TEENAGE HEALTH & WELLBEING FACTSHEET

Body Image and Disordered Eating

Recognising concerns early, responding without shame and finding appropriate support

The short version

Body dissatisfaction is common, but persistent distress about appearance or increasingly rigid, secretive or compensatory eating and exercise behaviours need attention. Eating disorders are serious mental illnesses that can affect teenagers of every gender, body size, ethnicity and background. You cannot judge severity by appearance, weight or BMI alone. Early, calm support and an age-appropriate clinical assessment can prevent problems becoming more dangerous.

Body image is more than appearance

Thoughts	How a young person sees and evaluates their body, including beliefs that may not match how others see them.
Feelings	Confidence, embarrassment, disgust, anxiety, pride, neutrality or discomfort about appearance and development.
Behaviours	Checking, comparing, hiding, avoiding photographs, changing food, exercising, grooming or seeking reassurance.
Daily impact	School, sport, friendships, family meals, intimacy, clothing, sleep, concentration and willingness to be seen.

Do not wait for visible weight loss

Behaviour, mood, growth, physical symptoms and functional change may appear before an obvious change in body size. Some eating disorders occur at any weight.

What can influence teenage body image

Puberty	Rapid changes in height, shape, skin, hair, breasts, genitals, periods and muscle development can feel unfamiliar or outside the teenager's control.
Peers and bullying	Comments about weight, height, disability, skin colour, gender expression or development can become deeply internalised.
Family messages	Adult dieting, body criticism, moral labels such as "good" and "bad" foods, or praise focused on weight loss can shape beliefs.
Social media	Filters, curated bodies, algorithms, comparison, appearance-based advertising and harmful eating-disorder content can intensify pressure.
Sport and performance	Weight categories, judged sports, leanness or muscularity ideals and comments from coaches may increase risk.
Health and identity	Chronic illness, disability, medication effects, neurodivergence, sexuality, gender identity and cultural expectations may affect body experience.

The aim is not forced body positivity

A teenager does not have to love every part of their appearance. Body respect or neutrality - caring for the body and recognising what it enables - may feel more realistic.

From ordinary concern to disordered eating

Occasional concern	A difficult day, comparison or temporary dissatisfaction that does not take over eating, exercise, relationships or daily life.
Disordered eating	Problematic patterns such as restrictive rules, frequent dieting, bingeing, compensatory exercise, meal skipping or guilt that may not meet diagnostic criteria but can still cause harm.
Eating disorder	A diagnosable mental illness involving thoughts, emotions and behaviours around food, eating, weight or shape, sometimes without body-image concerns.
Body dysmorphic disorder	An intense preoccupation with perceived appearance flaws that others may not notice. BDD is not the same as an eating disorder, although concerns can overlap.

No single test decides it

NICE advises against using a screening questionnaire, BMI, weight or duration of symptoms as the sole basis for deciding whether somebody has an eating disorder or deserves treatment.

Questions that matter

- How much time do the thoughts take up?
- Are behaviours secretive or difficult to stop?
- Are there physical symptoms or growth concerns?
- Is eating becoming rigid or frightening?
- Is school, sport or social life changing?
- Is mood, self-harm or safety affected?

Different presentations

Anorexia nervosa	Restriction and an intense fear of weight gain or behaviours that prevent weight restoration. Atypical anorexia can be serious even when weight is not low.
Bulimia nervosa	Episodes of binge eating followed by attempts to compensate, which may include vomiting, laxatives, fasting or excessive exercise.
Binge-eating disorder	Repeated episodes of eating a large amount with a sense of loss of control, distress and no regular compensatory behaviour.
OSFED	Other specified feeding or eating disorder describes clinically significant symptoms that do not fit another diagnosis exactly. It can be just as serious.
ARFID	Avoidance or restriction due to sensory qualities, fear of consequences such as choking, or low interest in eating - not a drive to change weight or shape.
Other patterns	Purging disorder, night-eating patterns and muscularity-focused restriction or exercise also need professional assessment when health or life is affected.

The label is not the first priority

Families do not need to identify the diagnosis before asking for help. Describe the behaviour, thoughts, physical symptoms, growth and impact accurately.

Behavioural and emotional warning signs

Food rules	Skipping meals, cutting out food groups, tiny portions, calorie tracking, ritualised eating or distress when plans change.
Secrecy	Claiming to have eaten, hiding or disposing of food, eating alone, secret bingeing, frequent bathroom visits after meals.
Exercise	Compulsive movement, exercising despite injury or illness, panic about rest, or using exercise to “earn” or compensate for food.
Body focus	Frequent weighing, mirror checking or avoidance, pinching skin, comparison, reassurance seeking or wearing clothes to hide the body.
Mood and relationships	Withdrawal, irritability, shame, guilt, anxiety, low mood, perfectionism, reduced flexibility or avoiding meals and social events.
Online behaviour	Following extreme dieting, “what I eat”, rapid transformation, pro-eating-disorder, supplement, steroid or appearance-changing content.

