

Eating disorders in City and Hackney

Understanding local patterns and inequalities

October 2025

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Executive summary

Eating disorders are serious mental health conditions that affect how people think and feel about food, body image and control. If left untreated, they can lead to severe physical as well as psychological complications. For individuals, the impacts range from life-threatening medical problems and long-term mental health difficulties to disruption of education, work, and social participation. Families and friends often carry a heavy emotional and financial burden, while at a wider level eating disorders drive increased demand on health and care services, reduce productivity, and diminish wellbeing across communities.

Nationally, eating disorders are becoming more common, especially among young people. Recent survey data show that in 2023, around 8 in 10 girls aged 17-19 and 7 in 10 young women aged 20-25 screened positive for possible eating problems. Among boys and young men, more than 4 in 10 in these same age groups also screened positive. While fewer 11-16 year-olds were affected, the increase since 2017 has been the steepest in this younger group. These figures highlight both the sheer scale of the problem and the way it is intensifying across younger generations.

Locally in City and Hackney, primary care data show a sharp increase in diagnoses in recent years. Rates have risen for both sexes, but the increase has been steepest for boys and men, albeit from a much lower base. Girls and women continue to experience a much higher burden overall, and among them the greatest increases have been in older age groups, diverging from the national picture where the largest rises were seen in younger teenage girls. Diagnoses have increased across most ethnic groups, with White residents making up the majority of cases, though small numbers in minority groups make it harder to track trends. Deprivation also plays a role: diagnoses are highest in the most deprived areas locally, whereas national data often show higher rates in more affluent communities.

Hospital admission data show a similar story of rising demand. Admissions have increased markedly over the past decade, with a surge during the pandemic. Girls and women still make up most admissions, but the fastest growth has been among boys and men. For females, the burden has shifted from younger teenagers to women in their early twenties. For males, increases have been steadier but are now more noticeable, particularly among teenagers and in more deprived areas. Ethnic differences are also apparent, with White residents showing higher admission rates than other groups, though small numbers mean these differences should be interpreted with caution.

The types of eating disorders recorded also differ between primary and secondary care. In GP records, a relatively large share of cases are coded as “unspecified,” which limits understanding of the specific conditions being managed. By contrast, in hospital admissions anorexia nervosa is the most common diagnosis, reflecting the severity of cases that require inpatient treatment.

There is significant geographic variation in eating disorder data across City and Hackney. Diagnosis rates in primary care differ by more than threefold between wards, while hospital admission rates vary by almost sevenfold. Notably, several wards in the north of the borough show relatively low diagnosis rates but comparatively high admission rates. This contrast suggests differences in help-seeking, recording practices or pathways into care, and highlights the importance of drawing on multiple data sources to build a complete picture of local need.

Access to services remains a challenge. The national standards for urgent and routine referrals for children and young people with eating disorders have consistently not been met, and local services in City and Hackney have also fallen short. The proportion of urgent cases seen within one week has declined over time; however, since 2021 local performance cannot be tracked due to changes in data reporting across North East London.

Taken together, the evidence shows that eating disorders are a growing public health concern in City and Hackney, with clear inequities by sex, age, deprivation and ethnicity. Girls and women continue to face the greatest burden, but boys and men are experiencing the fastest relative increase. The most deprived communities see higher diagnosis rates, while patterns of hospital admissions point to different risks and pathways across the population. The available evidence indicates that services may not be fully keeping pace with demand, increasing the likelihood of unmet need, particularly given the contrasting patterns in primary and secondary care.

In summary, eating disorders are becoming more common, more visible, and more unequal. They affect people across the life course and in every community, and the differences between primary and secondary care data underline the complexity of the issue. Addressing these trends will require sustained focus on early identification, equitable access to support, and better understanding of how residents move through care pathways.

About this report

The purpose of this report is to present evidence on current trends in eating disorders as observed in primary care and hospital admissions in City and Hackney. It is not a policy analysis, service audit, or review of local provision. However, the findings highlight sharp increases across recent years and significant inequalities by age, sex, ethnicity, deprivation, and geography. These patterns strongly suggest the need for further work to ensure that local responses are aligned with the scale and distribution of need.

When interpreting the findings, it is important to note some limitations. In several areas the numbers are small, particularly for boys and young men. Small numbers also mean that when data are further broken down by ethnicity, deprivation, age group, or geography, results can fluctuate and may not reflect consistent trends. These figures should therefore be read with care, as they are more indicative of patterns than precise measures.

It is also possible that the data presented does not give a complete picture of eating disorders locally. Both primary care and hospital data only capture residents with a recorded diagnosis, which means that people who are undiagnosed, misdiagnosed, or not in contact with services will not appear in these datasets. Primary care data may also be affected by underreporting, incomplete records, or residents being registered with GP practices outside North East London, whose data we cannot access. For these reasons, the findings should be viewed as an indication of recorded activity rather than a full account of the population in need.

1. Introduction

Eating disorder types

An eating disorder is a mental health condition where a person uses the control of food to cope with feelings and other situations (1).

Some of the common types of eating disorders are anorexia nervosa, bulimia and binge eating disorder. However, many people experience symptoms that do not exactly fit the expected symptoms for any specific eating disorders - this is classified as other specified feeding or eating disorders. Eating disorders are not reflective of a body type, but are mental health conditions and behaviours.

Anorexia nervosa - trying to control body weight by not eating enough food, exercising too much, or doing both - nationally, this is the least common type of eating disorder, but it has the highest mortality rate from medical complications associated with the disorder and from suicide (1).

Bulimia - losing control over the amount of food eaten and then taking drastic action to not put on weight, usually by vomiting (1).

Binge eating disorder (BED) - eating large portions of food until uncomfortably full (1).

Other specified feeding or eating disorder (OSFED) - an eating disorder with symptoms that do not exactly fit the other disorders. Those with it may experience very different symptoms. This is the most common type of eating disorder (1).

Avoidant/restrictive food intake disorder (ARFID) - tends to be related to negative feelings over the smell, taste or texture of certain foods (2). It can also be a result of past negative experiences with food such as choking or poisoning, not feeling hungry or a lack of interest in eating. In this way ARFID is different from anorexia nervosa.

Pica - a feeding disorder in which someone eats non-food substances that have no nutritional value, such as paper, soap, paint, chalk, or ice (2). For a diagnosis of pica, the behaviour must be present for at least one month, not part of a cultural practice, and developmentally inappropriate – generally, it's not diagnosed in children under the age of two (2).

Eating disorder symptoms

There are a number of signs and symptoms related to eating disorders (3).

Symptoms	Signs
Spending a lot of time worrying about weight and body shape	Feeling cold, tired or dizzy
Avoiding socialising when food is involved	Pains, tingling, or numbness in arms and legs (poor circulation)
Eating very little food	Feeling heart racing, fainting, or feeling faint
Vomiting or taking laxatives after food	Problems with digestion, such as bloating, constipation, or diarrhoea
Exercising too much	Weight being very high or very low for someone of that age and height
Having very strict habits or routines around food	Not getting a period or other delayed signs of puberty
Changes in mood such as being withdrawn, anxious or depressed	

Impact of eating disorders

Eating disorders have wide-ranging impacts on both physical and mental health. Physiological complications can affect almost every system in the body, from cardiovascular and metabolic problems to impaired bone density, kidney disease, fertility problems, and increased risk of sudden death (4). At the same time, psychological distress is profound, including depression, anxiety, low self-esteem, social withdrawal, and a greatly elevated risk of suicide (4). For many people, these conditions bring long-term disruption to education, employment, and social participation, with lasting effects on quality of life.

The effects are not limited to the individual. Families, friends, and carers often experience high levels of stress, emotional strain, and financial pressure, comparable to the burden of caring for someone with other severe mental illnesses. Relationships can be disrupted and

household income affected when care needs are intense. At a societal level, eating disorders are linked to greater demand on health and social care services, reduced economic participation, and wider community impacts through loss of wellbeing and productivity. These combined personal, social, and economic costs underline the seriousness of eating disorders as both a public health and social issue.

2. Eating disorders: trends and inequalities

National picture

Anyone can develop an eating disorder, regardless of their age, gender, or background. Nationally, children and young people between 12 and 20 years are most affected (1). Sex is associated with higher prevalence of certain eating disorders: bingeing and over-exercising tend to be more prevalent in boys and men, while girls and women are more likely to restrict food (5).

