

Eating Disorders

An NHS self help guide



You may be interested in this booklet if...

- You feel that your eating might be causing you difficulties but you are not sure if you have an eating disorder
- You think you might have an eating disorder and want to find out more about this
- You are worried about someone who you think may have an eating disorder
- You want to know more about eating disorders

What will this booklet do?

1. Help you to recognise an eating disorder.
2. Help you to understand the things that cause an eating disorder and the things that keep it going once it has got started.
3. Describe the effects of an eating disorder.
4. Help you think about whether you want to make changes.
5. Describe what the next steps could be if you want to change.

What is an eating disorder?

What we eat and how we look seem to have become hugely important. Television, magazines and books are full of programmes about healthy eating and dieting. Yet there are also lots of adverts for fast food, snack foods and chocolate, often next to pictures of very skinny and attractive models. No wonder many people are confused about what it is okay to eat and not eat, and that many people feel upset that they can't live up to these ideal images. No wonder that most women say they have been on a diet at some point in their lives! Men can also worry about their weight and their size, and there is increasing evidence that eating disorders affect men too.

When worries about food, weight and shape get to the point where they really affect your life, this is called an **eating disorder**. This booklet can help you to think how you feel about food and your weight, and to help you think about how it might be causing difficulties in your life. There's lots of information in this booklet, so you might want to read it a few times, maybe over a period of time, to help you build up a picture of how you think and feel about your eating, weight and shape.

These are some examples of the things that people with eating disorders often say:

"I know I'm six and a half stone, but if I could just lose another half a stone I'll be happy".

"I can't stop thinking about food, I even dream about it".

"Some days I'm really good, and I only have an apple all day. But then when I start to eat at night I can't stop. Sometimes I even make myself sick. Then I promise myself that tomorrow will be different, and I'll try much harder. But tomorrow is always the same".

"I'm so ashamed. I'm an ugly fat pig. Eating loads of crisps, cakes and chocolate helps me forget how bad I feel for a while. Food is like my friend, it makes me feel better like nothing else can. But then afterwards I look at myself in the mirror and just cry and cry".

Types of eating disorder

The medical names and descriptions for the different types of eating disorder are:

Anorexia

- Restricted eating, usually with avoidance of fattening foods, sometimes with episodes of bingeing, vomiting, use of laxatives, excessive exercise.
- Severe loss of weight.
- Low weight maintained (Body Mass Index (BMI) 17.5 or less)
- Strong fear of becoming fat or gaining weight, with a goal to be of a weight much lower than the recommended healthy weight.
- Loss of periods for females/loss of sexual interest.
- Body image distortion i.e. sees self as fatter than actually is.

Bulimia

- Thinking about/craving food all the time.
- Repeated episodes of overeating (bingeing) often on high calorie foods.
- Repeated attempts to avoid gaining weight by making self sick, using laxatives or diuretics (water tablets), over exercising or extreme dieting (these are also called purging).
- Dread of fatness and aiming for a weight lower than 'healthy weight'.
- Mood changes and self-esteem are overly linked to weight.
- Body Mass Index (BMI) is above 17.5, and may be normal or above normal.

Binge Eating Disorder

- Eating large amounts of food (binges), often quickly when not hungry; not stopping when full or feeling full.
- Feeling ashamed and guilty after eating, often eating is done in secret.
- No active purging, such as making self sick or taking laxatives.
- There is often a general increase in weight over time.

Some people may have considerable difficulties with eating which do not exactly match any of the above descriptions. Their eating problems are often **called Eating Disorders Not Otherwise Specified**.

How do I know if I've got an eating disorder?

This questionnaire asks about the sort of difficulties people with eating disorders experience and can give you an idea of how serious your problems are. It will not tell you whether or not you definitely have an eating disorder as it is only a rough guide. Think about the last week and read each question, circling the number on the right that most applies to you.

In the last week...

