

EATING DISORDERS IN CHILDREN AND ADOLESCENTS

Information for those living with
Anorexia Nervosa and Bulimia Nervosa
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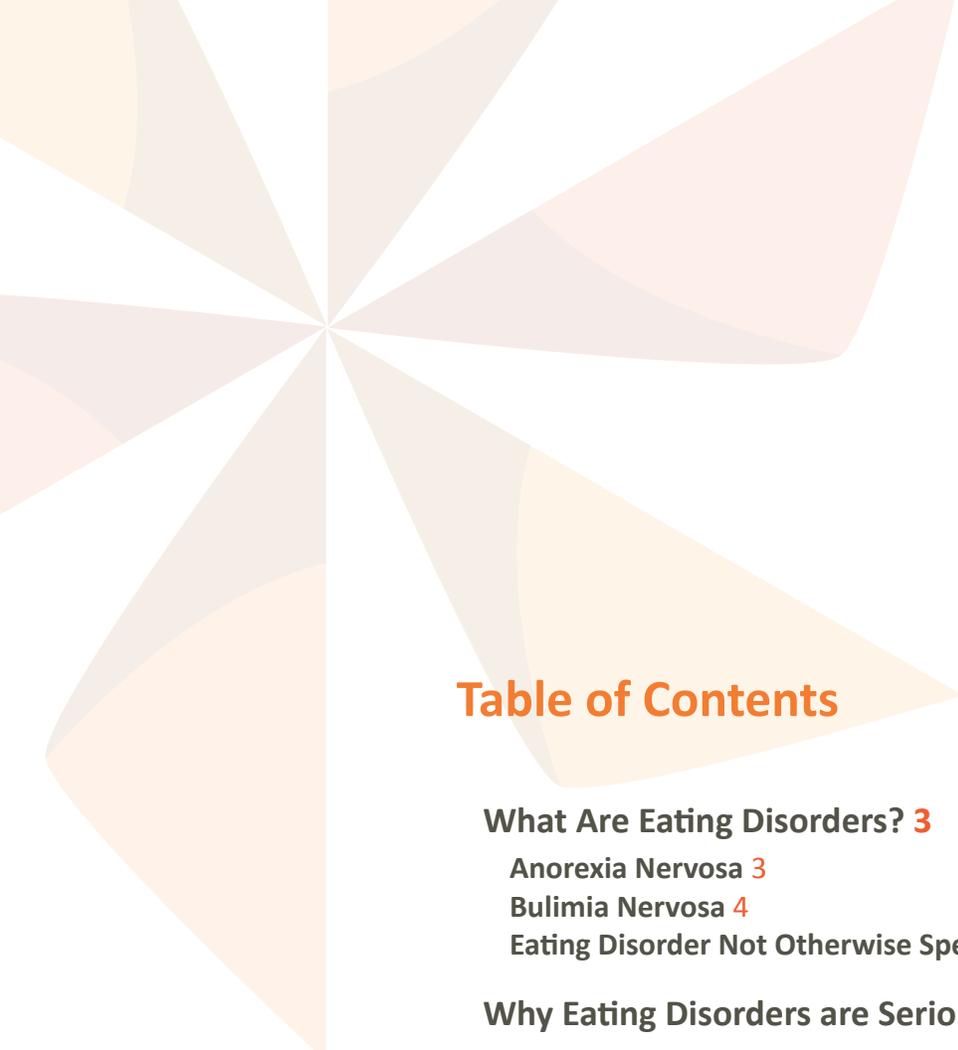


Table of Contents

What Are Eating Disorders? 3

Anorexia Nervosa 3

Bulimia Nervosa 4

Eating Disorder Not Otherwise Specified 4

Why Eating Disorders are Serious Problems 5

What Causes These Eating Disorders? 5

Some Things to Consider 6

For the Youth 6

For Your Family 7

Your Thoughts and Feelings 8

Seeking Help 8

What Does Treatment Involve? 9

The Process of Recovery 9

Further Resources 10

For Further Information 10

What Are Eating Disorders?

Eating disorders are very complex illnesses. Many things contribute to their development. The media makes thinness look glamorous and desirable, but people do not develop eating disorders because they are trying to get attention or look like fashion models.

Eating disorders can have very serious and harmful effects on young people and their families. Youth with eating disorders are often lonely and terrified. Families often don't know what to do. There may be a delay between the start of an eating disorder and a decision to look for help. The person with the problem may feel more and more isolated. She may think that others cannot understand or help her.

This booklet provides information on eating disorders in children and youth. It also offers some suggestions for coping during difficult times and finding help. The booklet refers to those struggling with an eating disorder as "she." However, it is important to point out that boys and young men can also develop eating disorders that are serious and may be life-threatening.