Early signs of an eating disorder often show up as problematic eating behaviours, which can signal potential risk if recognised early. The NHS Digital survey, Mental Health of Children and Young People in England, includes screening questions to capture early indicators of disordered eating (see Box 1). It's important to note that screening positive does not mean a child or young person will necessarily develop a clinically diagnosed eating disorder, but it does signal behaviours that might benefit from early support.

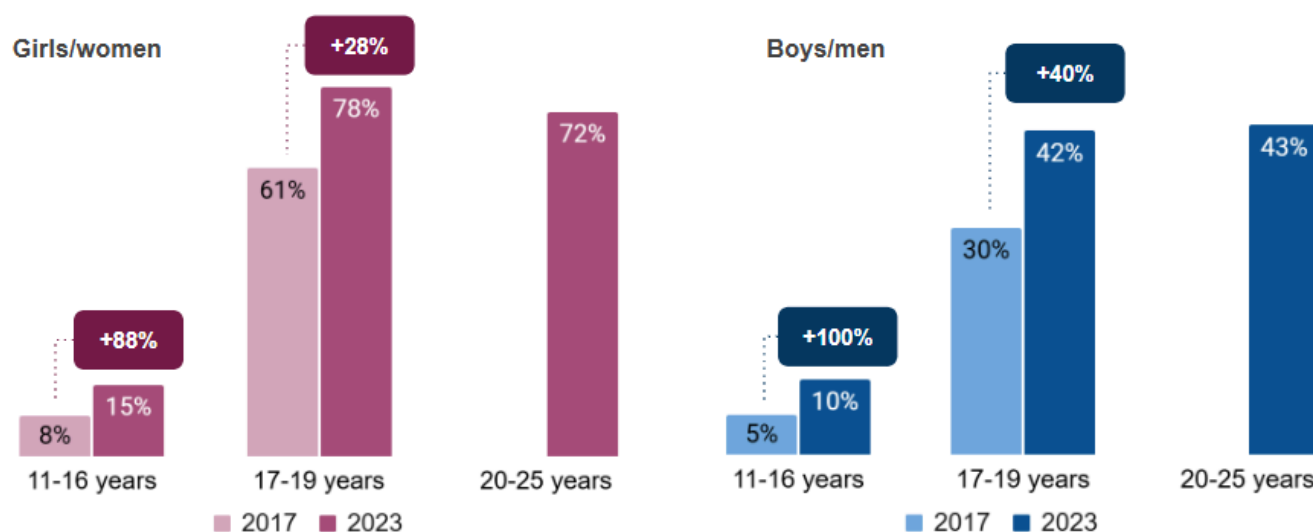
Box 1: Survey questions on eating and body image (6)

- Have you ever thought you were fat even when other people told you that you were very thin?
- Would you be ashamed if other people knew how much you eat?
- Have you ever deliberately made yourself vomit (throw up)?
- Do worries about eating (such as: What to eat? Where to eat? How much to eat?) really interfere with your life?
- If you eat too much, do you blame yourself a lot?

Survey results show that more children and young people are screening positive for possible eating problems now compared to 2017¹. The biggest increases were seen among boys and girls aged 11-16, with the percentage screening positive doubling between 2017 and 2023 (Figure 1).

¹ Young adults aged 20-25 were not included in the 2017 survey

Figure 1: Children and young people screening positive for possible eating problems, England, 2017 vs 2023

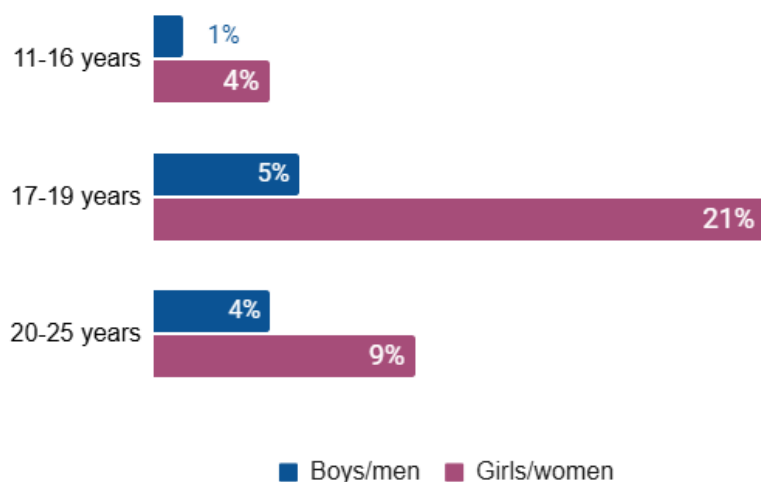


Data source: NHS Digital Survey, Wave 4, 2023 (7).

Note: No data for 2017 were available for 20-25 year olds.

To probe further into possible eating problems, children and young people who answered 'yes' to at least two screening questions were flagged for a potential eating disorder and invited to complete a more detailed module on eating disorders. The prevalence of eating disorders varied widely by age, and the highest prevalence was among boys and girls aged 17-19 years. The prevalence for girls and women was much higher than for boys and men, across all ages (Figure 2).

Figure 2: Prevalence of eating disorders by age group and sex, England, 2023



Data source: NHS Digital Survey, Wave 4, 2023 (7)

Another UK-wide study analysed the health records of over 9 million young people aged 10-24 during the first two years of the COVID-19 pandemic (8). This research revealed a significant increase in new eating disorder cases among girls compared to the previous decade. This rise was most prominent in girls aged 13-19, and particularly noticeable in more affluent areas, possibly due to increased awareness of symptoms or better access to healthcare in those areas.

The observed prevalence of eating disorders among girls and women during the 2020-21 pandemic period significantly surpassed projected rates based on historical data. Interestingly, the same trend was not seen in boys, with new cases remaining similar to or even lower than pre-pandemic levels (8).

The study authors suggest that the pandemic exacerbated pre-existing vulnerabilities in young people, such as lack of control, trauma, stress, and mental health conditions like anxiety and depression, all of which can increase the risk of developing an eating disorder (8). Lockdowns, social isolation, and anxieties surrounding the virus likely contributed to this rise. Additionally, increased social media use during the pandemic may have intensified body image concerns, particularly among girls.

Local picture

Primary care diagnoses²

Diagnoses: trends over time

Primary care data for City and Hackney shows a sharp rise in eating disorder diagnoses in recent years. Between April 2020 and March 2022, 330 residents of all ages were diagnosed³ with an eating disorder⁴ by their GP. This increased to 500 residents in the following two years⁵ (April 2022 to March 2024) - an additional 170 people, representing a 52% increase.

² The absolute counts in this section were rounded to the nearest 5 and counts of less than 8 were suppressed in order to comply with suppression rules.

³ Based on the most recent date of diagnosis. Patients who have been referred to an eating disorder clinic but did not have a diagnosis were excluded (170 patients across the whole period).

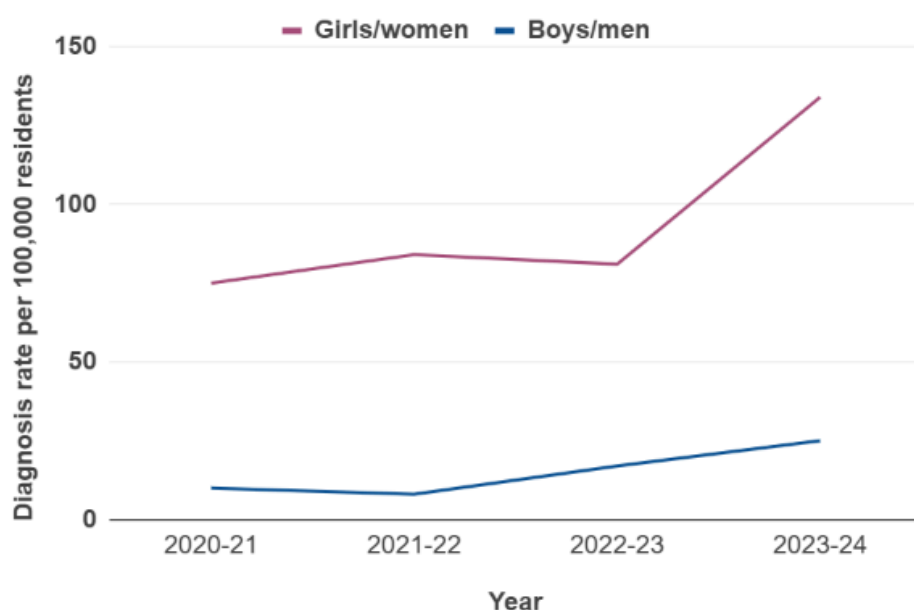
⁴ The data source for this analysis is the East London Databases for 2022 and 2024 from the Clinical Effectiveness Group at Queen Mary University of London. The eating disorder register for these datasets does not include patients diagnosed with "Other Specified Feeding or Eating Disorder" (OSFED) or "Avoidant/Restrictive Food Intake Disorder" (AFRID).