	Not at all	Slightly		Moderately		Markedly	
1. Have you been deliberately trying to restrict the amount of food you eat to change your shape or weight?	0	1	2	3	4	5	6
2. Have you gone for long periods of time (8 hours or more) without eating anything in order to change your shape or weight?	0	1	2	3	4	5	6
3. Have you had any periods of binge eating? (i.e. eating what other people would regard as unusually large amounts of food with a sense of having lost control over eating).	0	1	2	3	4	5	6
4. Have you had a definite fear that you might gain weight or become fat?	0	1	2	3	4	5	6
5. Have you made yourself sick, taken laxatives, diuretics (water tablets) or vigorously exercised as a way to control your weight or to counteract the effects of eating?	0	1	2	3	4	5	6
6. Has your weight or shape influenced how you think about (judge) yourself as a person?	0	1	2	3	4	5	6

Total score

Scoring on one item alone wouldn't normally suggest you are likely to have an eating disorder, but the more items you score on the more likely this is.

- 3 - 12 **Low level of difficulties** – Work through this booklet and consider some of the self-help references at the end of the booklet.
- 13 - 24 **Moderate level of difficulties** – Work through this booklet, but you may also wish to consider seeking professional help.
- 24 - 36 **High level of difficulties** – You may benefit from seeking professional help as soon as you feel able.

What causes people to get an eating disorder?

There is no simple answer to this question as there can be lots of different things that make people develop an eating disorder. Eating disorders affect men and women of all ages, races and backgrounds. While eating disorders appear to be about food and weight they actually occur for a complex set of reasons. Below are some of the things that combined together can trigger eating disorders.

'Ideal' images from society and the media

In western society, the ideal woman is often shown as unrealistically young, slim and physically attractive. Men are also encouraged to be muscular and slim. Camera tricks, lighting and the use of body doubles can make us think that the people on TV and in films and magazines are much more slim and perfect than they are in reality. Fashion magazines and designers use waif models suggesting that beauty and glamour is all about looking painfully thin. The reality is different. Few people look like these models without starving themselves but there is still a pressure to try to achieve these looks.

Prejudice about fat people

People can think that if someone is fat they must also be lazy, stupid and ugly. This is, of course, completely untrue. But it can increase people's fear of becoming fat. Fatness has also become very linked to unhealthiness and while size can affect people's health, it is a person's level of fitness that is more important. People who are overweight but exercise can be much fitter and healthier than very slim people who do no exercise. In fact yo-yo dieting is bad for your health.

Low self-esteem and lack of confidence

People with eating disorders often don't feel very good about themselves generally, and tend to focus on one small area of their life, such as weight and shape, as a way of boosting some sense of self-esteem. For example they might think that losing weight will make them feel more confident and attractive.

Perfectionism and unrealistic expectations

People with eating disorders often set themselves very high standards to achieve. These can include high standards about how much to eat, what weight to be and what shape to be. People can focus on controlling their weight as one way to try to be 'perfect'. When these goals are not realistic they are bound to fail, and failing only makes them feel worse. Some people also have rigid rules about staying in control of their emotions and not showing how they feel. They can try to use food to deal with difficult emotions rather than talking about them.

Controlling stress, change or difficult feelings

Eating disorders often start in people's teens and twenties when there are lots of changes in their bodies, their feelings and their sexuality. There may be many other stressors such as: facing exam or work pressure; relationship problems; losses of one sort or another; increased independence or decisions about the future. Some people find these sorts of things very difficult to cope with and an eating disorder may start as a way of managing some of these fears about change. For example, eating disorders can often block out or mask difficult emotions or negative feelings. Often people start to control food and eating because it gives them a sense of controlling something, when many other things in life feel out of control.

Trauma

Upsetting events like death, divorce, bullying, rape or childhood abuse can produce overwhelming negative feelings, affect your self-esteem and make you feel as if things are out of your control. All of these things can be underlying causes of eating disorders.

Family expectations and attitudes to each other

Sometimes, if a family worries a lot about a son or daughter, and likes to be very protective, a person can grow up with the message that they will be no good at controlling their life themselves. Focusing on controlling their weight can be a way of feeling good at something.

Sometimes if a family has difficulty sorting out arguments a child may feel trapped in the middle, and they may realise that when their family is focused on worrying about the eating disorder they don't argue as much. This might make them worried about starting to eat again.

If you have a problem with your eating ...

