



Eating Disorders Association is a UK wide charity (formed in 1989 by the amalgamation of three established eating disorders charities) providing information, help and support for people affected by eating disorders and, in particular, anorexia and bulimia nervosa.



EDA offers a range of services which includes . . .

- ➔ national telephone helplines
- ➔ a UK-wide network of local self-help and support groups, postal and telephone contacts
- ➔ a comprehensive range of information, including leaflets for young people
- ➔ membership which includes a quarterly magazine
- ➔ lists of treatment available in your area
- ➔ a helpline and support service for young people
- ➔ an annual conference for anyone caring for someone with an eating disorder
- ➔ a telephone counselling programme for people with bulimia
- ➔ training for professionals in health, education and social care
- ➔ a professional journal, European Eating Disorders Review, which provides information and practical help for professionals in all disciplines
- ➔ An extensive and informative website, which helped over 1 million visitors last year



Last year we responded to and helped over 47,000 people through:-

- ➔ over 18,000 calls to the Helpline
- ➔ over 1,600 calls to the Youth Helpline
- ➔ over 15,000 requests for information from people with, or affected by, eating disorders, professionals and students
- ➔ 2,500 members and . . .
- ➔ over 8,000 people attending EDA Self-Help and Support Groups, or contacting EDA registered Postal and Telephone Contacts
- ➔ over 2000 pleas for help by e-mail



**EATING DISORDERS ASSOCIATION**

First Floor, Wensum House, 103 Prince of Wales Road, Norwich, NR1 1DW.  
Admin: 0870 7703256 Media: 0870 7703221 Fax: 01603 664 915

Telephone Helpline: 0845 6341414 weekdays 8.30am - 8.30pm  
Youthline: 0845 6347650 up to 18 years of age, weekdays 4.00pm - 6.30pm  
Recorded Information Service: 0906 302 0012 (Calls cost 50p per minute)

e-mail: [info@edauk.com](mailto:info@edauk.com) Website: [www.edauk.com](http://www.edauk.com)

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# *The hidden cost of eating disorders*



**EATING DISORDERS ASSOCIATION**

support and understanding around eating disorders

# The hidden cost of eating disorders

The direct costs of treating an eating disorder such as anorexia nervosa, bulimia nervosa or binge eating disorder are shocking in their own right. Eating Disorders Association estimates, based on information gathered during 2001/2002, put the direct cost of treating a patient receiving a basic 12 weeks of specialist in-patient NHS treatment at approximately £25,000. Private in-patient treatment charges for a 12 week course of therapy will be in the region of £24,500 to £45,000. As many Health Insurance companies are now refusing to cover treatment for mental health problems such as eating disorders, this means that only the wealthy have access to private treatment, if your Primary Care Trust will not pay for private treatment in the absence of local, specialist NHS facilities.

However, eating disorders have an impact on a much wider sphere of influence than just the person with an eating disorder. The numerous and diverse ways that they can affect both close family and society at large are largely overlooked. Caring for someone with an eating disorder is demanding and emotionally draining given that the average duration is 6 years<sup>1</sup> and many carers have to give up their own careers to look after a loved one with an eating disorder. Sadly many people do not understand the consequences of these deadly psychological disorders that can result in as many as one in five people who develop an eating disorder dying prematurely<sup>2</sup>.

Because of the high cost of specialist treatment for an eating disorder, and because there is inadequate provision of specialist clinics and services across the UK, many people end up in unsuitable general mental health facilities<sup>3</sup>. As a result many sufferers will return for two, three, even four or more periods of costly treatment before recovery begins. Some may never recover and live shortened lives in personal distress and isolation. Specialists in the treatment of eating disorders believe that early intervention by specialist services has the greatest potential for a complete and lasting recovery. Perhaps even more important, is the provision of some simple and straightforward prevention strategies within schools and colleges that can help to reduce the prevalence of eating disorders amongst young people.

One of the major problems in securing adequate services is that no one is currently collecting any statistics on the incidence and prevalence of eating disorders. Indeed the most comprehensive research into service provision took place over 10 years ago in 1992 when a study by the Royal College of Psychiatrists<sup>4</sup> found about 60,000 people receiving some form of treatment for an eating disorder. Studies<sup>5</sup> in the mid 1990s indicate the total number of people affected by an eating disorder to be in the region of 1.1 million. EDA currently estimates that only about 9% of these people are diagnosed, and receiving appropriate treatment<sup>6</sup>.

Many of the consequential effects are difficult to quantify in financial terms, however the impact on the person with an eating disorder and the people around them can nevertheless be devastating and have fallout well beyond the family circle.



The impact of Eating Disorders ripples throughout society

## Eating Disorders can lead to serious health consequences which include . . .

Infertility, osteoporosis, dental problems, heart and renal failure, self harming behaviour, drug addiction, alcohol abuse, tranquilliser addiction, suicide, high mortality rates.