⁵ 75 patients were diagnosed during 1 April 2020 - 31 March 2022 and also received a second diagnosis during 1 April 2022 - 31 March 2024. These patients were included in counts for both time periods.

This pattern is also seen in the age-standardised diagnosis rates. For girls and women, the rate rose from 75 per 100,000 residents in 2020-21 to 134 per 100,000 in 2023-24, a 79% increase. Among boys and men, the rate increased from 10 to 25 per 100,000 residents over the same period, a rise of 150%.

These results highlight a marked upward trend in eating disorder diagnoses locally, with increases across both sexes and particularly pronounced among boys and men. The steep rise over a short period suggests growing and potentially unmet need in the local population.

Figure 3: Trends in eating disorder diagnoses in primary care by sex (age-standardised rate per 100,000), all ages, City and Hackney, 2020-2024



Data source: CEG East London Database, produced by the Clinical Effectiveness Group (CEG) at Queen Mary University of London.

Note: The database contains information from the GP records of all patients registered with a GP practice in North East London (NEL), extracted on 1 April each year. Data presented includes City and Hackney residents only, regardless of which NEL GP they are registered with. Residents registered outside the NEL area are excluded.

Diagnoses by socio-demographic characteristics

To explore whether eating disorder diagnoses differ by social and demographic factors, trends were analysed separately for girls and women (Figure 4) and for boys and men (Figure 5), looking across age groups, ethnicities, and levels of area deprivation.

Among girls and young women in City and Hackney, the rate of eating disorder diagnoses increased across all age groups between 2020-21 and 2023-24. The steepest rise was in women aged 26 and over (up 136%), followed by those aged 17-19 (up 96%) and 20-25 (up

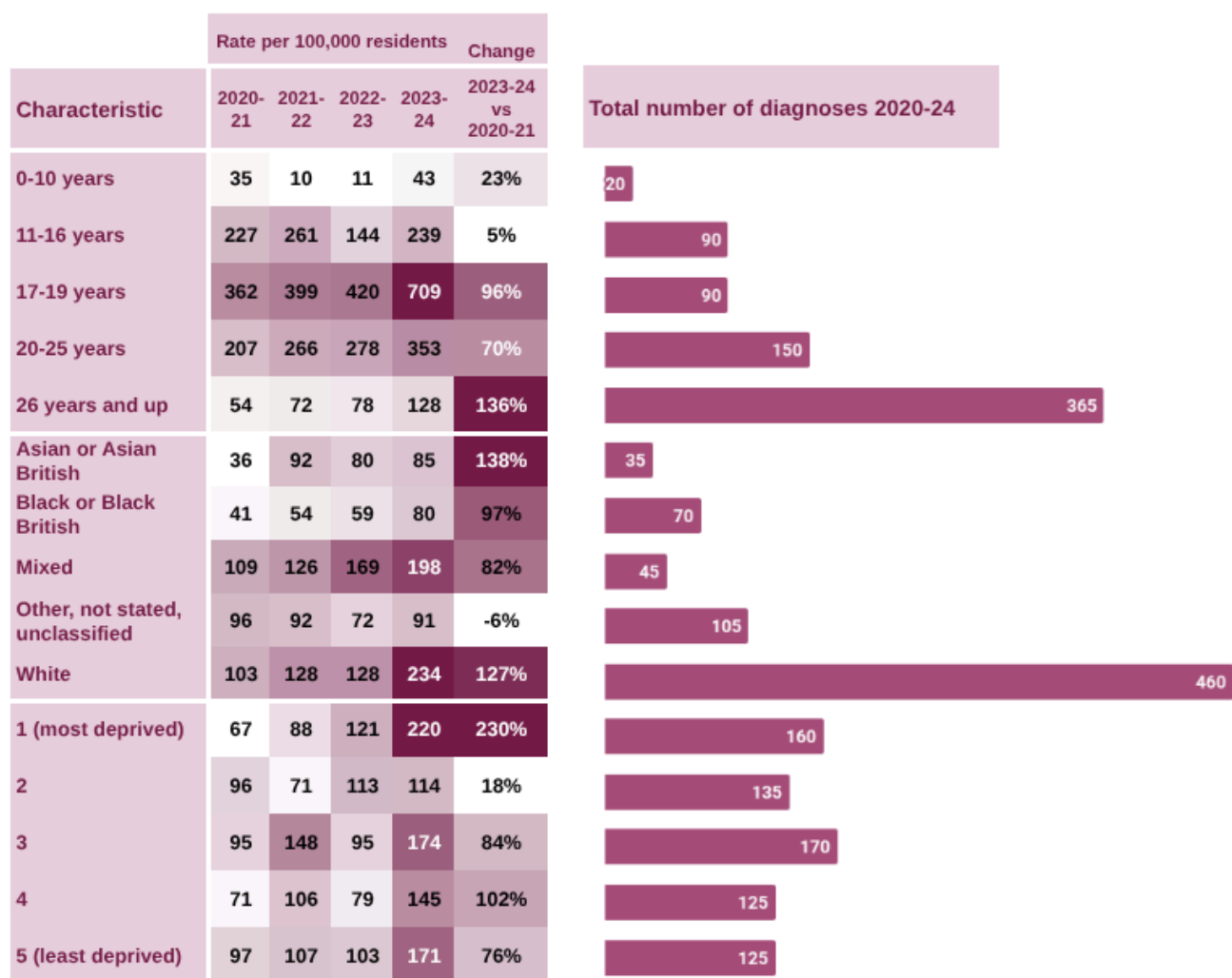
70%). This differs from national findings, which showed the largest increases during the pandemic among 13-16 year-old girls (8).

Diagnosis rates were highest for young women aged 17-19, reaching more than twice the rate of the next group (20-25 year-olds). However, the greatest number of diagnoses overall was among women aged 26 and over, accounting for roughly as many cases as all other age groups combined.

Rates also rose significantly across most ethnic groups. The exception was among those recorded as "other" or "not stated," where the rate fell slightly. Over 60% of all diagnoses were among White girls and women, who also had the highest rates compared with other groups. Rates in this group more than doubled over the period, an increase second only to that seen among Asian or Asian British girls and women. However, the latter is based on relatively small numbers, and caution is needed as small fluctuations can appear as large percentage changes.

There were significant increases across all deprivation quintiles, with an exception of areas falling within the second quintile which still increased but at a lower rate. Unlike the national picture, where higher rates were reported in more affluent areas, in City and Hackney the highest diagnosis rates and the sharpest increase was in the most deprived quintile.

Figure 4: Eating disorder diagnoses in primary care (rate per 100,000), by age, ethnicity and deprivation, girls and women, City and Hackney, 2020-2024