Think about all of the factors that have contributed to you developing an eating problem. List them below to help you understand how your eating disorder developed.

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What beliefs make people at risk of getting an eating disorder?

All the things described in the last section can affect the way you think about yourself and other people and your beliefs about the world. They can also affect your beliefs about food and weight. These are some examples of the sort of beliefs you might develop from these experiences:

- I need to be in control... (and my eating disorder gives me control)
- I need to be perfect for people to love me... (and if I lose weight I'll be perfect)
- If I'm thin I'll be happy
- People are cruel... (and when I'm upset eating makes the bad feelings go away)
- The world is a scary place that I can't deal with... (at least I can control my eating)
- I am disgusting... (and if I can be thin then I'll feel better about myself)
- I can't cope on my own... (and if I'm ill people can't expect me to cope)
- I deserve to be punished... (and making myself sick is a way of doing this)

Try to think about how your beliefs have been affected by what has happened to you, and fill in the box below:

I am.....

People are.....

The world is.....

My body is.....

If I am thin then.....

If I put on weight then.....

What are the effects of eating disorders?

It is helpful to think of an eating disorder as something that both gives and takes. It is important to think about both when it comes to understanding and treating an eating disorder. As you have seen from the previous section, eating disorders don't just come out of the blue. There are often lots of reasons why a person develops an eating disorder, but all of the reasons share something in common – they cause people to feel distressed and often out of control or unable to cope. When faced with these feelings people look for something to help them manage. Controlling ones eating can feel like it helps people to manage.

To the person with the eating disorder, the things that it can give include:

- Feeling more in control
- Compliments and positive feedback for weight loss
- Constant thoughts about food which block out other distressing thoughts
- A way of asking for help
- What seems like a solution to weight control
- Eating to take your mind off other problems

People do the best they can when things are difficult, and sometimes changing their eating pattern can help in the short term. The trouble is that once an eating disorder has developed other things come into play which create negative consequences and additional problems for the person. Some of these are outlined below.

1. Changes to your metabolic rate

What does metabolic rate mean? We use up energy no matter what we do. Even when we sleep we are using some energy. Our metabolic rate is the number of calories or amount of energy you need each day to function. It stays pretty regular (approximately 2500 calories for men, 2000 calories for women), but there are some things that cause changes to this:

- metabolic rates slow down as we get older
- dieting causes metabolic rates to slow down (after dieting for 14 days a persons metabolic rate can have dropped by up to 20%)
- exercise can increase our metabolic rates.

When you starve yourself of food, after a while it gets hard to resist eating. Some people argue that for every diet, there is an equal and opposite binge. In other words, diets or periods of starving yourself do not come for free.

The cost is that they simply cause people to rebel, and when they do, they end up usually gaining more weight than they ever lost. Why is this?

Basically it is because of an in-built mechanism left over from prehistoric times, to try to reduce the risk of people dying from starvation when food was scarce. It works like this:

When you starve yourself over a period of time, by not eating at all or by following a really strict diet, your body starts to react like it would if you were stranded in the desert with no way of getting food. It slows down your metabolic rate so that the food you eat can be conserved for as long as possible. It also sends messages to your brain to make you think about food a lot with the hope that this will keep food on your mind so you will find food and eat sooner rather than later.

When you do eat, your body wants to get as much food as it can, in case there is another 'starvation' period coming, and so your body encourages you to eat lots of food (called a binge). In case of a second period of starvation it keeps your metabolic rate on 'slow' so you do not burn up this food as quickly as you would normally. This can last for several months after you have stopped starving or dieting. This is what can cause people to gradually gain more and more weight.

2. Vomiting

Vomiting does not get rid of all the calories eaten. After a binge many people feel guilty or disgusted with themselves, and so they make themselves sick (called purging). They think that being sick will get rid of all the food they have eaten. Unfortunately this is not the case. Studies have shown that vomiting after a binge only gets rid of approximately 30 to 50% of all the calories eaten. So often people find they are also beginning to gain weight, despite making themselves sick. Any sense of relief is quickly replaced by feelings of loss of control, or failure. You may then promise yourself that you are going to try even harder not to eat from now on, and develop more rigid rules about what it is okay to eat and what it is not okay to eat. But the more you vomit the more your body craves food. This just brings you back to the start of the cycle, and you find yourself stuck going round and round it over and over again.

