

# Eating Disorders

Eating disorders are fairly common in teens, especially girls. These children have unrealistic expectations of how their bodies should look. Patients with anorexia nervosa avoid food because they think they're fat, even though they're really too thin. However, even a child who is normal weight or overweight can have an eating disorder. Poor nutrition can lead to serious health problems. With treatment, including nutritional therapy and counseling, many patients with eating disorders recover.

## What are eating disorders?

Patients with eating disorders have abnormal eating habits related to unrealistic fears of being fat. The two main eating disorders are *anorexia nervosa*, in which patients eat little or no food, and *bulimia nervosa*, in which they eat heavily then make themselves vomit (throw up) or engage in other abnormal behaviors to avoid gaining weight.

Eating disorders can lead to serious complications. In severe cases, the patient can starve to death. Recovery usually requires medical, nutritional, and mental health treatment.

## What do they look like?

In both anorexia nervosa and bulimia nervosa, your child develops abnormal eating behaviors because she or he fears getting fat.

*Anorexia nervosa.* Your child severely limits the amount she eats, especially foods she considers fattening. Symptoms include:

- Intense fear of getting fat, even after losing weight.
- Unrealistic view of her body: “feels fat,” even if she looks skinny to others.
- Refusal to gain weight, even normal weight for growth.
- If beyond puberty, child stops having menstrual periods.
- Other symptoms may include:
  - Exercises excessively.
  - Never admits to being hungry, yet is preoccupied with food. Eating behaviors may seem unusual.

*Bulimia nervosa.* Patients with bulimia nervosa are not necessarily underweight but are overly concerned about body weight and shape. They also have a sense of losing control over their eating habits. Your child may “binge and purge”—this means eating a lot all at once, then getting rid of the food by vomiting or other ways, such as enemas, fasting, or exercise.

- Eating binges occur over a short period, often in secret. During these times, your child may fear she won't be able to stop eating.
- After bingeing, your child may make herself vomit, often by sticking a finger down her throat. Some patients with bulimia use laxatives. Others switch between periods of bingeing and periods of eating hardly any food.
- Your child's weight may go up and down. Patients with bulimia are usually not as thin as those with anorexia.

## What causes eating disorders?

Many factors may contribute to eating disorders, including the family environment and the child's personality characteristics. Our culture's preoccupation with being thin and dieting plays a role. Eating disorders seem to run in families.

## What are some possible complications of eating disorders?

Eating disorders can cause many serious health problems. Almost any organ in the body may be affected. Some of these complications, but not all, resolve when the patient starts eating normally again.

- Heart rate and blood pressure abnormalities.
- Dental problems caused by vomiting: cavities or erosion of tooth enamel.
- Sleep problems.
- Changes in normal hormone levels, leading to lack of menstrual periods in girls.
- Slow growth or no growth.
- Kidney problems.
- Difficulties thinking and concentrating.
- Abnormal changes in body chemistry (electrolytes), sometimes related to drinking a lot of water or abusing laxatives.
- Weakening of the bones, which may lead to fractures.
- In severe cases, death may occur, often related to electrolyte problems in the blood. Suicide occasionally occurs, most often with anorexia nervosa.

## What puts your child at risk of eating disorders?

- If your child is preoccupied with how her body looks, and especially with the fear of being fat, she may be at increased risk of anorexia or bulimia.

- If you or others in your family have had eating disorders, your child may be at higher risk.
- Eating disorders are much more common in girls, but boys can have them too.
- Eating disorders are most common in the teen years but may start in childhood and last into adulthood.
- Eating disorders were once thought to occur mainly in higher income groups. However, they are now known to occur in all races and income levels.

### Can eating disorders be prevented?

- Get regular medical checkups for your child to ensure that he or she is growing and gaining weight normally.
- It may help to discuss unrealistic expectations about how the body should look with your child. As a society in general and as parents, we should not focus too much on appearance, particularly on being thin.

### How are eating disorders treated?

If we suspect your child has anorexia or bulimia, we will recommend a visit to a specialized team for evaluation and treatment. Eating disorders can be difficult to diagnose and treat. Your child may deny there is any problem and resist attempts to change her eating habits.

Treatment for eating disorders will probably include:

- *Nutrition therapy*, especially *re-feeding*. Your child may be treated in the hospital for a while to ensure proper nutrition under medical supervision.
- *Psychotherapy* with a psychiatrist, psychologist, or other mental health professional.
- *Behavior modification* and *nutritional rehabilitation*. Your child should receive long-term follow-up to help change her attitudes toward food and eating and to stop unhealthy eating habits.

Other treatments may be recommended, depending on your child's situation. For example, antidepressant medications are helpful if your child is depressed.

### When should I call your office?

Any child with an eating disorder should receive regular medical follow-up. During treatments, call your child's therapist if:

- The eating problems don't seem to be getting better, or if they return after treatment.
- You have other concerns about mental health issues.

Our office will continue to oversee your child's overall health. Call if you have any health questions, or in an emergency if your child's therapist is unavailable.