

EATING PROBLEMS IN CHILDREN AND ADOLESCENTS



Magazines and television are filled with pictures of very thin girls and women. Teens and even young children come to see this body type as normal and desirable. They may diet, often to excess, to change their weight. The result can be a body weight that is too low, leading to medical problems and a distorted body image.

Some girls (and some boys, too) may take dieting and distorted body perception to extremes, becoming dangerously thin while still thinking that they're "fat." Others may eat too much at one sitting (bingeing) and then make themselves vomit or take laxatives (purging) to try to get an "ideal" body shape. For these groups of children and teens, their body image, weight, eating behaviours and relationship with food become very unhealthy. They are said to have eating disorders.

TYPES OF EATING DISORDERS

Anorexia Nervosa

Anorexia Nervosa (AN) is a condition characterized by a refusal to maintain at least a minimally normal body weight, excessive fear of gaining weight, and a distorted perception of body size and shape.

There are two subtypes. The restricting type of AN is one in which people lose weight by restricting their food intake, fasting, or by excessive exercise. The second type is binge eating and purging type. People with this type overeat (binge) and then try to control their weight by using laxatives or diuretics ("water pills"), or by making themselves vomit (purging). In this group, some do not actually binge, but will purge whenever they eat even if it's a normal or small amount of food.

Control over calorie intake is important to the person with AN. Loss of weight does not seem to satisfy the person with AN, and can, in fact, spur further dieting because of increasing concern with weight and with food.

People with AN frequently have symptoms of depression such as low mood, irritability, social withdrawal, and sleep problems. When these symptoms occur with weight loss they are thought to be related to starvation. AN is not a benign condition – many individuals suffer lifelong effects including infertility, serious tooth damage (from the vomiting), heart problems, bone loss, kidney damage, anemia, and even premature death. Children and adolescents with AN may not attain their full height if they become ill before they are fully grown. They may also suffer bone loss, making them at risk for fractures.

Bulimia Nervosa

Bulimia Nervosa (BN) is an eating disorder characterized by episodes of binge eating followed by self-induced vomiting, use of laxatives or enemas, water pills or other medications, fasting, or excessive exercise.

Unlike AN, people with BN feel a lack of control over their behavior, being unable to either stop eating or to control how much or what they eat. Some people with BN have psychological problems like depression or personality problems that exist before the eating disorder.

There are also two types of BN; purging type and nonpurging type. In purging type, vomiting, laxatives, or water pills are used to try to get rid of the food that was eaten. Children and adolescents are less likely to have access to these medication but their abuse does occur sometimes. In the nonpurging type, fasting and exercise are used.

Binge-eating Disorder

Binge-eating Disorder is characterized by the same binge-eating behaviour as in BN but without the purging of BN

People with Binge-eating Disorder engage in bouts of out-of-control eating, taking in excessive amounts of food within short periods of time even when they don't feel hungry. They often eat faster than normal and to the point where they feel uncomfortably full. They also experience extreme guilt and distress at their binge-eating behaviour, which leads to further bingeing.

What's normal and what's not?

In adolescence, the body changes dramatically. Teens focus on their weight and shape. That's normal. Some teens may even decide to diet. It's when dieting results in skipped meals, fasting, or even restricting fluids that there's a problem. Dieting tends to lead to eating disorders and should be discouraged. Any vomiting behaviour, laxative, or diuretic use for control of weight and shape is definitely not normal. Exercise can also become a concern when a person must exercise even when feeling sick, when the weather is bad, or when they just feel way too guilty if they do not do it.

What causes eating disorders?

We do not know what causes eating disorders. There may be complex cultural, genetic and psychological causes. No one factor is responsible for the conditions. They are more often found in Western cultures where food is readily available and where thinness is a physical ideal for women. Some people with eating

disorders are very self-conscious about eating in public. They may not feel that they are good at anything. An anxiety disorder in childhood often precedes the onset of an eating disorder. A person's thinking may be more rigid than average and he/she may have anxiety surrounding social situations. They may feel that they need to control things around them to reduce anxiety. Girls/women with the purging type of AN or BN may have drug or alcohol abuse problems and have more problems with their mood.

How common are they?

Exact figures are not known but it is believed that about 1/2 to 1% of teens and young adults have Anorexia Nervosa (AN), although many more probably have some symptoms of the disorder. BN is much more common, with about 1 to 3% of young people diagnosed with this condition. In both disorders, about 10% of sufferers are male.

How long do they last?

Some teens and young adults may have only one episode of AN but for some the condition is chronic and may worsen over the course of many years. Very sadly, about 10% of those with AN die, either from its physical effects, or from suicide.

BN usually starts in later adolescence or in early adulthood. The behavior can go on for years and can become chronic. It also can occur alternately with periods of normal eating behavior.

What treatments are effective?

Treatment studies have found that a type of family therapy that focuses on the parents' control of re-feeding and weight gain appears to be effective in treating adolescents with AN and BN. This is known as Family-Based Treatment. For those with BN, fluoxetine, an antidepressant, has been shown to be effective by reducing the binge eating and purging episodes and related psychological symptoms. Cognitive Behavioural Therapy, either done individually or in a group, has also been shown to be effective. Prevention is best. Children and teens can be helped to accept their own body shape and weight. They need to know that the people they see on TV or in magazines are not real. Instead of dieting, children and teens should eat a balanced diet in which there are no good or bad foods, as long as they are eaten in moderation. Exercise shouldn't be a means of change their weight and shape, but should be encouraged as a pleasurable social activity.

BACKGROUND INFORMATION

100 Questions & Answers About Anorexia Nervosa by Sari Shepphird.

Jones and Bartlett Publishers; 2009; ISBN-13: 978-0763754501

Unlocking the Mysteries of Eating Disorders: A Life-Saving Guide to Your Child's Treatment and Recovery by David Herzog.

McGraw-Hill; 2007; ISBN-13: 978-0071475372

STEP-BY-STEP GUIDES

My Kid is Back: Empowering Parents to Beat Anorexia Nervosa by June Alexander.

Routledge; 2010; ISBN-13: 978-0415581158

Treating Bulimia in Adolescents: A Family-Based Approach by Daniel le Grange.

The Guilford Press; 2009; ISBN-13: 978-1606233511

Overcoming Anorexia Nervosa by Christopher Freeman.

Robinson Publishing; 2009; ISBN-13: 978-1849011303

Help Your Teenager Beat an Eating Disorder by James Lock.

The Guilford Press; ; 2005 ISBN-13: 978-1572309081

Treatment Manual for Anorexia Nervosa: A Family-Based Approach by James Lock.

The Guilford Press; 2002 ISBN-13: 978-1572308367

BOOKS FOR YOUNG PEOPLE

Reading Level : Ages 9-12

Anorexia by Stacy Beller Stryer.

Greenwood; 2009 ISBN-13: 978-0313359750

WEB SITES

National Eating Disorders Information Centre

www.nedic.ca

Development of these pamphlets has been supported by:



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados

The Centre of Knowledge on Healthy Child Development is a project of the Offord Centre for Child Studies, a leader in helping kids grow and thrive. Go to www.knowledge.offordcentre.com for more information on how to identify, prevent and treat child and youth mental health problems.