3. Taking laxatives and diuretics.

Laxatives and diuretics don't help people lose real weight. They work by getting rid of fluid and waste. Neither has any effect on the way calories are absorbed by the body and so they do not lead to weight reduction. While in the short term you may weigh less or have a flatter stomach, the changes are only temporary as our bodies immediately start to react against this, leading to water retention, which takes you right back to where you were. Unfortunately laxative and diuretic abuse can also cause increased bloating, constipation and potassium and sodium deficiencies which affect how well our muscles work.

4. Avoiding going out or doing things

When people feel low and worried about how they look, they sometimes avoid seeing their friends or doing the things they used to enjoy. This not only makes them feel worse, and keeps them from getting support, but also means that their self-esteem may get even worse as they have nothing else to feel good about except losing weight.

5. Checking

People with an eating disorder can spend a lot of time weighing themselves and examining their bodies. Sometimes this makes them feel better, but often it just sets them off thinking about their bodies even more, and feeling even worse. Weighing yourself more than once a week is a bad idea because it won't give you an accurate picture of what your weight actually is. Our weight changes all the time depending on the time of the day, the time of the month, when you last ate etc.

6. Changes to your health

As you may have started to realise, there are lots of different ways in which an eating disorder can affect people. Changes to our eating can also, unfortunately, have some medical consequences to our bodies and health. Some of these are discussed below. This list is not intended to frighten you or make you feel bad, and for that reason we have not listed all of the consequences of having an eating disorder. It is here to help you to begin to see how and what your eating disorder might be taking from you. Remember too that most of these difficulties will go away when you recover from your eating problems. However, most of these symptoms can become worse with time, so they shouldn't be ignored.

We have listed the problems that people tell us bother them the most. Obviously not all of these things will affect you. Different eating disorders affect different people in different ways. If you are concerned or interested in learning about other problems, you will find more information in the self-help books listed at the back of the booklet. Or you can speak to your GP, or a recognised eating disorder helpline (see end of booklet for further information).

How eating disorders affect your body

- Dry skin, loss of skin colour, thinning or brittle hair and nails – due to nutrition deficiency.
- Tooth decay – if you make yourself sick the acid from your stomach begins to damage your teeth, increasing your chances of tooth decay. Brushing your teeth after being sick can rub the acid into your teeth even more. Instead it is better to rinse your mouth with mouthwash or water.
- Face and body are bloated or swollen – this can be due to bingeing, vomiting, laxative and/or diuretic use. Repeated vomiting can also cause the glands around your face and throat to swell, making you look fatter in the face when this is not really the case.
- Irregular or loss of periods for females, and in some cases problems getting pregnant.

How eating disorders affect the way you feel

- Depression, mood swings, anxiety and irritability
- Low self-esteem and poor body image – often people become more withdrawn
- Increased tiredness and sleep problems
- Poor concentration and memory
- Loss of sex drive

These problems can be the result of nutrition deficiency and reduced metabolic rate and will improve once your eating improves. Our electrolyte balance (these are the chemicals that are needed to make nerves and muscles work properly) is affected by repeated vomiting, and this causes many of the feelings described above. Once people stop vomiting this imbalance will right itself.

Summary

When someone develops an eating disorder it is because at the time it felt like it a solution to the problems or feelings that they had. It gave the person something helpful in difficult times. Unfortunately after a while eating disorders can also begin taking things from the person too.

Although it can be hard to think about these things, some of them can have serious consequences. By trying to think about these things openly and honestly it can help people to think about how to regain control over their eating again or at the very least how to minimise the potential damage that eating problems can cause.

Do I want to change things?

Thinking about change can be a difficult thing, especially if it feels like you don't know how else to cope. It is very helpful to take some time to think about the pros and cons of change so that you can weigh up what you need to change to recover. Making a list might help you to look differently at your current situation.

Make a list of all the reasons why you might be tempted to keep your eating disorder in the first column. Then use all the information you can to list all the reasons you might want to change in the second column. Afterwards look at both the columns to help you decide what to do next.

