

The Royal College of Psychiatrists,  
The British Dietetic Association and  
BEAT

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# Consensus statement on considerations for treating vegan patients with eating disorders

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March 2019



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Veganism is a way of living based on the principle of avoiding animal use as much as possible, encompassing both dietary and non-dietary choices. It is becoming increasingly popular within the UK, with more than 1% of the population aged 15 and over now following a vegan diet (The Vegan Society, 2016). This increase is predominantly driven by young people, particularly women, living in urban areas making ethical and compassionate choices around their diet (The Vegan Society, 2016).

Whilst the link between eating disorders and vegetarianism is well established in literature (Zuromski *et al.*, 2015; Bardone-Cone *et al.*, 2012; Trautmann *et al.*, 2008; Bas M *et al* 2005; O'Connor M *et al.*, 1987), there has been little research into patients with eating disorders following vegan diets. However, anecdotal evidence from clinicians working in this specialty suggests that a significant proportion of patients requiring in-patient admission for their eating disorder had been following a vegan diet on admission. (Note that veganism should not be regarded as a causal factor in eating disorders.)

This consensus statement has been developed to fully inform clinicians working within the field of eating disorders about treating vegan patients with eating disorders.

There are potential nutritional vulnerabilities within a vegan diet that can be avoided if a balanced diet is adopted (using the guidance of a dietitian, if necessary). These vulnerabilities are protein, calcium, iodine, iron, vitamin B12, zinc and essential fatty acids (Federal Commission for Nutrition, 2018).

When refeeding a patient on a vegan diet, clinicians also need to be aware that the volume of food required can be larger than for a non-vegan diet (especially in cases of delayed gastric emptying). Further, the avoidance of dairy products can lead to lower levels of micronutrients, for example phosphate, that will need to be monitored during the refeeding process. To date, the Advisory Committee on Borderline Substances (ACBS) has not approved any prescribable nutritionally-complete enteral feeds, sip feeds or multivitamin and mineral supplements that are vegan. This reduces treatment options

for clinicians, especially when dealing with patients at risk of refeeding syndrome and/or in need of liquid supplementation or naso-gastric tube feeding. In life-threatening situations and medical emergencies it is not possible to avoid animal products and this is recognised by The Vegan Society. (Note that the use of soya enteral feeds is possible and may be preferable to vegan patients as they only contain a minimal amount of animal product.)

More research is needed around the growth and development of vegan children and adolescents. Nevertheless, there is limited evidence that veganism in adolescence may be associated with the higher risk of disordered eating behaviours (Robinson-O'Brien, 2009). Parents of children and adolescents with eating disorders who follow a vegan diet should be made aware that their children need to have their micronutrient levels monitored regularly under the supervision of an expert dietitian. The dietitian will provide advice on the supplementation needed to compensate for possible micronutrient deficiencies. If the treating team and/or young person's family feel that the vegan diet is strongly linked to the development of the eating disorder, then the goal should be to re-establish their pre-illness diet in line with family-based treatment.

From a therapeutic standpoint, eating disorder teams should fully explore and understand their patients' veganism on an individual basis. (The British Dietetic Association's Mental Health Specialist Group provides [guidelines](#) on this.)

Most prescribed medications contain animal-derived products and this is often not clearly identified on the labelling. Therefore, it's possible for the prescriber to believe the medication to be suitable for vegans. Ingredients such as gelatine (used to form capsules) and lactose (used as a filler and diluent) are derived from animals, whereas others, such as magnesium stearate (used to improve solubility), are often – although not always – derived from animals. Attempting to identify the provenance of components of specific medications is difficult and information is often lacking or inaccurate (Tatham & Patel, 2013).

Treating someone with anorexia nervosa requires respecting that person's religion or beliefs, including veganism, while ensuring that they are not discriminated against in terms of the quality of treatment they receive. This produces a dilemma, although this can be circumvented in times of necessity. Many vegans, in line with some religious people, acknowledge that using products derived from animals may be necessary under certain circumstances. For many, lifesaving or health-improving treatment would constitute such circumstances.

## Summary

Restrictive dietary practices of all kinds are associated with anorexia nervosa. Adoption of a vegan diet coinciding with the development of anorexia nervosa could be part of the disorder, rather than a reflection of the individual's vegan beliefs, and this needs to be considered at the point of assessment.

Oral refeeding of someone with anorexia nervosa who wishes to follow a vegan diet is possible, but it needs to be done under the supervision of an expert dietitian (see [guidelines](#) for more information). However, there are no vegan liquid feeds currently available and in the event of someone requiring naso-gastric feeding, this treatment should not be withheld in lifesaving or health-improving situations.

The pharmaceutical industry needs to lead developments of medications, supplement drinks and enteral feeds that are suitable for vegans in order to address the current disparity.

## Glossary

### **Nutritionally complete:**

Food that provides 100% of the recommend values of carbohydrates, protein, fibre, essential fatty acids, vitamins, minerals and phytonutrients which can be used on its own as a sole source of nutrition.

### **Refeeding:**

The process of re-introducing food after a period of malnourishment or starvation.

### **Refeeding syndrome:**

A serious potential complication of commencing feeding after a period of starvation or malnourishment. The syndrome consists of metabolic disturbances that occur as a result of reinstatement of nutrition to patients who are starved, severely malnourished or metabolically stressed due to severe illness. When too much food and/or liquid nutrition supplement is consumed during the initial 7 to 10 days of refeeding, this triggers synthesis of glycogen, fat and protein in cells, to the detriment of serum (blood) concentrations of potassium, magnesium, and phosphate.

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