

Eating Disorders in Adolescents

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Objectives

- ◆ Gain knowledge about how to detect signs of an eating disorder
- ◆ Understand the risk factors associated with eating disorders
- ◆ Gain knowledge about prevention and intervention strategies
- ◆ Start a resource list by which to gain more in-depth information and referral options



Introductions

My objectives versus your needs:

- ◆ Who are you and what is your interest in this subject
- ◆ How do you hope to apply what you learn today



Opening commentary



Culture, Food, Eating, and Appearance

- ◆ Media and attitudes
- ◆ Part but not the whole story



What is normal eating anyway?

When does eating become
disordered versus just personal
choice or idiosyncratic?

Disordered Eating vs Personal Choice

- ◆ Medical complications arise (cardiac problems, renal probs, orthostatic changes, electrolyte imbalances, G-I problems, DEATH, etc)
- ◆ Cognitive distortions and impairment (slowed thinking, irrational thoughts, poor concentration)
- ◆ Related rituals develop to support the disordered eating
- ◆ Limitations posed on normal social interactions or daily activities

Disordered Eating vs Personal Choice

- ◆ Becomes the determining factor for mood and/or self-worth
- ◆ Creates problems for those around the person
- ◆ Promotes excessive or irrational judgment of others eating behaviors

Diagnostic Criteria: Anorexia Nervosa

- ◆ Refusal to maintain body weight at or above minimally normal weight for height, body type, age, and activity level (85% IBW)
- ◆ Intense fear of weight gain or being “fat”
- ◆ Distorted body image (denial of thinness or over exaggeration of body size)
- ◆ Loss of menstrual periods (3 months amenorrhea)
- ◆ Extreme concern with body weight and shape (influences self-worth)
- ◆ Restricting type or binge-eating/purging type

Diagnostic Criteria: Bulimia Nervosa

Recurrent episodes of binge eating (2 x wk for 3 mos)

- ◆ Eating in a discrete time period an abnormally large amount of food
- ◆ Lack of control over eating during a binge episode
- ◆ Recurrent inappropriate compensatory behavior to prevent weight gain (e.g., self-induced vomiting, laxatives, over-exercising, diuretics, fasting)
- ◆ Self-worth heavily influenced by body shape and weight
- ◆ Purging type or non-purging type



Diagnostic Criteria: Binge Eating Disorder*

- ◆ Frequent episodes of eating large quantities of food in short periods of time
- ◆ Feeling out of control over eating behavior
- ◆ Feeling ashamed or disgusted by the behavior
- ◆ Eating when not hungry
- ◆ Often times eating in secret
- ◆ Eating more rapidly than normal
- ◆ Eating until the point of being uncomfortably full


*** Sometimes referred to as Compulsive Overeating**

Diagnostic Criteria: Obesity

- ◆ A body mass index over the 95th percentile has arbitrarily been used to define obesity
- ◆ Others have suggested obesity in children is 10% above the weight range as proportioned to height on growth charts
- ◆ Behavioral definition--consistently eating more calories than what the body burns which results in excessive body fat



Diagnostic Criteria: Eating Disorder Not Otherwise Specified (ED NOS)



- ◆ Essentially whatever is left that includes the distinctions listed above but does not fit into the criteria of better defined eating disorder classifications (e.g., still having periods but very low weight, recent onset of severe restricting, only eats 1 or 2 particular foods, etc)

Incidence/Prevalence Rates

◆ Anorexia

◆ Incidence Rates

(new cases per year)

- 8.1 per 100,000 (Primary care practice)
- 0.3% in the community

■ Prevalence Rates (cases present in the population)

- 1% to 4% in female HS and college students

◆ Bulimia

◆ Incidence Rates

- ◆ 11.5 per 100,000
(Primary Care Practice)
- ◆ 1% in the community

◆ Prevalence rates

- ◆ 19% by questionnaire
- ◆ 1% to 4% in female HS and college students

Incidence/Prevalence Rates

◆ **Binge/Compulsive Eating**

- ◆ Incidence Rates Unknown
- ◆ Prevalence Rates (Adults)
 - 1 – 5% of general population
 - 60% women, 40% men

◆ **Obesity**

- ◆ Incidence Rates Unknown since the onset is more insidious beginning at very early ages
- ◆ Prevalence Rates (Children and Adolescents)
 - 16 – 33% (depending on measure)
 - Epidemic proportions (2002 CDC)

Incidence/Prevalence Rates

Obesity (ages 6 to 11)

Whites: 12% (boys and girls)

African American 17.6% boys
22.1% girls

Mexican American 27.3% boys
19.6% girls

40 years ago, 4.2%, now 15.3%

♦ Obesity (12 to 19)

Whites: 13.0% boys
12.2% girls

African American 20.5% boys
25.7% girls

Mexican American 27.5% boys
19.4% girls

40 years ago, 4.6%, now 15.5%



Risk Factors

- ◆ Trauma / Abuse
- ◆ Parent/Caregiver with Eating Disordered behaviors or overemphasizes appearance
- ◆ Genetic Predisposition/Family History

