



*Canadian Psychiatric
Research Foundation*

When Something's Wrong O

Ideas for Families

Eating Disorders

Parents often worry that children who do not eat well, or who are very picky, are not eating enough. Or, they worry that their children may be eating too much and may become obese. Generally, hungry children eat sufficient food to sustain themselves, when it is available. It is more a matter of what children eat that is the issue in making sure they are getting the vitamins and minerals they need for healthy growth, without becoming overweight.

Many children, when they reach adolescence, become overly sensitive to their bodies. They often try to limit the amount they eat to develop bodies that they think will be attractive both to themselves and to others, and in tune with society's ideal body types for women and men. Or, if they are struggling with emotional issues, they may eat too much or too little, and then have to deal with the often negative consequences of becoming under or overweight.

In some families, conflicts about eating can occur as part of normal developmental processes, such as an adolescent developing into his/her own person, with his/her own thoughts and ideas. For example, some teens develop what parents think may be unusual eating habits as a result of differing philosophic ideas (e.g., becoming a vegetarian). In other cases, some adolescents go through periods of disordered eating due to social or occupational activities. Overall, in these situations, over-reaction to these behaviours often only serves to solidify them.

It is a good idea to provide children with correct information on healthy eating and serving suggestions, and provide lots of support and open dialogue without "fighting" about eating.

Furthering awareness of symptoms of serious eating disorders is the purpose of this section of the handbook.

Anorexia and Bulimia Nervosa

Anorexia and Bulimia Nervosa are serious forms of eating disorders that normally begin in adolescence or early adulthood, but can also begin in childhood. Anorexia (self-starvation) affects about three per cent of the population; bulimia (the binge-purge syndrome) is more common and affects about four per cent. Some groups are at higher risk for these disorders, including athletes (e.g., gymnasts or ballet dancers) and those who work in certain industries, such as fashion models.

Excessive concern with body weight, body image and food characterizes both disorders, which can start in childhood and which affect mostly females – although males are increasingly also being affected by these disorders. Eating disorders are almost exclusive to developed cultures where there is an abundance of food and being “thin” is highly valued (e.g., North America, Europe).

To become thin, people with anorexia starve themselves, while those with bulimia binge on high-calorie foods and then purge (i.e., force themselves to throw up their food).

Another eating disorder that is being discussed, also

characterized by excessive concern with body weight and burning off calories from food, is Exercise Bulimia. Instead of purging by vomiting or using laxatives, exercise bulimics work out for a carefully calculated number of hours every day to burn a specific number of calories. These young people will often go to great lengths to hide their compulsion – for example, setting the alarm for the middle of the night to go running.

Similarly, an eating disorder called Binge-Eating Disorder is also being discussed. This disorder affects up to five per cent of the population and also affects more women than men, although the percentage of men that suffer from this disorder is higher than with anorexia and bulimia. People with binge-eating disorder experience frequent episodes of out-of-control eating, with the same binge-eating symptoms as those with bulimia. The main difference with this disorder is that individuals do not purge their bodies of excess calories. So, many with the disorder may be overweight for their age and height. Feelings of self-disgust and shame associated with this disorder can lead to

bingeing again, creating a cycle of binge eating.

Eating disorders need to be diagnosed by qualified medical professionals. The physical effects of these disorders can be serious since they may cause metabolic changes and heart disturbances in the body. Once the disorders take hold, behaviours can become automatic and very difficult to stop without professional help. In some cases, they can even lead to death. Therefore, it is important to know the warning signs and to get help if you are concerned that your child is suffering from an eating disorder.

Eating Disorders

Anorexia Nervosa:

- Pre-occupation with body image
- Signs of starvation: thinning or loss of hair; appearance of fine, raised white hair on the body; bloated feeling; yellowish appearance of the palms or soles of feet; dry, pasty skin
- Loss of menstrual periods
- Significant weight loss for no apparent reason (i.e., child is not physically sick)
- Significant reduction in eating, coupled with a denial of hunger
- Unusual eating habits (e.g., preference for foods of a certain texture or colour, compulsively arranging food, unusual mixtures of food that are related to minimizing caloric intake or avoidance of eating)

- **Early intervention** is key to managing the disorder and preventing further disability.
- **Get help** from a qualified health practitioner, including a professional diagnosis. An accurate diagnosis will help to prevent any incorrect “labeling” of your child by others.
- **Obtain** a second opinion if possible.
- **Find** a support group for both you and your child, and exchange strategies.
- **Learn** all you can about the disorder and educate your family and your child about the disorder.
- **Don’t compare** your child to siblings or other children. Treat your child as a unique individual.
- **Re-evaluate** and modify strategies as necessary. Work closely with your child’s teacher, doctor, and school team.
- **See** *Managing Problem Behaviour in Children, Working with Your Health Practitioner, and Resources* in this handbook for more information.
- Know the warning signs of an eating disorder. Keep all lines of communication open.