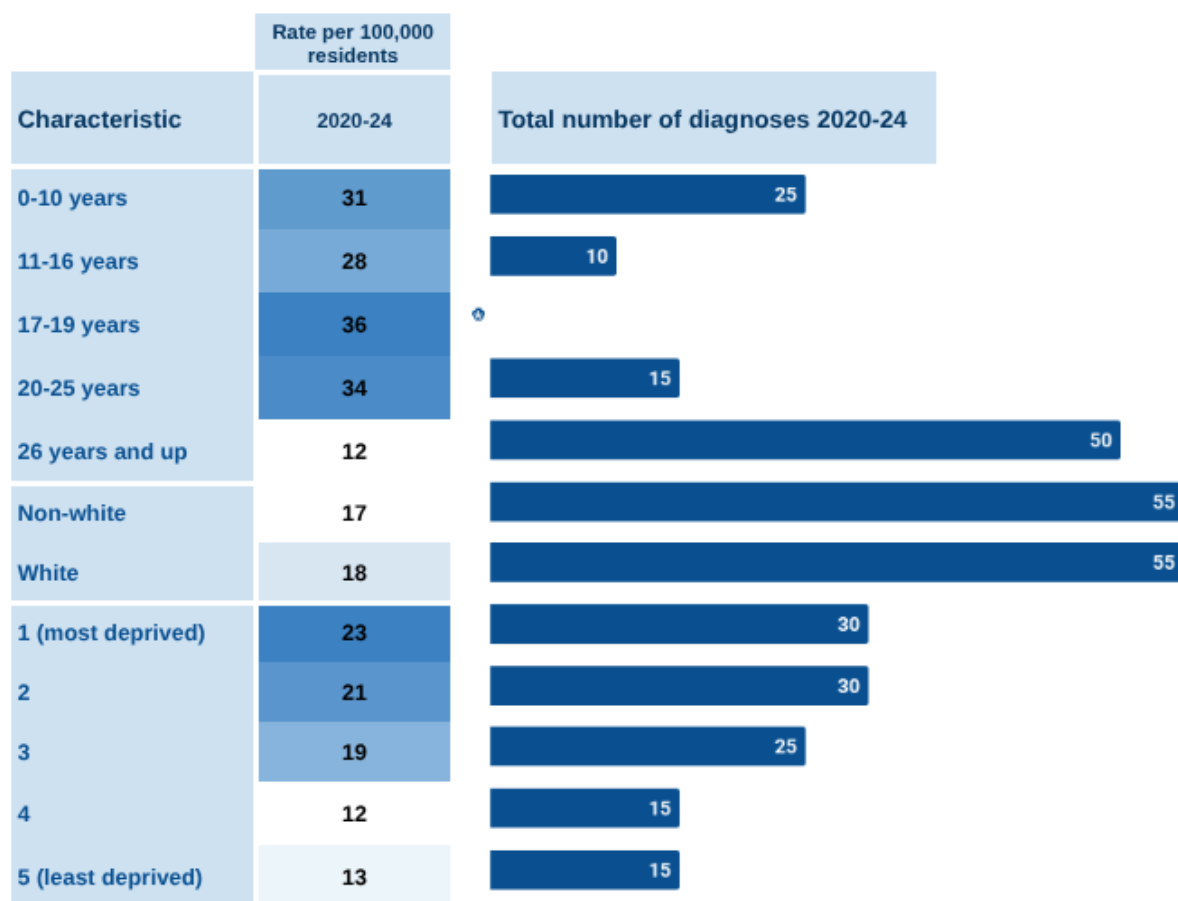
Data source: CEG East London Database, produced by the Clinical Effectiveness Group (CEG) at Queen Mary University of London. The database contains information from the GP records of all patients registered with a GP practice in North East London (NEL), extracted on 1 April each year. Data presented includes City and Hackney residents only, regardless which NEL GP they are registered with. Residents registered outside the NEL area are excluded. All counts have been rounded to the nearest 5.

Figure 5 presents eating disorder diagnoses among boys and young men in City and Hackney by age, ethnicity, and deprivation level. Because the overall numbers are relatively small, data have been grouped across the four years 2020-24, and all non-White ethnic groups combined for analysis. These figures should therefore be interpreted with care, as small numbers mean that differences between groups may not reflect consistent trends.

Diagnosis rates among boys and young men were highest in late adolescence, peaking at 36 per 100,000 residents for those aged 17-19. However, the numbers in this age group were very small (fewer than 10 cases) and are therefore suppressed in the chart.

In absolute terms, the largest number of diagnoses was recorded in men aged 26 and over (50 cases between 2020 and 2024). Another notable finding is the 25 diagnoses among boys aged 0-10, which is as many as the 11-16 (10 cases) and 20-25 (15 cases) groups combined. This highlights that eating disorders are not limited to adolescence and can affect children at very young ages.

Figure 5: Eating disorder diagnoses in primary care (rate per 100,000), by age, ethnicity and deprivation, boys and men, City and Hackney, 2020-2024



Data source: CEG East London Database, produced by the Clinical Effectiveness Group (CEG) at Queen Mary University of London. The database contains information from the GP records of all patients registered with a GP practice in North East London (NEL), extracted on 1 April each year. Data presented includes City and Hackney residents only, regardless which NEL GP they are registered with. Residents registered outside the NEL area are excluded.

Note: The year period corresponds to the latest year of diagnosis. Due to the small number of diagnoses for boys and men, we have combined the data for 2020 to 2024. Counts under 8 have been suppressed and denoted with * in the figure. All other counts have been rounded to the nearest 5.

When grouped by ethnicity, White and non-White boys and men had similar overall rates of diagnosis (18 and 17 per 100,000 respectively), with around 55 cases recorded in each group across the four-year period.

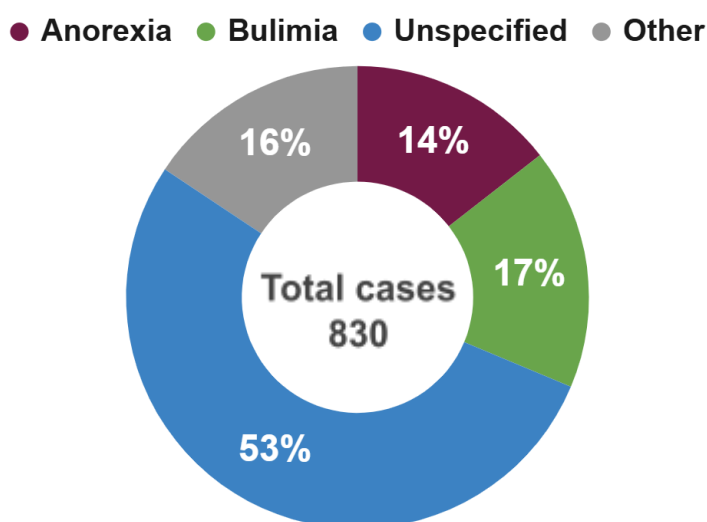
Eating disorder diagnoses were recorded across all deprivation quintiles, with the highest rates in the most deprived areas (23 per 100,000) and the lowest in the least deprived quintiles, fourth and fifth (12 and 13 per 100,000, respectively). Total case numbers were also highest in the most deprived and second most deprived quintiles (30 cases each).

Overall, the number of recorded diagnoses among boys and young men is smaller than for girls and women, but the upward trend and the spread across age groups, including the very young, suggest both increasing incidence and potentially unmet need.

Diagnoses by type

Between 2020 and 2024, a total of 830 City and Hackney residents of both sexes were diagnosed with an eating disorder in primary care. Over half of these (53%) were recorded as having an unspecified eating disorder, reflecting either incomplete coding or presentations that did not fit neatly into standard categories (Figure 6).

Figure 6: Eating disorder diagnoses in primary care, by type, City and Hackney, 2020-2024



Data source: CEG East London Database, produced by the Clinical Effectiveness Group (CEG) at Queen Mary University of London. The database contains information from the GP records of all patients registered with a GP practice in North East London (NEL), extracted on 1 April each year. Data presented includes City and Hackney residents only, regardless of which NEL GP they are registered with. Residents registered outside the NEL area are excluded. All counts have been rounded to the nearest 5.

Among the specified diagnoses, bulimia nervosa was the most common (17%), followed by other specified eating disorders (16%). This latter group includes conditions such as binge eating disorder, pica, and non-organic loss of appetite. Anorexia nervosa accounted for 14% of all diagnoses.