Look for change, not stereotypes

A young person may still eat with family, achieve at school, play sport or have a body that appears healthy. A meaningful change from their usual pattern deserves attention.

Physical signs and health effects

Energy and circulation	Tiredness, weakness, feeling cold, dizziness, faintness, fainting, poor concentration, racing heart or low blood pressure.
Digestion and mouth	Bloating, pain, constipation, diarrhoea, reflux, dental damage, sore throat or swelling around the jaw.
Growth and hormones	Faltering growth, delayed puberty, menstrual changes, reduced libido or hormonal disruption. Periods are not the only health marker.
Skin, hair and muscles	Hair loss, dry skin, fine body hair, muscle loss, injuries, poor recovery or reduced performance.
Purging effects	Vomiting, laxatives, diuretics or dehydration can disturb salts and heart rhythm, sometimes without obvious outward signs.
Mental health	Anxiety, depression, obsessive thinking, self-harm, substance misuse and suicide risk may occur alongside eating difficulties.

Medical risk is not visible

Rapid change, purging, dehydration and abnormal heart or electrolyte function can be dangerous at any body size. Clinical assessment may include pulse, blood pressure, temperature, growth, ECG and blood tests.

Boys, LGBTQ+ teenagers, neurodivergence and disability

Boys and young men	Concerns may focus on muscularity, leanness, supplements, “clean eating” or compulsive training. Stigma can delay recognition and help-seeking.
LGBTQ+ young people	Body pressure, minority stress, bullying, gender dysphoria or efforts to change visible development can interact with eating and exercise.
Autistic teenagers	Sensory sensitivities, predictability, interoception, anxiety and restricted foods may affect eating. Do not assume every restriction is weight-driven.
ADHD	Irregular eating, impulsivity, executive-function difficulty, sleep and medication effects may influence appetite and routines; assessment should consider the whole picture.
Chronic illness or disability	Pain, fatigue, swallowing or digestive problems, mobility, medicines and loss of control may affect nutrition and body image. Symptoms still require proper investigation.
Culture and faith	Food practices, fasting, family roles and community beliefs should be discussed respectfully rather than treated as barriers or assumptions.

Inclusive care improves safety

Ask what the behaviour means to the young person. A specialist should adapt communication and care while still addressing nutrition and medical risk.

Social media, fitness culture and appearance products

Curated comparison	Lighting, posing, filters, editing and selective posting can turn exceptional images into an apparent everyday norm.
Algorithmic exposure	Watching or searching for diet and body content can lead to more extreme recommendations, including harmful eating-disorder material.
Commercial pressure	Influencers may profit from supplements, detoxes, meal replacements, weight-loss injections, steroids, cosmetic products or programmes.
Fitness language	“Discipline”, “no excuses”, “earning food” and rapid transformations may disguise overtraining, restriction or unsafe product use.
Digital boundaries	Mute triggering accounts, reset recommendations, report harmful content, avoid before-and-after feeds and strengthen offline interests and relationships.
Avoid surveillance alone	Secret monitoring or sudden removal of all access can increase conflict. Agree safety steps and address the underlying distress wherever possible.

A useful feed audit

Ask: Does this account leave me informed and supported, or ashamed, frightened and driven to change my body? Unfollow content that repeatedly worsens wellbeing.

How to start a supportive conversation

Choose the moment	Speak privately at a calm time, not during an argument, immediately after eating or in front of other people.
Use observations	Say “I have noticed you seem anxious at meals and stopped eating with friends” rather than making accusations about weight.
Lead with care	Explain that the concern is their health and distress, not appearance, blame, control or whether they are being “difficult”.
Listen	Allow pauses, take the fear seriously and avoid debating whether their body belief is objectively correct.
Offer one next step	Suggest speaking to a GP or appropriate specialist and offer to attend, take notes or help write down symptoms.
Keep the door open	Denial, anger or reassurance that everything is fine does not end the concern. Stay calm, observe safety and return to the conversation.

Helpful language

Try: “You do not have to prove you are ill enough. I care about what this is doing to your health and life, and we can ask for help together.”

Supporting daily life while help is arranged

Regular structure	Keep predictable opportunities for meals and snacks without turning every interaction into a negotiation or interrogation.
Neutral conversation	Reduce talk about calories, weight, dieting and other people's bodies. Avoid praising weight loss or labelling food as morally good or bad.
After meals	Calm shared activity may reduce distress. If purging or compulsive movement is suspected, seek specialist advice on safe supervision.
Exercise	Do not prescribe extra exercise or weight loss. Pain, dizziness, fainting, injury, purging or restriction require clinical guidance about activity.
School or college	With the young person, consider a trusted pastoral lead, school nurse or safeguarding contact for meals, workload, bullying and attendance support.
Parent support	Caregivers need information and rest too. Disagreement between adults can be reduced by using one calm, safety-focused plan.

Do not create a home treatment plan alone

Meal plans, weighing, exercise restriction and refeeding can require specialist oversight. Sudden nutritional increase may need medical supervision when somebody is severely undernourished.

