THE BALANCE

Restrictive Eating Patterns

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH

English / September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 Restrictive eating is descriptive rather than diagnostic and may reflect eating disorders, medical illness, sensory needs, feared consequences, depression, trauma, or medication.

02 Assessment combines medical, nutritional, psychiatric, sensory, developmental, and behavioral information to clarify causes, physical risk, diagnosis, and the appropriate care setting.

03 Treatment is tailored to diagnosis and risk, while medical instability, severe dehydration, acute refusal, or other serious concerns may require specialist or hospital care.

One client

A private residence and a team organized around you.

Coordinated care

Clinical disciplines work within one individual plan.

Continuity

The next steps are considered throughout treatment.

02 / UNDERSTANDING YOUR NEEDS

Understanding your needs

Understanding restrictive eating

Restriction becomes clinically significant when it compromises nutrition, health, growth, functioning, or quality of life, or when fear and rigidity make adequate intake difficult. Diagnostic criteria, motivation, trajectory, and physical effects distinguish the possible conditions.

How restrictive eating May Present

Restriction may be obvious or hidden within wellness, allergy, religious, ethical, athletic, or medical explanations. These contexts deserve respect while the actual nutritional and psychological effects are assessed.

- Progressively narrowing food range, portion, timing, or flexibility
- Fear of weight gain, choking, vomiting, allergy, contamination, pain, or another consequence
- Sensory avoidance related to texture, smell, taste, temperature, or appearance
- Low interest in food, early fullness, nausea, or difficulty recognizing hunger
- Weight or growth change, nutritional deficiency, weakness, dizziness, or fatigue
- Rigid rituals, prolonged meals, social avoidance, or dependence on supplements
- Exercise, purging, medication, or substance use occurring with restriction
- Conflict, secrecy, reassurance seeking, or inability to meet needs while traveling or working

Food avoidance can be understandable in the context of genuine allergy, gastrointestinal disease, swallowing difficulty, or cultural practice. A multidisciplinary assessment prevents these explanations from being either dismissed or accepted without sufficient review.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment integrates medical, nutritional, psychiatric, sensory, developmental, and behavioral information. It determines both diagnosis and the level of care.

Current intake, variety, fluids, supplements, trajectory, and functional impact

Vital signs, symptoms, swallowing, gastrointestinal, allergy, endocrine, and other medical assessment

Weight and shape concerns, feared consequences, sensory features, and appetite

Capacity, consent, goals, and specialist continuity

Safety and the appropriate setting

Acute food or fluid refusal, significant medical compromise, fainting, unstable vital signs, severe dehydration, electrolyte concern, suicidality, or inability to maintain safety may require urgent hospital or specialist care. The residence should not claim feeding, refeeding, continuous monitoring, or specialist ARFID capability unless these are documented and available for the case.

04 / CARE BUILT AROUND YOU

Care built around you

Treatment follows the diagnosis and risk. It may include medical care, nutritional rehabilitation, meal support, exposure or behavioral work, eating-disorder psychotherapy, sensory-informed strategies, and psychiatric treatment.

Address medical and nutritional instability at the correct level of care Clarify the diagnosis and maintaining mechanisms

Establish adequate and safe nourishment with specialist guidance Use exposure or food expansion only when indicated and consented

Treat anxiety, OCD, depression, trauma, autism-related needs, or another condition Coordinate medical, dietetic, psychiatric, and psychological roles

Define family and staff support without coercion or shame Arrange specialist follow-up before reducing structure

A private chef and individualized menu can support care but do not constitute treatment. The goal is not to accommodate restriction indefinitely or force rapid variety without understanding medical, sensory, and psychological factors.

From assessment to a shared plan

The recommendation explains the proposed setting, priorities, team and pace, and how the plan will be reviewed with you.

05 / THE EXPERIENCE OF CARE

The experience of care

A calm private setting can create room for treatment, rest and reflection. The residence, schedule and practical support are organized around one client at a time.

A private place to pause

Personal space, discreet coordination and a daily rhythm shaped around clinical needs.

Care with room to recover

Individual appointments are balanced with rest, meals, movement and time to process.

Practical support

A personal care manager helps coordinate the schedule and everyday arrangements.

Care and residence imagery from THE BALANCE admissions guide. The residence is confirmed individually.

Mallorca

Private residential care in a restorative island setting.

Zurich

Private residential care with Swiss clinical coordination.

London

Selected assessment, transition and continuing-care support.

06 / FROM ASSESSMENT TO EVERYDAY LIFE

From assessment to everyday life

01

A confidential conversation

Admissions listens to your circumstances and explains the clinical review process.

02

Assessment and a recommendation

The team considers suitability, priorities, setting and the individual plan.

03

Personalized treatment

Care is reviewed and adjusted as your needs and capacity change.

04

Transition and continuing care

A handover connects treatment with the people, routines and support needed at home.

Preparing for home

The handover should identify the diagnosis, medical and nutritional monitoring, food and exposure plan where relevant, therapist and dietitian, family support, and steps for travel, restaurants, work, and changing environments. Progress may include improved medical and nutritional stability, broader or more adequate intake, reduced fear and ritual, greater dining flexibility, and participation in relationships and daily life.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Is restrictive eating always anorexia nervosa?

No. Restriction may reflect ARFID, another eating disorder, medical illness, sensory needs, fear, depression, medication, or other causes. Assessment determines the formulation.

What is ARFID?

ARFID involves avoidance or restriction that compromises nutrition or functioning without weight-shape motivation, often linked to sensory features, low interest, or feared consequences.

Can medical illness cause restrictive eating?

Yes. Gastrointestinal, swallowing, allergy, endocrine, pain, and other conditions may affect intake and require appropriate medical assessment.

Is a personalized menu the same as treatment?

No. Dining support can help, but specialist medical, nutritional, psychological, and behavioral care may be required.

Begin with a conversation

Speak privately with Admissions about your circumstances and the options available. An enquiry carries no obligation to proceed.

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Full condition page

If you or someone else is in immediate danger, seek local emergency care. Do not wait for routine admission or travel.

General information; individual care follows assessment.