

Revised Department of Health Eatwell Guide- Its use in Eating Disorder Recovery

The Mental Health Specialist Group (MHSG) of the British Dietetic Association has issued this statement in concern raised by its members over the new Eatwell Guide and its impact on psycho-education of patients suffering from eating disorders. MHSG has received a number of concerns from patients as well as Dietitians.

Previously Dietitians working in this field were using the Eatwell plate as an educational tool to educate and justify the balance of macronutrients and micronutrient within a normal healthy diet in the UK. It offers an alternative science based tool that is used by the NHS to counter inappropriate nutritional advice from social media and celebrities.

The use of a guidance tool helps these patients with:

- inclusion of a range of food groups they commonly excluded such as fats, oils and some added sugars as part of their treatment to restore weight
- normalising eating habits
- shift the focus from weight loss to healthy eating
- avoiding the stigmatisation of 'good' and 'bad' foods
- reduce binge eating
- diminishing shame and guilt about not following strict guidelines or regimes.

Fats and sugar

The new plate visual has removed high fat/high sugar foods, and the guidance clearly states that these are not needed in a healthy diet. In a culture where these foods are ubiquitous, and indeed heavily promoted, this ignores "normal/preferred eating" habits of the UK population and fails to support learning to use them in an appropriate way. Many health professionals had a way of explaining these were foods which could be acceptable in managed quantities, so maintaining engagement with patients and the public who are more able to make changes incrementally.

Previously patients suffering eating disorders were able to relate to the fact that foods which are high in fat and sugar are part of everyone's diet and are eaten in moderation. Now 'the foods which are outside of the plate' are not part of the balanced diet. Patients are reporting considerable distress at the fact that these sorts of foods feature quite heavily in their diet for weight restoration and maintenance. Even though this food group makes up 3% of the new plate with oils making up 1%, patients struggle to understand why the oils were still included on the plate when cakes etc. were not.

Eating disorders services support people to manage these foods in a healthy way, and "eating less" for those who are already terrified of them and rigorously avoid them is counter to the message we are giving. Therefore for this reason we can not recommend the Eatwell guide on NHS choices.

Energy requirements

The goal of the Eatwell guide is to achieve a healthy balanced diet which meets individual dietary needs and we have concerns that this is not achieved. The new guide inappropriately suggests that all individuals have similar dietary requirements and nothing is noted about age, gender, ethnicity and other physical health history. These guidelines could place vulnerable individuals at significant physical and mental risk should they follow this guideline. Dietitians and Psychiatric teams work hard to support patients to understand that everyone is different and requires different nutrient profiles to stay well. Areas of specific concern are children, adolescents, individuals with eating disorders and vulnerable ethnic groups.

Where the previous balance of good health Eatwell plate was a framework which opened up dialogue, however the new Eatwell Guide is more of a prescription. Counting calories is not recommended for individuals with Eating Disorders and the calorie reference values mentioned are incorrect for children and young people – with or without ED. In addition, this guide contains insufficient fats and calcium to meet requirements for growing children and adolescents. In particular, animal sourced nutrition (dairy as well as meat and fish products) seem to be under-represented given the realities of our typical UK diet.

Alternative models

With these difficult in mind we are recommending that Dietitians and those working with eating disorders use the Mediterranean diet as an alternative. This is well described within the literature and actively promotes elements such as nuts, oily fish, olive oil and carbohydrates as essential, promoting up to 4 tablespoons of monounsaturated oil a day as an optimal intake. The Med Diet has an excellent research base and a very high level of evidence for its use in reducing heart disease and stroke and length of life- a positive focus for someone who wants to be well. We believe it would be well accepted even in patients with Anorexia because of it would also have the added benefit of possibly helping to counter high cholesterol.

Discourse regarding the Eatwell guide can be included psycho-education sessions as a teaching tool, along with BMI and “Average energy requirements”. Teaching patients to interpret these guidelines and helping them to recognise that their individual needs for optimal health may sit outside of these and recommendations cannot be taken at face value but must be interpreted for individual needs.

We consider these are important issues not only for those with diagnosed eating disorders, but for the many people suffering with elements of disordered eating, and those young people at risk of developing them.

Estruch, R., et al. (2013). "Primary Prevention of Cardiovascular Disease with a Mediterranean Diet." New England Journal of Medicine 368(14): 1279-1290.

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