Risk Factors

Transitions

- ◆ New school
- ◆ New neighborhood/city
- ◆ New peer group
- ◆ Parents divorcing/Parent illness
- ◆ Change in caregiver job status
- ◆ New placement
- ◆ Body/Physical transitions (puberty)

Risk Factors

Psychiatric Comorbidity or Premorbid Psychiatric Conditions

- ◆ Depression
- ◆ Anxiety
- ◆ Obsessive-Compulsive Disorder
- ◆ Substance Abuse
- ◆ Emerging Personality Disorders
- ◆ Suicidal Behavior
- ◆ Self Harm Behaviors

Common Themes

- ◆ Person lacks a sense of belonging, not quite sure where s/he fits in,
- ◆ Poor identity development, very low self-esteem
- ◆ Poor coping strategies
- ◆ Poor communication skills, particularly around affective/emotional needs

Preventative Measures

- ◆ Good role modeling by care providers around balanced nutrition, exercise, and realistic body image
- ◆ Structured, routine mealtimes that encourage positive social exchange and acceptance
- ◆ Promote good self-esteem by engaging child in various activities where they can feel successful or positively challenged not dependent on looks
- ◆ Promote good communication skills, recognition of affective states

Preventative Measures

- ◆ Promote excellence and best-to-ability performance rather than perfectionism
- ◆ Be aware that transitions are stressful, give permission to talk about this openly
- ◆ Address other mental health issues at early stages
- ◆ Talk about images projected in the media



Intervention strategies

Importance of a multidisciplinary team approach:

Mental Health

Nutrition

Medicine

Adjunct others

Mental Health Intervention Strategies

Caveat:

- ◆ Lack of evidence based interventions but still should be treated by someone with experience in and knowledge of eating disorders—personal experience is not necessarily a good marker of a good therapist

Commonly Used Approaches

- ◆ Cognitive Behavioral Therapy
- ◆ Interpersonal Psychotherapy
- ◆ Narrative Therapy
- ◆ Motivation Interviewing and Enhancement
- ◆ Dialectical Behavior Therapy
- ◆ Psychoeducation about the nature and course of eating disorders
- ◆ Family Therapy

Use of Psychiatric Medications

Food and normalizing eating patterns is the first line “medication”

- ◆ SSRIs—targeting comorbid symptoms (anxiety, depression, OCD) and most effective in treating clients with bulimia
- ◆ Atypical Anti-psychotics targeting intense delusional thinking often associated with severe anorexia



Adjunct Interventions



- ◆ Body Image work
- ◆ Meal Support Training
- ◆ Yoga
- ◆ Well defined exercise program

Severe or Chronic Presentations

- ◆ Inpatient Treatment
 - Voluntary vs. involuntary (the case for an ITA)
 - Criteria for admission to hospital based versus residential (private vs state supported)
 - Expectations for outcome
- ◆ Medical management
 - Used with resistant or chronic cases to maintain life but not expected to affect therapeutic change

Resources

Websites...

http://www.mchlibrary.info/KnowledgePaths/kp_childnutr.html
(provides more in depth academic information)

www.nlm.nih.gov/medlineplus/exerciseforchildren.html (focused on activities/exercise)

www.nal.usda.gov/fnic (this is the Food & Nutrition Information Counsel - therefore info on foods and media claims with printable handouts)

www.depts.washington.edu/obesity/

Resources

Websites.....

www.nationaleatingdisorders.org (great resource for parents, teachers, counselors, general information about the spectrum of eating disorders and referral info across the country)

www.AED.org (Academy for Eating Disorders—more academic/research based)

www.SomethingFishy.org (good website for recovery support from any eating disorder)

www.ANRED.com (another good general information website for the spectrum of eating disorders)

Resources

Anorexia Nervosa: A guide to recovery by Lindsey Hall and Monika Ostroff, Gurze Books, 1999

When Your Child Has an Eating Disorder by Abigail H. Natenshon, Jossey-Bass, 1999

The Parent's Guide to Childhood Eating Disorders by Marcia Herrin and Nancy Matsumoto, Owl Books, Henry Holt and Company, 2002

Helping Your Child Overcome an Eating Disorder: What you can do at home. Teachman, Schwartz, Gordic, & Coyle, New Harbinger Publications, Inc, 2003

Bulimia: A Guide to Recovery by Hall & Cohn, Gurze Press, 1999

No Body's Perfect edited by Kimberley Kerberger, Scholastic Press, 2003

Eating Disorders by Trudi Strain Trueit, Scholastic Press, 2003 (written for middle school age)

Resources

Obesity resources

Helping Your Child Lose Weight the Healthy Way: A Family Based Approach (Judith Levine, 2001)

Trim Kids (Melinda Sothern, Kristen Van Almen, Heidi Schumacher, 2001).

There are also age specific information packets available through the Children's Resource Center if parents are interested.

Workshop on Saturday October 2nd 8:30am to 2:00pm, CHRMC, \$100, CMEs
Pediatric Weight Management: Skills and Resources for Providers
Call 206-987-5701 to register or for more information



Resources



Eating Disorders Program at Children's Hospital and Regional Medical Center

Psychiatric Services call Psychosocial

Intake: (206) 987-2760

For Adolescent Medicine/Nutrition

evaluation: (206) 987-2613



Questions and/or case discussion