervosa treatment for adults – also known as MANTRA. They might also use [cognitive behavioural therapy](#) (CBT).

- Binge eating and bulimic disorders are treated with cognitive behavioural therapy.
- OSFED is treated according to which symptoms are the most prominent in alignment with the most appropriate treatment model.

All approaches will incorporate dietetic input and medical monitoring.

However, if more intensive treatment is required, there are other options such as:

- Daycare options involving meal support and psychological groups.
- Occupational therapy input.
- Family therapy input.
- Inpatient stays in specialised eating disorder units for intensive hospital treatment.

Dr Naseem says it is not uncommon for someone to have a stepped care approach or a mixture of inpatient, to daycare, to outpatient (therapy once a week) treatment.

## If you are struggling with food, where can you get support?

"If you are struggling with food, you should contact your GP. They should be the first port of call. Your GP can refer you to your local ED service and also perform appropriate health checks."

There are, however, long waiting lists for NHS treatment. Therefore, for immediate help, private therapy might be an option.

You can also reach out to eating disorder charity [Beat](#), who offer [free guidance](#) and resources, and help in finding support.

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