Reasons to stay the same	Reasons to change
.....
.....
.....
.....
.....
.....

Next steps

I don't want to change

For some people, at some points in their life, the positives of using an eating disorder to cope with life outweigh the negatives, and they decide that they are not ready to change. If this is how you feel, remember that if you do change your mind in the future, help is available. You don't need to keep coping in this way forever. If, at some point in the future the costs of living with an eating disorder start to outweigh the benefits, maybe you can return to this booklet and work through it again. However if your weight is very low or you are vomiting frequently, it is **very** important that you see a doctor.

I'm still not sure, I think it could be difficult

If you have worked through this booklet and have started to recognise you have a problem, you might be feeling quite scared, or even trapped. On one hand you might feel that you know what the consequences of your eating

disorder are, and you are worried about this. On the other hand you might feel that at least the eating disorder is familiar. You know where you stand with it. The idea of changing things may seem like a huge mountain to climb, and you might feel hopeless that things can ever be different. You might also be worrying about what people will think when you tell them about your problem, and what therapy will involve. If control has been important to you, or if you feel a lot of guilt and shame, the idea of telling someone else about your life may feel difficult. It is important to try to be understanding and kind to yourself in order to begin to work towards managing your eating problem.

Therapists working with people with eating disorders understand that the process of change can be difficult, and will work with you to put together a treatment plan that balances what suits you best and what keeps you safe, with what you can manage at that time.

Taking the step of seeking help can be hard. If the thought of going for help fills you with dread, remember that you don't have to go back a second time unless you want to. Use the first session as a chance to find out what is on offer. You will be able to ask questions and decide whether or not you want to accept any help.

If you don't want to seek help, there are also a number of very good self-help books that can offer lots of practical advice and strategies for making changes to your eating. Some of these books are listed at the back of this booklet. But once again, if your eating disorder is severe, it is vitally important that you seek medical advice.

I want to change, what do I do next?

Taking the step of seeking help can be hard, and sometimes it takes more than one attempt to get the help you need.



A good place to start is to talk to your GP. If your problems are still in the early stages, they may be able to give you some more self-help information like this to work through. There are also some self-help books that are listed overleaf which may be a good place to start if your physical health is not too bad and you are not losing weight too quickly.

Your GP may also suggest a referral for some more specialist help. This may involve individual, family or group therapy depending on what you need. A therapist will help you to develop your understanding of your eating disorder and help you to recover.

There are also voluntary organisations specifically set up for people with eating disorders. Often these have telephone information or help lines that you can call.

Remember that wherever you go for help it's up to you to decide whether you think the help on offer is for you. Don't be afraid to ask questions if you are offered an 'assessment' appointment. This appointment is for you to assess the help on offer as much as for the person you see to understand your problems.

Good luck whatever you decide.

Useful organisations

- **B-EAT**
Helpline: 0345 634 1414 (over 18)
Youthline: 0345 634 7650 (under 25)
www.b-eat.co.uk
Email: help@b-eat.co.uk
Provides advice, support and training to individuals with eating disorders, their carers, and the professionals working in this field wherever you live in the UK.
- **British Association for Behavioural and Cognitive Psychotherapies**
Tel: 0161 705 4304
www.babcp.com
The lead organisation for CBT in the UK.