## Resulting in . . .

Damage to physical health, long periods of hospitalisation, psychiatric problems, family disruption, increased NHS costs, increased state benefit support and higher taxation.

## The impact on a family can be enormous even when the family member is receiving appropriate treatment. Some of the many issues that affect family life over many months include . . .

Stress, anxiety and depression for carers, partners & siblings; the need to travel frequently and possibly long distances to take part in family therapy; loss of working time, financial costs, loss of trust when a loved one reveals (or will not accept) a long hidden problem, dramatically increased food costs due to bingeing or hoarding leading to serious debt.

## For those who cannot secure appropriate treatment for themselves or someone they care about the impact is even greater . . .

Increased stress, anxiety and depression; additional feelings of anger, fear, guilt, powerlessness, social isolation, and responsibility, both real and imagined; jealousy, and estrangement within the family; additional financial burdens including private treatment charges, travel and accommodation costs.

## Leading to . . .

Problems with sexual relationships, break-up of the home, homelessness, and antisocial behaviour.

## Resulting in . . .

Personal legal costs, increased social security payments, and higher taxes.

## Eating Disorders have a measurable and serious impact on employment and the workplace. Many sufferers and often their carers as well, are unable to reach their full potential because of . . .

Stigmatisation and discrimination, inadequate education, poorer job prospects, absenteeism, and inefficiency or a complete inability to work due to ill health.

## Resulting in . . .

Lost productivity, higher unemployment, increased production costs, and higher prices, increased state benefit costs, further loss of self esteem, low confidence, deteriorating mental and physical health.

## Outside of the family eating disorders also impact on other people . . .

These include friends, teachers, employers, health workers, social workers, GPs, psychiatrists, psychologists, counsellors, social workers, and the police.

## For the person with an eating disorder this can lead to . . .

Restricted development and lost potential, increased educational cost, loss of personal liberty.

## Resulting in . . .

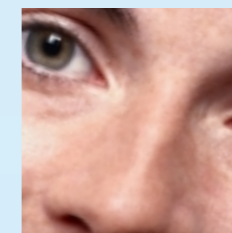
Increased health expenditure and higher taxation.

## Eating Disorders and the associated mental health problems affect society in a number of unexpected ways, by leading in some cases to anti social behaviour that may include . . .

Alcohol abuse, drug addiction including dieting drugs and laxative abuse, self harming, shoplifting, and promiscuity.

## Resulting in . . .

Increased Social Services resources & state benefits, time & costs; police resources, time & costs, court time & costs; loss of personal liberty plus the consequential rehabilitation costs



## What can be done now?

Many of the issues which trigger eating disorders can be addressed with few additional resources. One of the most common triggers for an eating disorder is bullying around weight or shape. Schools can play a vital part. Using schemes such as 'Circle Time' from an early age in school - which encourage discussion of individual feelings as well as recognition of how everyone has a part to play in building a fair and safe world - can play a significant part in building positive self-esteem and reducing bullying. Positive school action with clearly defined anti-bullying policies can also reduce both the causes and results of bullying. Lessons which encourage analysis of the media will empower young people and enable them to understand the ways in which the media can manipulate images, ideas and concepts for its own ends. The whole school ethos should include improving pupils' self-esteem. This work will also help to prevent most of the other dangerous coping mechanisms e.g. alcohol and substance misuse, self harm, antisocial behaviour, aggression and promiscuity etc. Work on emotional literacy, that is having the right words available to explain how you are feeling, is very important. It is also very important to explain the natural physical changes which occur at puberty and to look at the feelings these changes bring about in relation to the current obsession with thinness. Acceptance of diversity in all things, including body shape, should be celebrated.

There is a need for greater understanding of eating disorders amongst teaching staff, youth workers, health workers and social services staff to ensure potential problems are recognised before the onset of a serious and deadly eating disorder.

The provision by Primary Care Trusts of appropriate support for people in the early stages of an eating disorder will help to prevent the onset of a serious long term disorder. This assistance could include supported Self Help Groups, day patient and out-patient services, especially where in-patient services are not available. Local services will help to reduce many of the secondary hidden costs occurring. With the publication of NICE (National Institute for Clinical Excellence) Guidelines for the treatment of eating disorders, it is essential that adequate support and specialist services are also forthcoming.

*"Can the United Kingdom afford to lose the ideas, talents, and abilities of these young people who have the misfortune to develop an eating disorder? People who would quite possibly otherwise go on to achieve in the academic, sports, and arts worlds and contribute significantly to society?"<sup>6</sup>*

### Refs

- (1) Herzog, W., Deter, H. C., Fiehn, W., & Petzold, E., (1997).
- (2) Howlett M., McClelland L. and Crisp A.H. (1995).
- (3) The Need for action in 2000 and beyond. EDA 2000.
- (4) Royal College of Psychiatrists (1992) Eating Disorders. Council Report CR14.
- (5) Hoek H.W. (1991).
- (6) G Smith letter 2002.