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Acknowledgement of the use/non-use of AI:

Introduction

Eating disorders are far more than just "problems with food." They are serious, life-threatening mental illnesses that involve a constant struggle with eating behavior and body image. In the United Kingdom, we have seen a dramatic rise in these conditions over the last twenty years, with global prevalence nearly doubling in recent decades. These disorders carry a heavy weight; they have the highest mortality rate of any psychiatric illness, with deaths often resulting from physical complications or self-harm(Rothwell *et al.*, 2022).



(ST Patrick's 2018)

Eating Disorder

Known as an eating disorder, a person with this disorder has altered food intake and absorption. This long-term problem causes serious health problems and affects psychosocial functioning.



(Brianna (ND)

Current services and treatments

UK treatment is guided by NICE Guideline NG69 and delivered through a stepped-care model.

Children & Young People — Family-Based Therapy (FBT): The gold standard. Parents take charge of weight restoration before autonomy is gradually returned to the adolescent (*ScienceDirect* 2024).

Adults — CBT-ED or MANTRA: Eating-disorder-focused CBT or the Maudsley Anorexia Nervosa Treatment for Adults (MANTRA) are recommended (*Davey et al.*, 2023).

Digital Interventions: Low-intensity applications like Worth Warrior are being applied more frequently in milder or early-stage cases to bridge service gaps (*Hemmings et al.*, 2022).

The NHS **stepped-care model** emphasizes community outpatient treatment in order to avoid hospital admissions. However, the system is under severe pressure:

Historical perspectives and treatments EDs were historically conceptualised as 'Western' neuroses rooted in family dysfunction or societal pressure for thinness (<i>Collier & Treasure, 2004</i>). Anorexia Nervosa was formally defined in the late 19th century; early treatment involved force-feeding via stomach tube Bulimia Nervosa became known as a separate disorder in 1979 after Russell wrote an important paper that described it as a serious form of Anorexia Nervosa. (<i>ScienceDirect 2024</i>). By the 1990s, psychoanalytic treatments were replaced by evidence-based psychological interventions — notably Cognitive Behavioural Therapy (CBT) and interpersonal therapy.	Causes The aetiology of EDs is multifactorial, involving a complex interplay of: Genetic: Twin and family studies confirm a hereditary component accounting for approximately 50% of ED risk (<i>Collier & Treasure, 2004</i>). Personality: Perfectionism and cognitive inflexibility are associated with AN; impulsivity and novelty-seeking with BN. Neurochemical: Serotonin system dysregulation influences eating behaviour and mood regulation. Psychosocial: Low self-esteem is a key risk factor, increasing vulnerability to maladaptive thoughts about body image and social acceptance (Hemmings et al., 2022)	Referrals for young people have nearly doubled since the COVID-19 pandemic. Wait times reach months for children and more the year for adults in some areas(<i>Wise, 2026; Nuffields Trust, 2025</i>).  (Nicole 2021)
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(Maxine 2023)

Diagnosis

NICE Guidelines: Clinical treatment and recognition are determined by the **NICE Guideline NG69**.

The "BMI Clampdown": Recent UK guidance emphasizes that **Body Mass Index (BMI)** should no longer be used as the only factor for diagnosis or referral.

Clinical Observations: Doctors are now encouraged to look for behavioural changes and physical symptoms such as **bradycardia** (slow heart rate), **hypotension** (low blood pressure), and **dental erosion**. (Nice2017)

Symptoms:

Anorexia Nervosa (AN):

- Restricting energy intake (eating very little).
- Reaching a significantly low body weight.
- Intense fear of weight gain.

Bulimia Nervosa (BN):

- Recurrent episodes of binge eating.
- Compensatory behaviors to prevent weight gain, such as self-induced vomiting, fasting, or excessive exercise.

Binge Eating Disorder (BED):

- Regular binge-eating episodes.
- Strong feelings of intense guilt or disgust following a binge.
- Unlike Bulimia, there are **no** compensatory behaviors (like vomiting or over-exercising). (Giel,K(2022)

Recommendations

Early Intervention: Expand intensive community-based treatment so patients do not reach crisis points requiring hospitalisation (*Davey et al., 2023*).

2Diverse Training: Improve GP and frontline staff training to recognise EDs in non-traditional populations — men and ethnic minority groups often present with atypical symptom profiles (*Collier & Treasure, 2004*).

3Data Standardisation: Adopt a standardised biopsychosocial dataset across the UK Eating Disorders Clinical Research Network to better track recovery trajectories and service efficacy (*Jewell et al., 2026*)

			Conclusions Eating disorders are complex, life-threatening conditions requiring integrated, multidisciplinary responses. While they were historically attributed to social causes, contemporary models recognise a significant genetic and biological basis alongside sociocultural factors. Comprehensive NICE guidelines and a paradigm shift towards community-based care are in place, but current NHS infrastructure cannot accommodate the unprecedented demand generated by post-pandemic referral surges. Sustained progress depends on: Moving away from BMI-centric diagnostic models toward clinically holistic assessment. Implementing scalable early-intervention programmes that engage patients before conditions become entrenched and chronic (<i>Lewis et al., 2024; Jewell et al., 2026</i>)
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