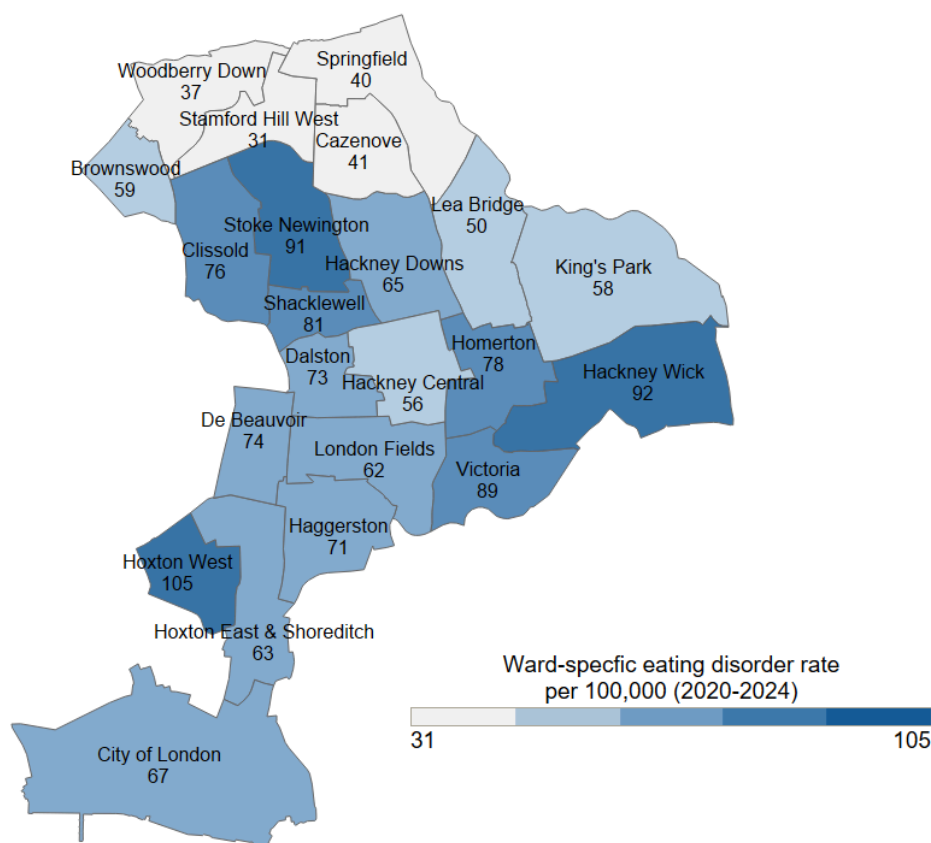
The large proportion of unspecified cases means that caution is needed when interpreting and comparing diagnostic categories.

Diagnoses by ward

The four year average rate (2020-24) of eating disorder diagnoses varied considerably across wards in City and Hackney. In Hackney, rates ranged from 31 per 100,000 residents in Stamford Hill West to 105 per 100,000 in Hoxton West. Other wards with higher rates included Hackney Wick (92), Stoke Newington (91), and Victoria (89), while lower rates were generally seen in the north of Hackney.

In the City of London, the four-year average rate was 67 per 100,000 residents.

Figure 7: Eating disorder diagnoses in primary care (crude rates per 100,000), by ward, City and Hackney, both sexes, all ages, 2020-2024 combined



Data source: CEG East London Database, produced by the Clinical Effectiveness Group (CEG) at Queen Mary University of London.

Note: The database contains information from the GP records of all patients registered with a GP practice in North East London (NEL), extracted on 1 April each year. Data presented includes City and Hackney residents only, regardless which NEL GP they are registered with. Residents registered outside the NEL area are excluded.

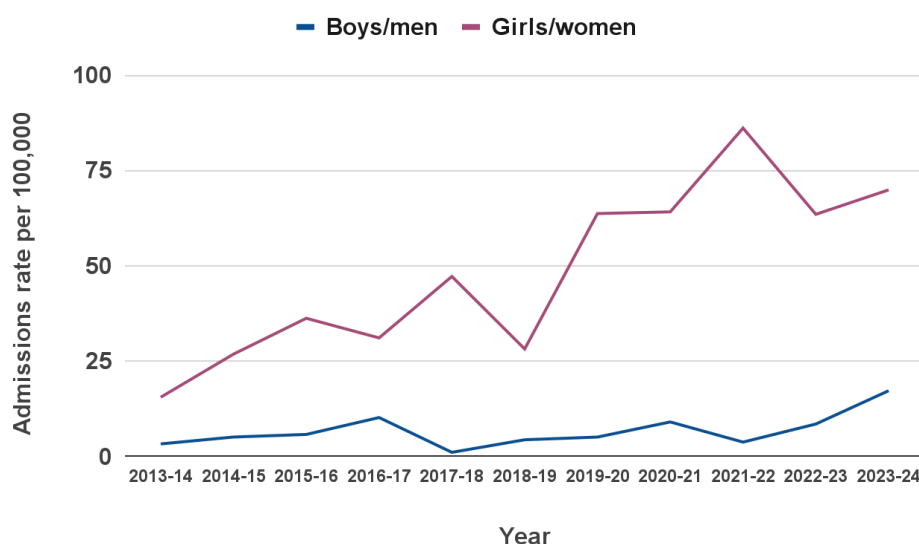
These differences should be interpreted with caution. Numbers are relatively small at ward level, and rates may be shaped by factors such as population size, demographic mix, and differences in GP recording. Nonetheless, the data show that eating disorder diagnoses are not evenly distributed across the area.

Hospital admissions

Admissions: trends over time⁶

Between 2013-14 and 2023-24, there were 930 finished admissions episodes⁷ (further - admissions) of City and Hackney residents with a primary or secondary diagnosis of an eating disorder (Figure 8).

Figure 8: Hospital admissions for eating disorders (age-standardised rate per 100,000), by sex and year, all ages, City and Hackney, 2013-2024



Data source: NHS, Hospital Episode Statistics - Admitted Patient Care

Notes: Patients with more than 50 finished admission episodes each were excluded. Admissions for children under 10 were excluded due to small numbers.

For girls and women, admission rates have increased steadily from 2013-14, peaking during the COVID-19 pandemic in 2021-22. Rates have since fallen but remain well above pre-pandemic levels. Over the whole period, the admission rate rose from 16 to 70 per 100,000 residents - a 338% increase.

⁶ The absolute counts in this section were rounded to the nearest 5 and counts of less than 8 were suppressed in order to comply with suppression rules.

⁷ A finished admissions episode is the first period of inpatient patient care under one consultant within one healthcare provider. Admissions do not represent the number of patients, as a person may have more than one admission within the year.

For boys and men, admissions were relatively stable at low levels until 2020. Since the pandemic, the rate has risen each year, reaching its highest level in 2023-24. Over the whole period, the admission rate rose from 3 to 17 per 100,000 residents - a 467% increase.

The majority of hospital admissions for eating disorders were among girls and women. In 2023-24, they accounted for 86% of all admissions. Although admission rates remain higher for girls and women, the relative increase has been greater among boys and men. This suggests that while eating disorders continue to disproportionately affect girls and women, the impact on boys and men has grown significantly over the past decade and should not be overlooked.

Admissions by socio-demographic characteristics

Patterns of hospital admission for eating disorders among girls and women in City and Hackney have shifted over time (Figure 9). Admissions were highest in the teenage years, particularly among 17-19 year-olds, reaching a peak rate of 444 per 100,000 in 2021-22. Rates in this group have since fallen but remain high. For 11-16 year-olds, admissions also peaked during the pandemic but dropped sharply afterwards, with rates in 2023-24 down by almost 70% compared with 2020-21.

By contrast, admissions for young women aged 20-25 have risen steeply since the pandemic - from 61 per 100,000 in 2020-21 to 277 per 100,000 in 2023-24, a more than fourfold increase. Women aged 26 and over accounted for the largest number of total admissions (250 cases between 2020 and 2024), although rates for this group have remained more stable.

