

EATING PROBLEMS IN CHILDREN & ADOLESCENTS



Magazines and television are filled with pictures of very thin girls and women and lean, muscular boys and men. Teens and even young children come to see these body types as normal. They may diet, often to excess, to change their weight. The results can be a body weight that is too low, a distorted body image, or even serious medical problems.

Some girls (and boys, too) may take dieting to extremes, becoming dangerously thin while still thinking that they're "fat." Others may eat too much at one time (binging) and then make themselves vomit or take laxatives (purging) as ways to get an "ideal" body shape. They may avoid time with family or friends, so that they don't feel pressured to eat. They can also use up a lot of their time exercising.

These children and teens are at risk for having a very unhealthy body image and an unhealthy relationship with food or exercise. Before these become everyday problems, a health professional should assess the child or teen for an eating disorder.

Types of Eating Disorders

Anorexia Nervosa

Anorexia Nervosa (AN) is a condition in which a person has low body weight, excessive fear of gaining weight, and a distorted perception of their body size and shape.

There are two types of AN: the restricting type in which people lose weight by restricting their food intake, fasting, or exercising excessively, and the 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 a normal or small amount of food.

Having 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 often have symptoms of depression such as low mood, irritability, social withdrawal, and sleep problems, likely due to starvation if they occur with weight loss. AN is not a benign condition – many individuals suffer lifelong effects with infertility, serious tooth damage (from 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.

Bulimia Nervosa

Bulimia Nervosa (BN) is an eating disorder in which binge eating is followed by self-induced vomiting, use of laxatives or enemas, water pills or other medications, fasting, or excessive exercise. People with BN are usually normal body weight. Some people with BN have depression or personality problems that existed before the eating disorder.

Binge-eating Disorder

Binge-eating Disorder (BED) is characterized by the same eating behaviour as in BN but without the vomiting, over-exercising, etc. People with BED 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.

Avoidant/Restrictive Food Intake Disorder (ARFID)

This eating disorder typically arises due to anxiety about eating and involves avoidance of food leading to weight loss, malnutrition, impaired function, or the need for tube feeds. Young people with ARFID may have a fear of vomiting or choking that leads to significant food avoidance, or they may be extremely picky eaters.

Other Feeding or Eating Disorders

Children and adolescents with Other-Specified Feeding or Eating Disorders (OS-FED) experience similar medical and psychological concerns as those with AN, BN, BED or ARFID. However, their behaviours or symptoms might not fit with those conditions. Atypical Anorexia is one type of OS-FED, in which children and adolescents often show very similar behaviours, fears, and beliefs concerning food, but they might still have a body weight within the normal range for someone their gender and age. OS-FED is the fastest growing group of eating disorders among children and adolescents.

What's normal and what's not?

In adolescence, the body changes dramatically. When teens focus on their weight and shape, and some may even start dieting – that's normal. It's when dieting results in skipped meals, fasting, or even restricting fluids that there's a problem. Dieting can lead to eating disorders and should be discouraged. Any willful vomiting or laxative and diuretic use for weight control are definitely not normal. Also of concern is when a person exercises 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?

No one factor causes eating disorders. We do know that they are more often found in Western cultures where food is readily available and where thinness is a physical ideal. Some people with eating disorders have problems with self-esteem, believing they aren't good at anything. Some others may feel very self-conscious about eating in public. There are, however, other children and teens who avoid food for completely different reasons, usually due to anxiety, which often starts before the eating disorder. Their thinking may be more rigid than is typical and they may have anxiety about 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 unknown but estimates are that about 0.5% to 1% of teens and young adults have 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. About 10% of persons with both of these disorders 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 behaviour can go on for years and can become chronic. It also can occur alternately with periods of normal eating behaviour.

What treatments are effective?

Family-Based Treatment, which focuses on the parents' control of re-feeding and weight gain, appears to work in adolescents with AN and BN. For those with BN, fluoxetine (Prozac), an antidepressant, has been shown to be effective in reducing the binge eating and purging episodes. Either individual or group Cognitive Behavioural Therapy (CBT) has also been shown to be effective. Many of these treatments can also help children and teens with ARFID.

Prevention is best. Children and teens can be helped to accept their own body shape and weight, and deal with stress in a positive way. 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, so long as they are eaten in moderation. Exercise shouldn't be a means of changing their weight and shape, but should be encouraged as a pleasurable social activity.

OTHER RESOURCES:

More resources are available at offordcentre.com.

Please visit offordcentre.com/research/knowledge/resources for websites and books on this topic.



This information pamphlet was developed by the Centre of Knowledge on Healthy Child Development with support from CIBC World Markets Children's Miracle Foundation and the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO. 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. The updating of these pamphlets was supported by McMaster Children's Hospital.

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