DIET & WEIGHT

The Eating Disorder Signs Hiding in Plain Sight

The clues are often secrecy, rigidity and distress-not a particular body size-and noticing them can open the door to help.

The picture in your head is too small

Someone you care about still goes to work, eats in company and looks much as they always have. Yet meals have become tense. Exercise seems non-negotiable. Food disappears behind a closed door, or more and more foods quietly vanish from the plate. You notice each detail, then dismiss it because the person does not look ill.

That hesitation is understandable, but appearance is a poor gatekeeper. Eating disorders can affect people of any age, racial or ethnic background, body weight or sex. Someone can be underweight, average weight or overweight. Even a person who appears healthy can be extremely ill.

Eating disorders are not diets that have gone too far, failures of willpower or lifestyle choices. They are serious mental illnesses involving severe disturbances in eating behaviour and, often, consuming thoughts about food, weight, shape or control. They can prevent the body from getting adequate nutrition and may become life-threatening.

They often emerge during adolescence or young adulthood, and they are more common in women, but neither pattern is a rule. A 2019 review of 94 studies found lifetime eating disorders in both women and men. If you wait for a young, visibly thin woman before becoming concerned, you will miss people who need help.

Watch the pattern, not the plate

One unusual meal tells you little. The more revealing clue is a pattern that is becoming rigid, secretive or distressing. Severe restriction, eating unusually large amounts with a sense of lost control, forced vomiting, laxative use, fasting and excessive exercise can all be part of an eating disorder. Different behaviours may also occur together.

Binge eating is particularly easy to misread as simply "overeating." The important feature is loss of control: eating a large amount in a short period while feeling unable to control what or how much is eaten. A person may eat rapidly, continue when full or not hungry, become uncomfortably full, and eat alone to avoid embarrassment.

What happens emotionally matters too. Shame, guilt and distress after eating are recognised signs of binge-eating disorder. Frequent dieting without weight loss may also appear. The missed clue may therefore be neither a changing body nor a visibly large meal, but a cycle of secrecy, distress and repeated attempts to control eating.

With bulimia nervosa, binge episodes are followed by attempts to prevent weight gain. Those attempts may include vomiting, laxatives, fasting or excessive exercise. A person with bulimia may be slightly underweight, average weight or overweight. Body size cannot tell you whether purging is happening-or how medically dangerous it has become.

You do not need the right label. You need to stop letting an ordinary-looking body overrule what the pattern is telling you.

Exercise can hide in praise

Exercise is usually praised, which can make compulsive patterns difficult to recognise. In anorexia nervosa and bulimia nervosa, intensive or excessive exercise may sit alongside restriction, binge eating, purging or fasting. The concern is not that somebody enjoys moving. It is that exercise has become part of a severe disturbance around food, weight or shape.

Restriction can hide behind language that sounds disciplined or health-focused. With anorexia nervosa, a person may avoid food, eat very little or limit themselves to small amounts of selected foods. An intense fear of gaining weight and a distorted body image may persist even when the person is dangerously underweight.

Not every restrictive disorder centres on weight. In avoidant restrictive food intake disorder (ARFID), someone may limit the amount or variety of food because they fear consequences such as choking or vomiting, or strongly dislike characteristics such as texture or appearance. A limited list of preferred foods may become progressively smaller.

ARFID may also involve little appetite or interest in food, weight loss, malnutrition, changes in physical growth, or problems affecting school, work and relationships. That distinction matters: severe restriction deserves attention even when there is no visible pursuit of thinness or stated fear of weight gain.

The body may whisper first

Sometimes the first clues look disconnected from eating. Persistent tiredness, weakness, dizziness, feeling faint, feeling cold, constipation, dry or blotchy skin, brittle hair or nails, and muscle wasting can occur with anorexia nervosa. Low blood pressure and slowed breathing or

pulse are among its more serious physical effects.

Repeated vomiting can leave a different trail: a chronically sore throat, swollen glands around the neck and jaw, sensitive or decaying teeth, worn tooth enamel, acid reflux and other gastrointestinal problems. Purging can also cause severe dehydration and an electrolyte imbalance, which may lead to a heart attack or stroke.

None of these signs proves that someone has an eating disorder. They do mean the question has moved beyond everyday concern about food or appearance. A health care provider may consider eating and exercise behaviours, perform a physical examination, order blood or urine tests, and check for medical consequences such as kidney or heart problems.

Eating disorders also commonly occur with depression, anxiety and substance use problems, and suicide risk is higher. If someone has thoughts of suicide, contact the 988 Suicide & Crisis Lifeline by calling or texting 988; in a life-threatening situation, call 911. Do not wait for certainty or visible weight loss before treating that danger as real.

Take one honest sentence into Monday

You do not need to identify the disorder before you speak. In fact, trying to prove a diagnosis can turn concern into an argument about meals, exercise or appearance. Start with what you have actually noticed and the effect it seems to be having: secrecy, distress, loss of control, worsening restriction or exercise that feels impossible to miss.

Eating disorders can be treated successfully, and early detection and care matter for recovery. Help may involve psychotherapy, medical monitoring, nutritional counselling and, for some disorders or co-occurring conditions, medication. Severe illness may require hospital or residential care. A 2022 meta-review found that treatment effects vary by disorder, age and approach; there is no single universal plan.

If the concern is about you, tell a primary care provider plainly about restriction, binge eating, vomiting, laxatives, fasting or excessive exercise. Honesty matters because these details guide assessment and medical checks. If the concern is about somebody else, you can say: "I've noticed eating seems distressing and secretive lately, and I'm worried about you."

That is your practical step for Monday. It takes one specific observation, one honest sentence and a conversation with a health care provider-or a calm offer to help someone arrange one. You do not need the right label. You need to stop letting an ordinary-looking body overrule what the pattern is telling you.

Where this comes from

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