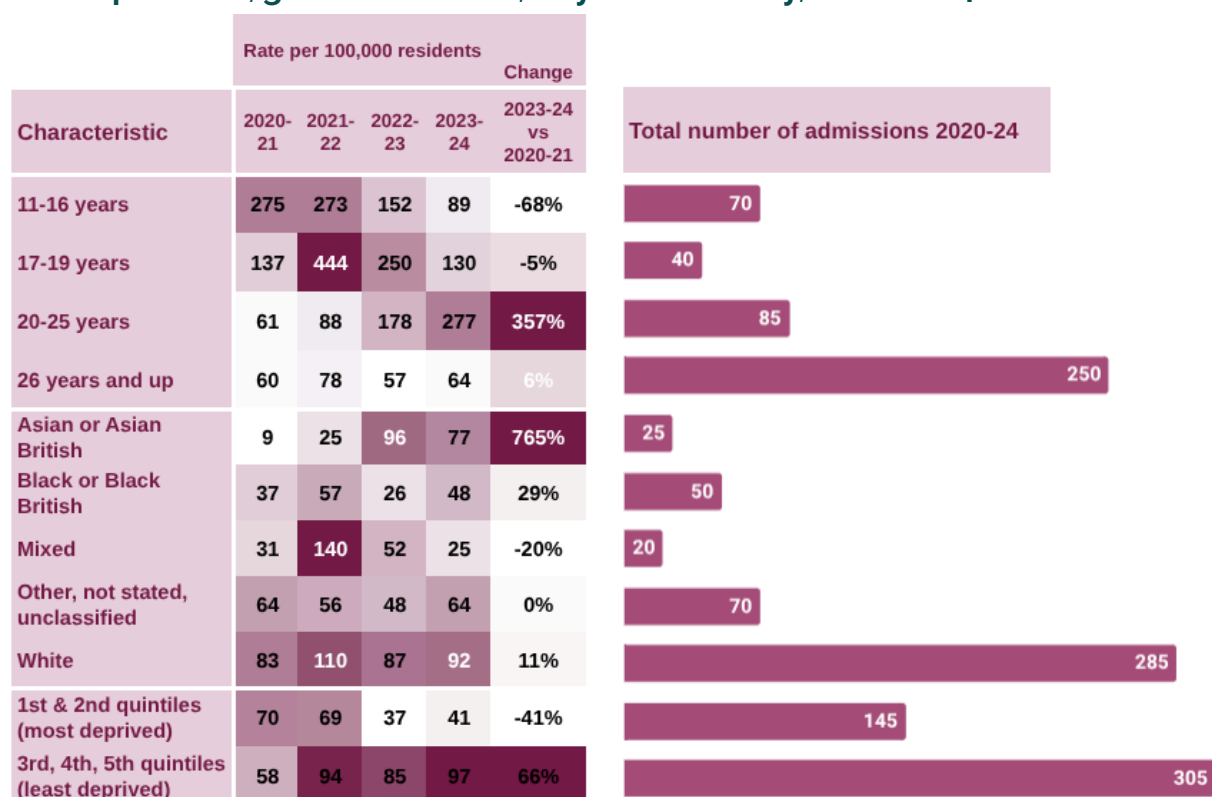
There were increases across most ethnic groups, with the sharpest rise among Asian or Asian British women - from 9 to 96 per 100,000 between 2020-21 and 2023-24. However, these figures are based on small numbers (25 admissions in total) and should be interpreted with caution. The majority of admissions overall were among White women and girls, with 285 cases recorded between 2020 and 2024.

In terms of deprivation, admissions were more common among women living in the least deprived areas, with rates rising by almost 70% between 2020-21 and 2023-24. For those in the most deprived areas, rates fell over the same period.

Overall, while admissions among younger teenage girls have declined since the pandemic, the burden has shifted towards older age groups, particularly women aged

20-25. Unlike the GP diagnosis data, hospital admissions among women appear concentrated in less deprived areas, reflecting a different pattern of risk and service use.

Figure 9: Hospital admissions for eating disorders, (rate per 100,000), by age, ethnicity and deprivation, girls and women, City and Hackney, 2020-2024



Data source: NHS, Hospital Episode Statistics

Notes: Patients with more than 50 finished admission episodes each were excluded. Admissions for children under 10 were excluded due to small numbers. All counts have been rounded to the nearest 5. For deprivation analyses, quintiles 1 and 2 were combined, and quintiles 3-5 were combined, to allow for more meaningful comparisons.

Hospital admissions for eating disorders among boys and men in City and Hackney were much lower in number than for girls and women, but the data still show some clear patterns (Figure 10).

Admissions were highest among those aged 17-19 years, with a rate of 28 per 100,000. Rates were also elevated among 11-16 year-olds (13 per 100,000). By contrast, rates among young men aged 20-25 were very low (6 per 100,000), and numbers in this group were too small to report separately. The largest number of total admissions was among men aged 26 and over (35 cases between 2020 and 2024).

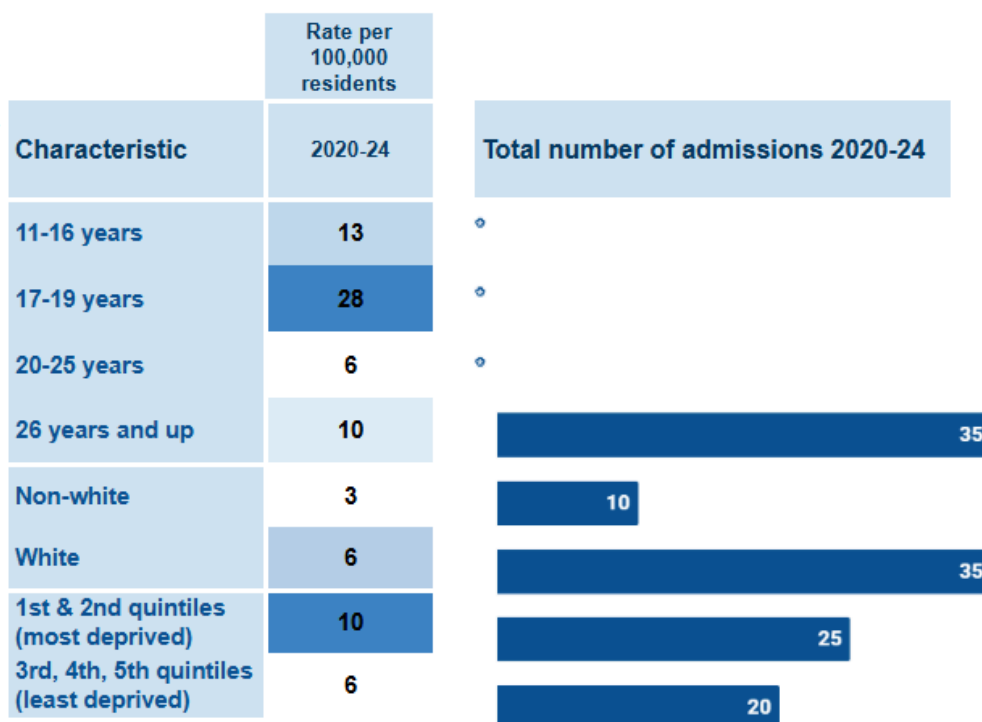
By ethnicity, admission rates were low overall but showed clear differences. White boys and men had a rate of 6 per 100,000, around twice as high as that seen among non-White groups (3 per 100,000). In total, this equated to 35 admissions among White residents and

10 among non-White residents between 2020 and 2024. These figures are based on small numbers and should be interpreted with caution, but they suggest notable variation by ethnicity.

Admissions were also higher among boys and men living in more deprived areas. The combined rate for those in the two most deprived quintiles was 10 per 100,000, compared with 6 per 100,000 in less deprived areas.

Overall, while eating disorder admissions among boys and men are far fewer than among girls and women, the data suggest higher rates in adolescence and in more deprived areas. In contrast with girls and women, where hospital admissions peaked during the pandemic and have since declined, the pattern among boys and men points to more gradual increases, with differences by ethnicity and deprivation becoming more visible despite small numbers.

Figure 10: Hospital admissions for eating disorders, (rate per 100,000), by age, ethnicity and deprivation, boys and men, City and Hackney, 2020-2024



Data source: NHS, Hospital Episode Statistics

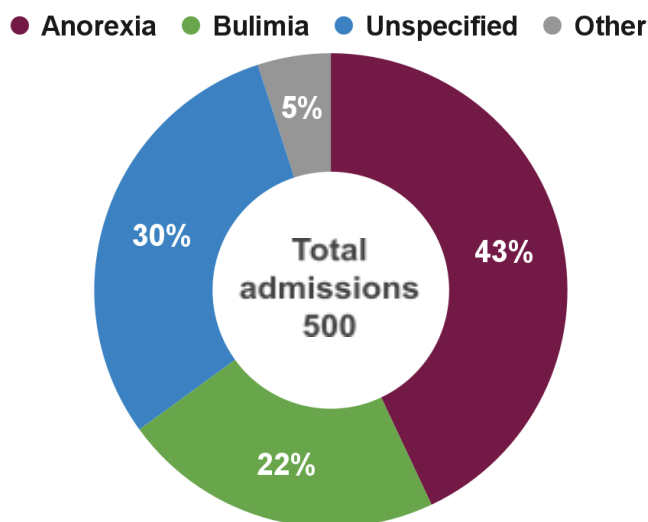
Note: Patients with more than 50 finished admission episodes each were excluded. Admissions for children under 10 were excluded due to small numbers. Counts under 8 have been suppressed and denoted with * in the figure. All other counts have been rounded to the nearest 5. For deprivation analyses, quintiles 1 and 2 were combined, and quintiles 3–5 were combined, to allow for more meaningful comparisons. For ethnicity analyses, Asian or Asian British, Black or Black British, Mixed, and Other, Not Stated, or Unclassified were combined into the “Non-white” group to allow for more meaningful comparisons.