Behaviour Characteristics

Bulimia:

- Pre-occupation with body image
- Evidence of binge eating (e.g., actual observation, verbal reports, large amounts of food missing)
- Frequent weight fluctuations
- Compulsive exercising or working out at all hours of the day or night with the purpose of burning off calories
- Frequent fasting
- Evidence of purging and/or using medications that cause the body to lose fluids/weight (e.g., laxatives, diuretics, emetics):
 - Swelling of parotid glands under the jaw (caused by frequent vomiting)
 - Frequent, unusual dental problems
 - Evidence of calloused knuckles from purging

Coping Strategies

- Discuss any concerns you have with your child. Convey your concerns about your child's health and functioning – don't focus on weight loss or gain, or body size.
- Model healthy eating habits and attitudes yourself, and have others in the family do so as well.
- Prepare normal, healthy meals, and serve small portions to your child. Then, steer clear of discussion about food and eating.
- Seek professional help for an eating disorder as soon as possible.
- It is possible your child will reject you when you discuss any concerns you have regarding an eating disorder. It is an illness of denial and distorted thoughts regarding body image, and it may take several people or attempts to say the same thing to your child before the message has an impact.
- Approach any kind of discussion with your child in the most supportive and sensitive manner possible, since individuals with this disorder are extremely sensitive to criticism. For example, "I'm really worried/concerned and I'd like to help."

Coping Strategies

- Keep in mind that others in your child's life may be giving your child positive feedback on his/her "great will-power" or "perfect figure." These comments may help to reinforce your child's destructive behaviour, so educate family and friends about the disorder and how to respond to it.
- Don't:
 - Nag your child about eating or not eating
 - Spy on your child
 - Agree to help a bulimic hide food
- As much as possible, steer clear of mentioning "the food issue" and offer as much support and encouragement as possible, while allowing your child's professional treatment to continue.
- Don't get involved in power struggles with your child. Avoid angry confrontations and try to keep your responses from being too emotional. Take care of yourself by seeking support outside the home, from a friend or support group in your area.
- Express unconditional love for your child. Don't make your love a condition of your child's appearance, health, weight, achievement, or any other attribute.

Eating Disorders: Treatment and Resources

TREATMENT

Treatment of eating disorders is often difficult and combines different approaches, including therapy and medication. An evaluation should be performed by a mental health professional to rule out anxiety or depression, and a medical evaluation is also necessary. As part of the evaluation, the young person will be assessed for risk factors like perfectionism, low self-esteem, a family history of eating disorders, obesity, depression, anxiety, substance or sexual abuse, and a history of dieting or activities where body shape counts, like gymnastics or ballet.

The goal of treatment for anorexia is regaining weight and maintaining it at a reasonable level. The goal of treatment for bulimia is stopping the binge-purge cycle. In addition, a large part of treatment involves helping the young person reshape his/her negative and unrealistic body image. In serious cases, hospitalization may be necessary.

Eating Disorders

RESOURCES

Harvard Eating Disorders Center

WACC 725
15 Parkman Street
Boston, MA 02114
Phone: (617) 236-7766
E-mail: info@hedc.org
Web: www.hedc.org

National Association of Anorexia Nervosa and Associated Disorders

Box 7
Highland Park, IL 60035
Phone: (847) 831-3438
Web: www.anad.org

National Eating Disorders Association (NEDA)

603 Stewart Street, Suite 803
Seattle, WA 98101
Phone: (206) 382-3587
E-mail: info@NationalEatingDisorders.org
Web: www.nationaleatingdisorders.org

The National Eating Disorder Information Centre

CW 1-211, 200 Elizabeth Street
Toronto, ON M5G 2C4
Phone: (416) 340-4156
Toll-Free: 1-866-NEDIC-20 (1-866-633-4220)
Web: www.nedic.ca

Please also see *Resources* in the back of this handbook.



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