When help is urgent

Call 999 / emergency care	Collapse, seizure, severe chest pain, serious breathing difficulty, confusion, inability to wake, vomiting blood, suspected overdose or immediate danger to life.
Urgent same-day advice	Fainting, repeated vomiting, dehydration, severe weakness, a very slow or irregular heartbeat, rapidly worsening intake, acute medical symptoms or inability to keep fluids down.
Mental-health crisis	Suicidal thoughts, recent serious self-harm or inability to stay safe require urgent help. In England call NHS 111 and select the mental-health option; use 999 for immediate danger.
Early specialist assessment	Restriction, bingeing, purging, compulsive exercise, faltering growth, delayed puberty, rapid change or significant distress should not be watched for months.

Trust the concern

If a teenager looks medically unwell or the family believes the risk is escalating, seek urgent assessment even if a recent weight or routine test appeared acceptable.

Take useful information

- recent food and fluid pattern
- fainting, chest symptoms and weakness
- growth, period or puberty changes
- vomiting, laxatives or other compensatory behaviours
- medicines, supplements and substances
- self-harm, suicide or safeguarding concerns

NHS, private and specialist support

NHS route	A GP can assess physical and mental health and refer immediately to an age-appropriate community eating-disorder service when an eating disorder is suspected. NHS 111 or emergency services are appropriate when urgent.
Specialist team	Care may involve medical monitoring, psychological therapy, dietetic input and family work. NICE emphasises early treatment and family involvement for children and young people.
Private route	Families may seek a private GP, paediatrician, psychiatrist, clinical psychologist or eating-disorder specialist dietitian. Private care should communicate with NHS and emergency services when risk requires it.
Beat	Beat offers information and support for young people and families. Its Youthline for under-18s is 0808 801 0711; check current opening hours on Beat’s website.
School or college	Pastoral, nursing and safeguarding teams can reduce immediate pressures and support attendance, but do not replace clinical assessment or specialist treatment.
Complementary support	Relaxation, gentle wellbeing support and family routines may sit alongside treatment. Avoid detoxes, appetite suppressants, unregulated supplements, intolerance panels or practitioners claiming to cure eating disorders.

Choosing private care safely

- Check GMC, HCPC or other relevant professional registration and specific child/adolescent eating-disorder experience.
- Ask how physical monitoring, emergencies, safeguarding and NHS communication are handled.
- Be cautious of weight-loss services when restriction, bingeing, purging or body-image distress is present.

How Health Matters UK can support

Health Matters UK provides personalised health education and practical wellbeing support for teenagers and parents. We can help families recognise patterns, reduce shame, organise information, prepare questions, create supportive routines and navigate appropriate NHS or private care. We do not diagnose or treat eating disorders, prescribe meal plans, provide crisis care, medically monitor a young person or replace specialist eating-disorder services.

Listen without judgement	Give the teenager and parents space to describe concerns, pressures and barriers without reducing the issue to weight.
Map the pattern	Organise changes in eating, exercise, mood, sleep, social life, physical symptoms and online influences.
Prepare appointments	Help write a clear timeline, questions and relevant information for an NHS or appropriately qualified private professional.
Support the family	Develop calmer language, consistent boundaries and practical routines while specialist advice is arranged or followed.
Work alongside care	Reinforce agreed wellbeing goals and signpost back promptly when medical, nutritional or mental-health risk changes.

A useful first step

Write down what has changed, when it began, what makes it better or worse, any physical symptoms, and how school, relationships, eating and exercise are being affected. This is more useful than trying to decide whether the teenager “looks ill”.

Teenage health matters to us

Every teenager deserves to be taken seriously before a problem becomes a crisis. Body-image distress and disordered eating are not vanity, attention-seeking or a failure of willpower. Health Matters UK can help young people and families understand patterns, communicate more safely and reach appropriate NHS or private support while specialist diagnosis and treatment remain with regulated clinical services.

Important

This factsheet provides general education, not diagnosis or individual medical advice. Eating disorders can become medically and psychologically dangerous at any weight. Seek urgent help for severe symptoms, immediate safety concerns or rapid deterioration. Call 999 in a life-threatening emergency.

Key sources

- NICE NG69: Eating disorders - recognition and treatment, including identification, referral and care for children and young people (accessed 16 November 2026).
- NHS: Eating disorders overview, symptoms, treatment and getting help (reviewed 23 January 2024; accessed 16 November 2026).
- NHS England: Eating disorder services for children and young people - national guidance (updated 24 June 2026).
- Royal College of Psychiatrists CR233: Medical Emergencies in Eating Disorders (MEED), May 2022.
- Beat: Signs and symptoms, eating-disorder types, ARFID, myths and support for families (accessed 16 November 2026).
- NHS: Body dysmorphic disorder; YoungMinds: Body image and eating-problem guidance (accessed 16 November 2026).
- Health Matters UK Evidence and Editorial Standards page for our evidence, review and scope.

Prepared by Health Matters UK • Review date: November 2027

© 2026 Health Matters UK. All rights reserved. This original factsheet may not be reproduced or rebranded without permission.