Admissions by eating disorder type

Between 2020 and 2024, there were around 500 hospital admissions of City and Hackney residents with a diagnosis of an eating disorder (Figure 11). Anorexia nervosa was the most common type recorded, accounting for 43% of admissions. Unspecified eating disorders were the second most common (30%), followed by bulimia nervosa (22%) and other types of eating disorders (5%).

This pattern contrasts with GP diagnosis data, where the majority of cases were recorded as unspecified eating disorders. In hospital admissions, anorexia is the leading diagnosis, reflecting the greater severity of cases requiring inpatient care.

Figure 11: Hospital admissions for eating disorders, by type, City and Hackney, 2020-2024



Data source: NHS, Hospital Episode Statistics

Notes: Patients with more than 50 finished admission episodes each were excluded. Admissions for children under 10 were excluded due to small numbers. All counts have been rounded to the nearest 5.

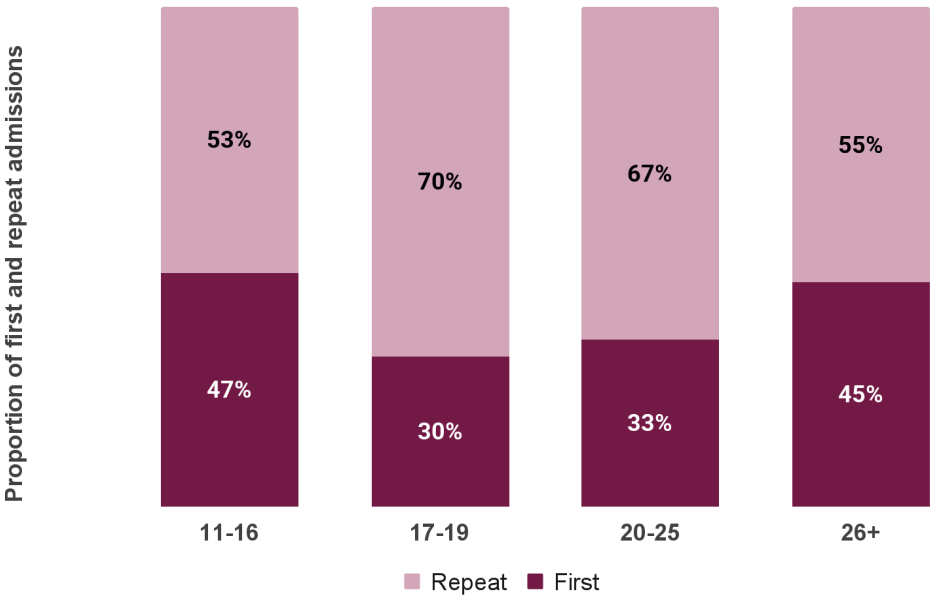
Repeat admissions

Between 2020 and 2024, there were 500 hospital admissions of City and Hackney residents with an eating disorder (Figure 12). Of these, 58% (290 admissions) were repeat admissions, meaning the second or subsequent admission for the same patient.

The proportion of repeat admissions varied by age group, but without a clear linear pattern. The highest proportion was among 17-19 year-olds, where 70% of admissions were repeats. The lowest was among 11-16 year-olds (53%). For those aged 20-25, two-thirds of admissions were repeats (67%), while for patients aged 26 and over, just over half were repeats (55%).

Repeat admissions make up a substantial share across all age groups, underlining the recurring and relapsing nature of eating disorders and the ongoing demand they place on hospital services. During this period, patients were admitted for eating disorders an average of 3.4 times.

Figure 12: First and repeat hospital admissions for eating disorders, by age, City and Hackney, 2020-2024



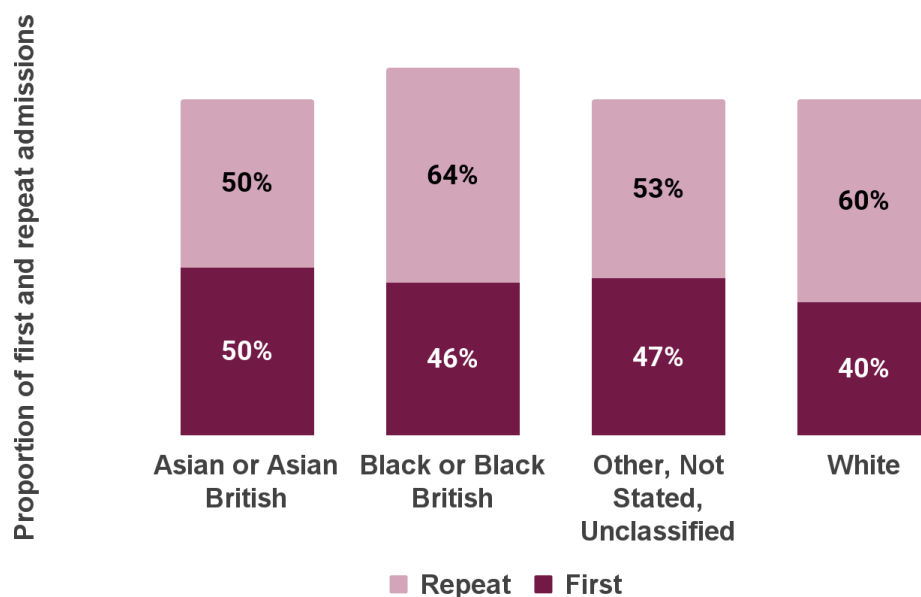
Data source: NHS, Hospital Episode Statistics

Notes: Patients with more than 50 finished admission episodes each were excluded. Admissions for children under 10 were excluded due to small numbers. All counts have been rounded to the nearest 5 and counts less than 8 were suppressed before calculating the percentages.

Black or Black British patients had the highest proportion of hospital admissions that were repeat admissions (64%), compared with 60% among White patients (Figure 13). The difference is modest, but it suggests slightly higher levels of repeat hospital use in this group. Due to suppression rules and rounding, the percentages for Black or Black British patients add up to more than 100%; this does not affect the overall interpretation.

For Asian or Asian British patients, repeat and first admissions were evenly split (50% each). Among those recorded as other, not stated or unclassified, just over half of admissions were repeats (53%).

Figure 13: First and repeat hospital admissions for eating disorders, by ethnicity, all ages, City and Hackney, 2020-2024



Data source: NHS, Hospital Episode Statistics

Notes: Patients with more than 50 finished admission episodes each were excluded. Some percentages may be above 100% due to this rounding. Admissions for children under 10 were excluded due to small numbers. Admissions for mixed race could not be reported due to small numbers. All counts have been rounded to the nearest 5 and counts less than 8 were suppressed before calculating the percentages.

