Table 4

Identifying eating disorders in children and adolescents (adapted from NICE NG69[5])

Physical

- An unusually low or high BMI or body weight for their age
- Rapid weight loss
- Dieting or restrictive eating practices (such as dieting when they are underweight) that are worrying them, their family members or carers, or professionals
- Compensatory behaviours, including vomiting, excessive exercise, laxative or diet pill use
- Abdominal pain that is associated with vomiting or restrictions in diet, and that cannot be fully explained by a medical condition
- Menstrual disturbances, other endocrine disturbances
- Physical signs of malnutrition including: poor circulation, dizziness, palpitations, fainting, pallor
- Problems managing a chronic illness that affects diet, such as diabetes, coeliac disease or food allergies
- Unexplained electrolyte imbalance or hypoglycaemia
- Atypical dental wear (such as erosion)
- Growth reduction or stunting

Emotional

- A disproportionate concern about weight or shape (for example, concerns about weight as a side effect of contraceptive medication)
- Other mental health problems e.g. depression, anxiety, OCD
- Mood swings
- Self-harm and suicidal thoughts

Social

- Family members or carers report a change in eating behaviour
- Social withdrawal, particularly from situations that involve food
- Family arguments especially around food
- Taking part in activities associated with a high risk of eating disorders (for example, professional sport, fashion, dance, or modelling)
- Reduced interest or enjoyment in former interests e.g. swimming, meeting friends
- Decreased academic attainment/fall in school attendance
- Isolation/social withdrawal