THE BALANCE

Anorexia Nervosa

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 Anorexia nervosa can affect multiple physical and psychological functions, with serious medical risk possible regardless of body size or outward appearance.

02 Assessment integrates medical, nutritional, psychiatric, psychological, and behavioral information to determine immediate risks, appropriate treatment setting, and specialist care needs.

03 Private residential care may suit selected stable adults, while medical instability, refeeding risk, or acute psychiatric concerns may require hospital or specialist services.

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 anorexia nervosa

Diagnosis considers restriction, weight and growth history, fear or behavior preventing weight gain, and disturbance in body experience or recognition of seriousness. A person can be medically compromised across a range of body sizes, so appearance or one number cannot establish safety.

How anorexia nervosa May Present

Restriction can be concealed through private routines, travel, selective eating, exercise, or apparent wellness practices. The full pattern and physical consequences matter.

- Progressive restriction, skipped meals, rigid rules, limited variety, or fear around nourishment
- Intense concern about weight, shape, control, or the consequences of eating
- Compulsive or medically unsafe exercise and difficulty resting
- Weight loss, growth interruption, weakness, dizziness, fainting, cold intolerance, or fatigue
- Bradycardia, low blood pressure, dehydration, electrolyte or other indicated medical concerns
- Cognitive rigidity, irritability, anxiety, depression, isolation, or reduced concentration
- Purging, laxative, diuretic, medication, stimulant, or substance use
- Minimization of severity, conflict around meals, or dependence on others to contain risk

No website list can determine medical stability. Vital signs, recent trajectory, intake, behaviors, laboratory findings, ECG, physical examination, and specialist judgment may all be relevant.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment must integrate medical, nutritional, psychiatric, psychological, and behavioral information. It also determines whether the person can be treated voluntarily and safely in the proposed setting.

Weight and nutritional trajectory, recent change, intake, fluids, exercise, and compensatory behaviors

Vital signs, ECG, laboratory or other indicated medical assessment and current symptoms

Fainting, chest symptoms, weakness, dehydration, temperature, and acute deterioration

Capacity, consent, motivation, treatment goals, and specialist continuity after discharge

Safety and the appropriate setting

Severe malnutrition, unstable vital signs, electrolyte disturbance, cardiac concern, acute food or fluid refusal, rapid deterioration, severe purging, suicidality, or impaired capacity may require urgent hospital or specialist eating-disorder care. THE BALANCE is not to be described as capable of medical refeeding, continuous cardiac monitoring, involuntary treatment, or specialist inpatient eating-disorder care unless each service is legally and operationally verified for the location.

04 / CARE BUILT AROUND YOU

Care built around you

Treatment requires a coherent specialist plan. Depending on need and verified capability, this may include medical monitoring, nutritional rehabilitation, meal support, psychotherapy, psychiatric care, family or support work, and management of exercise or compensatory behavior.

Place medical instability and refeeding risk in the appropriate hospital or specialist setting Establish named medical, psychiatric, nutritional, and psychological responsibility

Create an individualized nourishment and monitoring plan Address purging, exercise, substances, medication, and other compensatory behavior

Use evidence-informed eating-disorder psychotherapy suited to the person Treat co-occurring OCD, depression, anxiety, trauma, or substance use

Define family and staff responses to meals, risk, and communication Arrange specialist continuing care before any reduction in structure

A private chef, wellness menu, nutritional testing, or comfortable residence does not constitute eating-disorder treatment. Weight change alone is neither the whole goal nor sufficient evidence of psychological recovery.

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

Anorexia treatment usually requires specialist continuity beyond an intensive stay. The plan should name the medical clinician, dietitian, therapist, psychiatrist where relevant, monitoring schedule, meal support, exercise boundaries, and emergency thresholds. Progress may include medical and nutritional stability, increased flexibility, reduced eating-disorder behavior and fear, improved cognition and emotion, restored relationships, and participation in life beyond the disorder.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Can someone be medically unwell at a higher body weight?

Yes. Medical risk depends on the full clinical picture, including trajectory, intake, behaviors, vital signs, symptoms, and investigations, not appearance or one number.

Does THE BALANCE provide medical refeeding?

Do not assume this. Refeeding capability, monitoring, specialist staffing, and hospital thresholds must be confirmed for the individual and location. Another service may be required.

Is anorexia only about body image?

No. Diagnosis may involve weight and shape concerns or behavior preventing weight gain, but biological, psychological, relational, and contextual factors also matter.

Can trauma treatment begin immediately?

Not necessarily. Medical and nutritional safety and the person’s capacity to engage come first. Trauma work is considered only when indicated and sufficiently stable.

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.