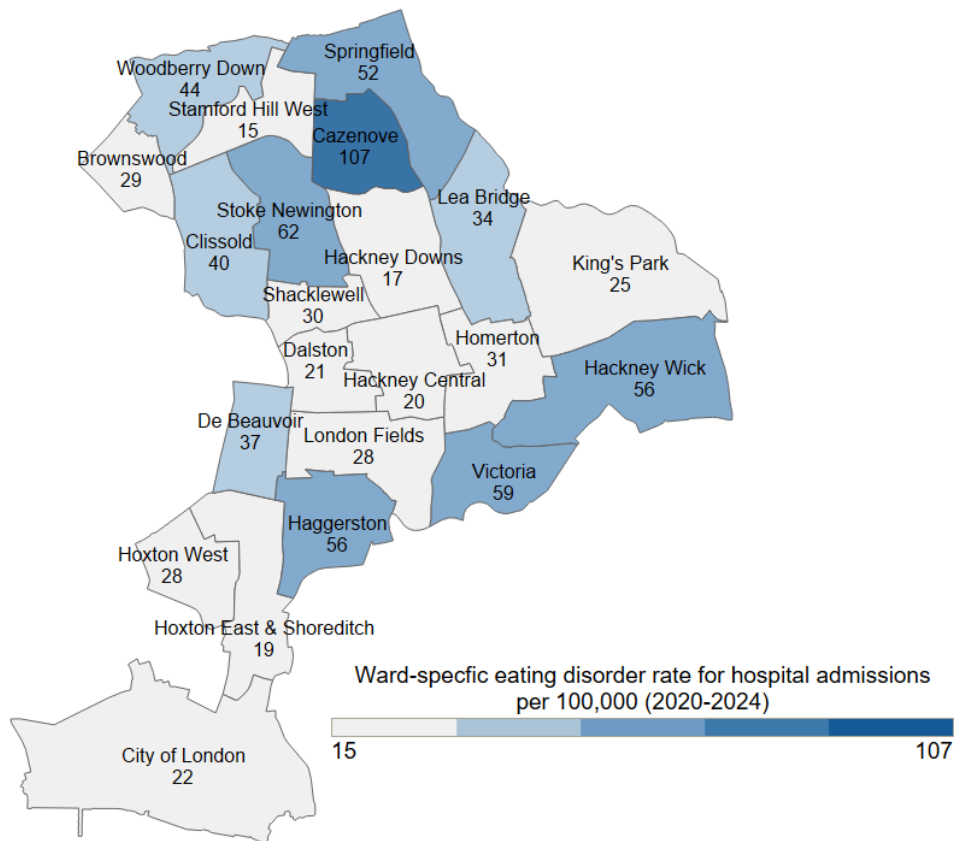
Admissions by ward

Four year hospital admission rates (2020-24) for eating disorders varied widely across City and Hackney. In Hackney, from 107 per 100,000 in Cazenove to 15 per 100,000 in Stamford Hill West (Figure 14). Compared with GP diagnoses, several northern wards such as Cazenove and Springfield show low diagnosis rates but high admission rates, suggesting differences in how need is recorded or how residents access services.

In the City of London, the rate was 22 per 100,000, lower than the Hackney average.

These differences should be treated with caution, as the numbers of admissions at ward level are relatively small and can be influenced by population size, demographic mix, and variation in hospital coding. Nonetheless, the data suggest that admissions are not evenly distributed, with higher rates concentrated in certain wards across the borough.

Figure 14: Hospital admission rates for eating disorders (crude rates per 100,000), by ward, all ages, City and Hackney, 2020-2024 combined



Data source: NHS, Hospital Episode Statistics.
Notes: Admissions data for City and Hackney residents admitted anywhere in England

3. Access to support services

National picture

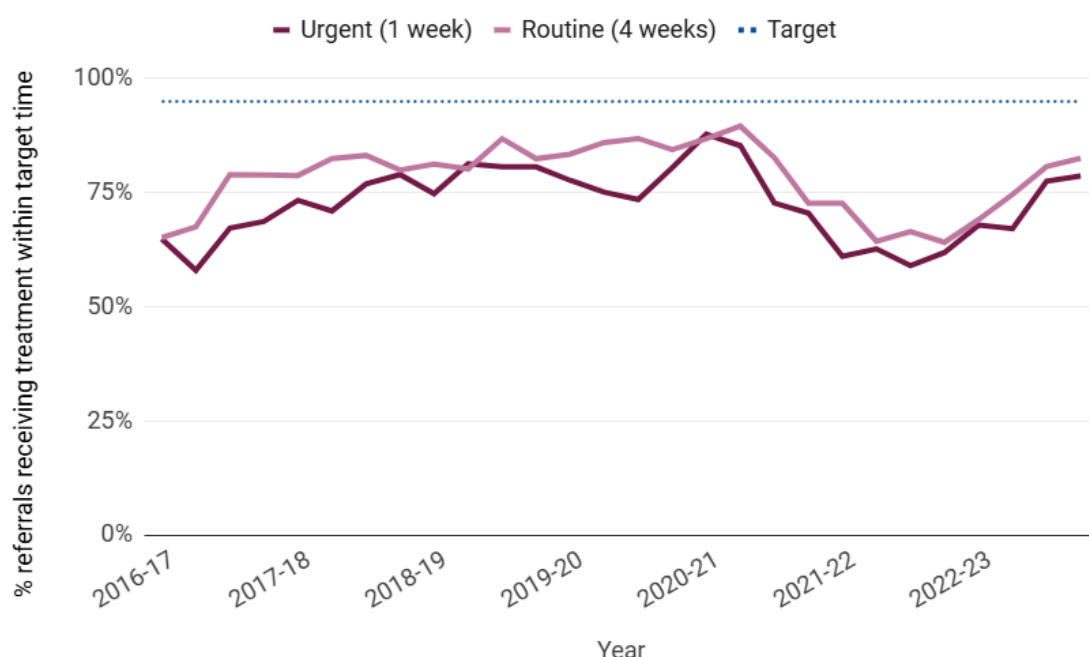
The COVID-19 pandemic put major pressure on mental health services, with rising numbers of young people seeking help for eating disorders. Even before the pandemic, there were concerns about long waiting times and limited workforce capacity to meet demand.

In 2020, the government introduced access standards for children and young people with eating disorders:

- Urgent cases: treatment should begin within one week for 95% of referrals.
- Routine cases: treatment should begin within four weeks for 95% of referrals.

These targets have consistently not been met, with waiting times worsened during the pandemic (Figure 15).

Figure 15: Waiting times from referral to treatment for children and young people with eating disorders, England, 2016-2023



Data source: NHS England, [Mental health: children and young people with an eating disorder waiting times](#). (9)

Note: Quarters 2-4 in the year 2022-23 were imputed.

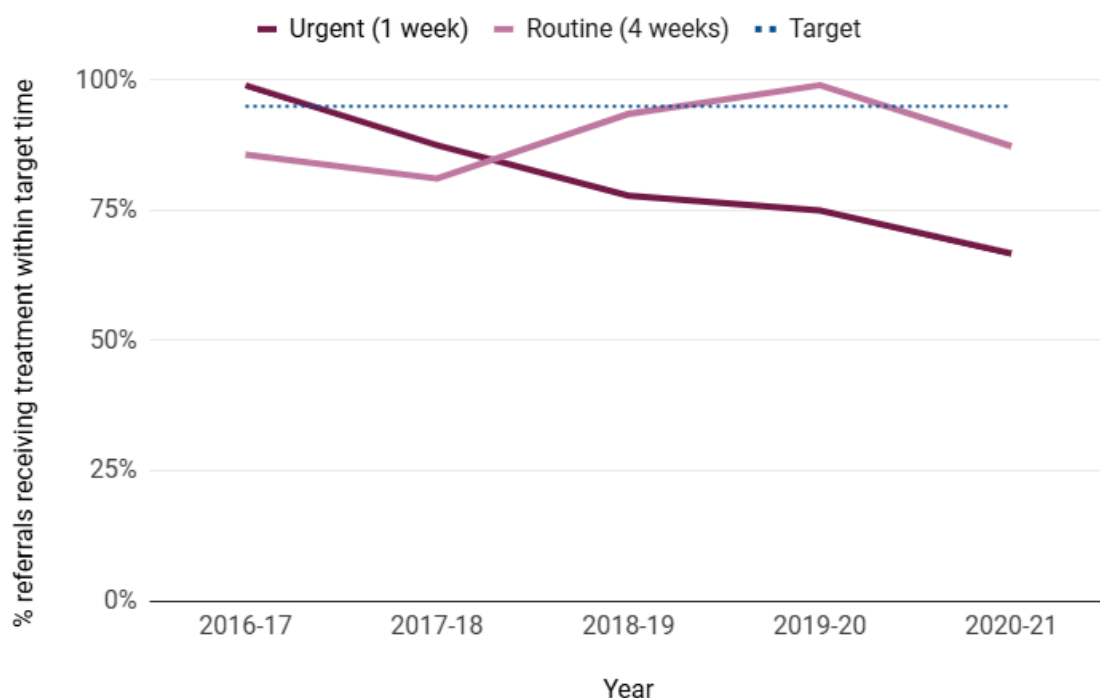
Local picture

In City and Hackney, services also fell short of the 95% targets for both urgent and routine referrals in most years between 2016-17 and 2020-21 (Figure 16). The downward trend in the proportion of urgent referrals seen within one week is particularly concerning.

Since 2021, data for City and Hackney have been aggregated with other North East London boroughs, which means more recent local performance cannot be assessed. This limits the ability to monitor whether waiting times have improved.

Taken together with rising diagnoses and admissions, these findings highlight a growing gap between need and service capacity.

Figure 16. Waiting times from referral to treatment for children and young people with eating disorders, City and Hackney, 2016-2021



Data Source: NHS, [Children and young people with an eating disorder waiting times](#).

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