Understanding Eating Disorders: Warning Signs & Symptoms

A compassionate guide to recognizing possible concerns, supporting someone you care about, and knowing when to seek help.

> Eating disorders are serious, treatable health conditions. They can affect people of any age, gender, or body size. You cannot tell whether someone has an eating disorder by appearance alone.

What might an eating disorder look like?

Eating disorders involve persistent difficulties related to eating, food, body image, or behaviors that can affect physical health and daily life. Signs vary widely; someone may experience only some of those below.

Emotional & cognitive warning signs

- Intense fear, guilt, shame, or anxiety around eating or body changes
- Frequent preoccupation with food, calories, weight, shape, or exercise
- Rigid food rules or feeling distressed when routines change
- Self-worth strongly tied to appearance, eating, or perceived control
- Difficulty concentrating, irritability, social withdrawal, or secrecy

Behavioral warning signs

- Skipping meals, restricting food, or avoiding eating with others
- Episodes of feeling out of control while eating, with or without eating large amounts
- Compensatory behaviors such as self-induced vomiting, laxative misuse, fasting, or compulsive exercise
- Repeated body checking, weighing, or avoiding mirrors
- Increasingly limited food variety or avoidance due to sensory concerns, fear of choking, or other distress

Physical signs that deserve attention

- Dizziness, fainting, weakness, or persistent fatigue
- Feeling unusually cold; changes in sleep or concentration
- Digestive problems, dehydration, or dental concerns
- Menstrual changes where applicable, or other hormonal changes
- Heart palpitations or other unexplained physical symptoms

Physical symptoms can have many causes. A medical professional can help assess what is happening.

UNDERSTANDING THE SIGNS

Eating disorders do not all look the same

Different patterns of concern

- Anorexia nervosa: Restriction of energy intake and intense fear of weight gain or behaviors that interfere with weight restoration; it may involve significant medical risk.
- Bulimia nervosa: Recurrent binge eating and compensatory behaviors, often accompanied by distress about shape or weight.
- Binge-eating disorder: Recurrent episodes of binge eating with a sense of loss of control and significant distress, without regular compensatory behaviors.
- ARFID: Avoidant/restrictive food intake that can be related to sensory sensitivity, low interest in eating, or fear of adverse consequences, rather than body-image concerns.
- Other presentations: Significant eating-related distress and medical risk can occur even when a person does not fit neatly into one diagnosis.

Important: A person does not need to be underweight, visibly ill, or meet every symptom listed here to deserve care.

How to approach someone you are concerned about

- Choose a private, calm time to talk.
- Focus on what you have noticed and how the person is feeling, rather than their weight or appearance.
- Use nonjudgmental language: “I’ve noticed eating seems stressful lately, and I care about how you’re doing.”
- Listen without debating food choices or pressuring the person to disclose everything.
- Encourage an evaluation with a healthcare professional experienced in eating disorders.

When to seek support

If eating, body image, or exercise is causing distress, interfering with daily life, or affecting health, reach out to a licensed mental health professional and a medical provider. Eating disorder treatment may involve coordinated medical, nutritional, and mental health care.

Urgent medical concerns: Fainting, chest pain, severe weakness, confusion, signs of serious dehydration, or other immediate danger require urgent medical assessment. Call 911 for a life-threatening emergency. For emotional crisis support in the U.S., call or text 988.

GENTLE SELF-REFLECTION

Noticing Your Relationship With Food & Body Image

This worksheet is for reflection, not diagnosis. You can skip any question that feels uncomfortable. You do not need to share your answers unless you choose to.

1. When do thoughts about food, eating, movement, or appearance feel most stressful?

2. Have any rules, worries, or behaviors begun to affect my relationships, routines, or well-being?

3. What feelings or situations tend to make eating or body-image concerns more intense?

4. What would compassionate support look like for me right now?

5. Is there a trusted person or professional I could reach out to? What is one manageable next step?

A reminder: You deserve support at any size and at any stage of concern. Asking for help is appropriate even when you are unsure whether your experiences “count.”

Educational resource only. Not a diagnostic screening instrument or a substitute for medical or mental health evaluation.