- **British Association for Counselling and Psychotherapy**
Tel: 01455 883 300
www.bacp.co.uk
Email: bacp@bacp.co.uk
Offers an information service providing contacts for counselling in England and Wales.
- **Healthwatch**
www.healthwatch.co.uk
Healthwatch England is the independent consumer champion for health and social care in England. Working with local Healthwatch networks, we ensure that the voices of consumers and those who use services reach the ears of the decision makers.
- **Mental Health Matters**
Tel: 0191 516 3500
www.mentalhealthmatters.com
A national organisation which provides support and information on employment, housing, community support and psychological services.
- **Mind Infoline**
Tel: 0300 123 3393
Text: 86463
www.mind.org.uk
Provides information on a range of topics including types of mental distress, where to get help, drug and alternative treatments and advocacy. Also provides details of help and support for people in their own area. Helpline available Mon - Fri, 9am - 6pm.
- **NHS Choices – Your health – your choices**
www.nhs.uk
Information about conditions, treatments, local services and healthy lives.
- **NIWE Eating Distress Service**
Tel: 0191 221 0233
www.niwe.org.uk
Email:enquiries@niwe.org.uk
A voluntary organisation which runs groups for sufferers and offers a telephone helpline. Can signpost to support in your area. Also provides training to professionals.
- **Overeaters Anonymous Great Britain**
Tel: 07000 784 985
www.oagb.org.uk
Email: general@oagb.org.uk
Provides nationwide meetings and support to overeaters.
- **Rethink**
Helpline: 0300 500 0927
www.rethink.org
Provides information and a helpline for anyone affected by mental health problems.
- **Samaritans**
Tel: 116 123
www.samaritans.org.uk
Email: jo@samaritans.org
Freepost RSRB-KKBY-CYJK, PO Box 9090, Stirling, FK8 2SA
Confidential 24 hour telephone counselling and support for any difficulties.

Useful books

- **Anorexics on anorexia**
Rosemary Shelley
Jessica Kingsley 1997
17 women and 2 men write about their own experiences of anorexia and highlight how their disorders began and what kept it going. This book may also help families and friends to understand how it feels to suffer from anorexia.
- **Getting better bit(e) by bit(e): a survival kit for sufferers of bulimia nervosa and binge eating disorders (2nd rev. ed)**
Ulricke Schmidt , Janet Treasure and June Alexander
Taylor and Francis 2015
A self-help treatment approach.
- **Overcoming anorexia nervosa**
Christopher Freeman
Little Brown Book 2009
Information on anorexia nervosa plus a self help programme.

- **Overcoming binge eating (2nd rev. ed.)**
Christopher Fairburn
Guilford 2013
Information on binge eating plus a self help programme.
- **Overcoming bulimia nervosa and binge-eating: a self-help guide using cognitive behavioral techniques.**
Peter Cooper
Little Brown Book 2009
Offers practical advice to help people regain control over their eating.
- **The psychology of eating**
Jane Ogden
John Wiley 2010
Written by a psychologist, this book examines the reasons why so many women diet and have body dissatisfaction; and explains why diets don't work.

References

A full list of references is available on request by emailing pic@ntw.nhs.uk

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- ⇒ Vote in the Governor Elections or stand as a Governor yourself
- ⇒ Receive regular information about the Trust



Membership Application Form

Public

*Service User

*Carer (please ✓ only one)

**Service User/Carer I currently use or have cared for someone who has used, the following service in the last six years: (please ✓ service used below)*

Adult Neuro Disability Older People's Children and Young People's Learning Disability

Mr Mrs Miss Ms Other:

First name: Surname:

Address:.....
.....

Postcode:.....

Date of birth:

How would you like us to contact you? (please ✓/complete)

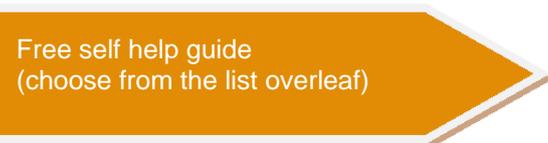
Post Email Tel

.....

Mobile

Signed:

Date:



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Mental Health Self Help Guides

The self help guides have been written by NHS clinical psychologists with contributions from service users and healthcare staff.

The guides offer users the opportunity to find out more about the causes of mental health issues and provide tools to work through feelings and emotions.

They are available in a range of formats including Easy Read, BSL and audio.

Titles include:



Bereavement



Controlling Anger



Anxiety



Depression
and Low Mood



Stress



Social Anxiety

www.ntw.nhs.uk/selfhelp



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Many thanks to NIWE Eating Distress Service, local voluntary sector groups, service users and healthcare staff who have contributed to the review of this guide.

Further information about the content, reference sources or production of this leaflet can be obtained from the Patient Information Centre.

This information is available in audio, larger print, easy read and BSL at www.ntw.nhs.uk/selfhelp It can also be made available in alternative formats on request (eg Braille or other languages). Please contact the Patient Information Centre Tel: 0191 246 7288

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