



Physiotherapy Eating Disorder
Professional Network

So your next patient has an eating disorder

A physiotherapy guidance note

Eating disorders are serious mental illnesses affecting people of all ages, genders, ethnicities and backgrounds. It is estimated that 1.25 million people in the UK have an eating disorder.

Types of eating disorders include anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), avoidant restrictive food intake disorder (ARFID), other specified feeding and eating disorders.

Physiotherapists may see patients with an eating disorder, regardless of the setting, and it is likely that this will influence engagement and response to treatment. The majority of people access mainstream physiotherapy, and some may need reasonable adjustments. In almost all cases, a mental health condition will not affect your ability to provide effective treatment.

Planning and preparation for your appointment

A person with an eating disorder has individual needs, as anybody else might have, but the following suggestions may be helpful when preparing for your appointment.

If possible, find out in advance:

- Any relevant medical history including their eating disorder history and any other mental health conditions, as they may find it difficult to tell you about these
- Any information relating to their particular condition or diagnosis including past and/or current treatment and medication
- If the person is under any section of the Mental Health Act and what implication it may have
- If the person has, any specific likes, dislikes, or fears, which may affect the appointment
- Their level of cognition, capacity, and ability to give consent

Consent

Many people with mental health issues are able to give consent for their treatment however some may not. Assume a person has capacity until an assessment indicates otherwise. Remember:

- Capacity is not a blanket decision it relates to a specific task/activity
- A person can have capacity for one decision but not another
- Capacity can fluctuate, it may be necessary to review a decision or wait until a later date

Where a person is unable to give you informed consent, you will need to adhere to the Mental Capacity Act 2005 or the Adults with Incapacity (Scotland) Act 2000 depending on location. You should also look to local organisation policies for further guidance.

How to get the best out of your appointment

- Communication is key
- Think how you will communicate, use words they may be familiar with, be respectful, non-judgemental, do not stigmatise and remember people with a diagnosis of mental illness are people just like everyone else
- Always talk to the person with chosen name

- Assess their level of interaction and maybe use a less formal assessment format
- Use a holistic approach, recognising the interplay between their eating disorder and their physical health presentation
- There is a close link between eating disorders and neurodivergence and therefore it can be helpful, if indicated, to consider individual adjustments that could enhance care

Appointment planning

Consider the location of the appointment and where the patient may feel more relaxed and comfortable:

- Any clinic setting may be full of distractions and busy which may make the person feel unsettled and anxious
- Consider the location of any outpatient appointment in terms of how they might travel to get there. Is it local to where they live and is easily accessible by public transport or car?
- Consider what your clinical area looks and feels like. For example, gym equipment and mirrors might be challenging for some people. If available, use individual treatment rooms
- Caution should be applied when offering telephone and video call consultation appointments, ideally aim for face-to-face appointments to enhance objective assessment
- Check what appointment time is best to suit their day-to-day routine, aim to make appointments out with their mealtimes or other appointments
- Try to provide longer appointments so you can take time rather than rush someone and be prepared to take a couple of appointments to complete an assessment
- Offer the opportunity for the appointment to be attended with their support worker, carer or family member
- If available, offer male/female clinician depending on individual preference

Assessment planning

- Remember everyone experiences their eating disorder in an individual way; It is okay to ask someone about the impact of their condition on day-to-day life and function
- It is okay to ask someone how they look after themselves and their body
- Assumptions should not be made about their eating disorder based on their weight or shape, non-judgemental stance, never say “you do not look like you have an eating disorder”
- Consider the language that you use, comments about height, weight, size, posture, description of muscle definition, bony prominences, oedema and swelling can impact on someone who has body image concerns
- Consider how you will complete your objective assessment; undressing, being observed, looking into mirrors and being touched might be difficult for some individuals. Ensure full consent is obtained before undertaking any of these. Take into account individual preferences

Treatment planning

- At the end of an appointment check in with how the patient is feeling and how they have experienced the session. Seek clarification about what they have understood about the advice or treatment plan provided
- Consider signposting, referral onwards, communication back to the referrer or their treatment team detailing treatment plan recommendations

Consider the following when providing an exercise rehabilitation plan following injury or illness-

- Consider medical stability, adequate rest, nutrition and energy availability, when prescribing condition specific exercises or when working on mobility and function
- Consider if a patient has a maladaptive relationship with exercise, and whether prescribed exercise may negatively impact on this (for further information [www.physiotherapy in eating disorders guidance document uk october 2023 v2.pdf](#))
- People with eating disorders can experience altered body awareness, interoception, proprioception and pain perception, which might affect ability to perform exercises as prescribed or safely
- Consider that exercise diaries and activity tracking devices may not always be helpful when someone has a challenging relationship with exercise, and other comorbid mental health conditions such as obsessive compulsive disorder and anxiety
- Consider the type and the amount of exercise recommended and energy availability
- Consider that someone might have reduced muscle function resultant from malnutrition, therefore strengthening exercises might not be the main priority, and may lead to further muscle atrophy
- Malnutrition can also affect a person's mobility and falls risk so within an inpatient setting consider what the priorities for treatment should be e.g. rest and nutrition ahead of mobilisation
- Consider that an individual's presentation may not always be specific to body mass index (BMI)/weight alone
- Consider medical stability and blood results; eating disorders behaviours can also result in deranged electrolytes, therefore exercising may be contra-indicated
- Consider bone health and whether the patient has DEXA scan results, given that secondary osteoporosis is frequently seen in those who are underweight or who have been underweight in their past. Any exercise prescription must take bone health into account

If someone is not responding to treatment as expected:

- Consider their engagement with treatment, including cognition, mood and their ability and willingness to share their challenges with you. Eating disorders can result in an individual becoming secretive around their beliefs and behaviours
- Consider their adherence to their physiotherapy plan. Could they be completing more exercises than prescribed, for example, increased repetitions, heavier weights than prescribed, inadequate rest
- The pathology of an eating disorder can mean that some patients may find it difficult to stop exercising, due to restless hyperactivity, and/or driven compulsive behaviour, as opposed to them not adhering to your advice
- Consider if someone is seeking treatment with an MSK complaint that it could be a result of an overloading injury from maladaptive exercise, and/or exercising when malnourished

If you have concerns about the patient's current eating disorder presentation, or they indicate signs of relapse:

- If you feel able to, offer advice and support to encourage discussions with their GP, Community Mental Health Team and/or eating disorder services in their local area.
- Signpost to further support and information, such as BEAT
<https://www.beateatingdisorders.org.uk/>

For further information and guidance on any information within this leaflet:

Physiotherapy in eating disorder guidance document

[physiotherapy in eating disorders guidance document uk october 2023 v2.pdf](#)

Medical Emergencies in Eating Disorder guidelines (MEED)

[college-report-cr233-medical-emergencies-in-eating-disorders-\(meed\)-guidance.pdf](#)