Doctors refer to three eating disorders:

- Anorexia Nervosa
- Bulimia Nervosa
- EDNOS (eating disorder not otherwise specified)

Anorexia Nervosa

There are two types of anorexia nervosa:

- 1 The first is a **"restricting"** type of eating disorder. A person with this type of anorexia nervosa:
 - Is below normal weight and usually has on-going weight loss because she restricts food intake.
 - May overexercise to burn off unwanted calories.
 - Usually is preoccupied with food and thinks constantly about eating and calories. May cook for others.
 - Can develop rituals around food and eating like cutting food into tiny pieces and taking a long time to eat.
 - Often has a body image disturbance. She feels fat and may see herself this way even when she is very thin.
 - Usually has unrealistic thinking patterns. "Everything will be okay just as long as I am thin." Thinking may be extreme, perfectionistic or "all-or-nothing." For example, she may think that anything less than 90% on a test is a sign of failure.

- 2 The second type of anorexia nervosa is the **"binge eating and/or purging"** type. It is the same as the first type, but also includes binge eating or purging, or both. Binging is eating a large amount of food very quickly and usually in secret. People often say they feel out of control or like they are in a trance when they binge. People purge to avoid gaining weight from unwanted food or the effects of eating. Some forms of purging are self-induced vomiting and overexercising.

Diagnosis of anorexia nervosa

An adult who does “not maintain a minimally normal weight for age and height” can be diagnosed with anorexia nervosa. Not every thin person has this illness, but someone does not have to be extremely skinny to suffer from anorexia nervosa.



Bulimia nervosa

The main feature of this eating disorder is regular binge eating followed by efforts to compensate for, or prevent possible weight gain.

A person with bulimia nervosa:

- Feels a loss of control over eating and fears she won't be able to stop.
- May attempt to avoid weight gain through purging behaviours such as vigorous exercise or fasting.
- Is usually within an average weight range, although weight may fluctuate widely over time.

Eating disorder not otherwise specified (EDNOS)

Doctors use EDNOS as a diagnosis when all the criteria for anorexia nervosa or bulimia nervosa are not present. For example, an individual may purge after eating but not binge eat. Most people who seek treatment are diagnosed with EDNOS because their symptoms do not fit nicely into either the anorexia nervosa or bulimia nervosa categories. This disorder, however, is every bit as serious as anorexia nervosa and bulimia nervosa.

More facts about anorexia nervosa

- » Up to 50% of those with anorexia nervosa will binge and purge.
- » About 1 in 200 female youth develop anorexia nervosa.
- » It usually develops during the adolescent years. This may be partly because young people are very self-conscious about their bodies. Also, there are many pressures to be thin in our society especially for females.
- » There are a number of reports on anorexia nervosa in the 8–14 year old age range. In many instances it occurs before the child has undergone puberty.

More facts about bulimia nervosa

- » About 1–3% of female adolescents and young women struggle with bulimia nervosa.
- » It usually occurs in mid- to late adolescence and in young adults.
- » Bulimia nervosa can occur in very early adolescence.

Males and anorexia nervosa

90% of those with anorexia nervosa are female. That may change as the media focuses more on the body shape of young males and men. Females continue to face extreme pressures to be thin and are bombarded with negative body image messages each and every day.



Why Eating Disorders are Serious Problems

You may not notice the effects of an eating disorder immediately, but they can do serious long term damage. It is important to get help as early as possible. The effects may be very hard or impossible to reverse. They may include:

- Irregular periods or loss of menstruation with much difficulty getting back to normal. This may have a long term impact on the ability to get pregnant.
- Dizziness, lack of energy, and malaise (a general feeling of unwellness), as a result of low blood pressure and/or dehydration.

What Causes These Eating Disorders?

Many things contribute to the development of an eating disorder:

Individual factors

The young person at risk is often a perfectionist and has felt “not good enough” for a long time. She has low self-esteem and self-doubt. She may not know the best weight range for herself and may use weight “numbers” to measure how she feels about herself. She is sensitive to the needs of others, but has difficulty seeing and talking about her own needs and feelings.

Family factors

Families do not cause eating disorders. However, the ways family members communicate can be a contributing factor. As a family tries to cope with an eating disorder, communication may become tense and explosive.

Cultural factors

These factors include the many pressures that women and men face in our society. For example, we expect women to be attractive and assertive. We encourage them to find careers and at the same time to be “super-moms.” And all around us, the message on magazine covers, in movies, on TV, and on billboards is “thin is beautiful.” So, it is not unusual for a young woman to wish to be thin and to decide to lose weight. At first, friends and family may encourage and support dieting. But, dieting can lead to a serious eating disorder in a young person with other risk factors.



- Weak bones.
- Signs of starvation—dry skin, feeling cold, loss of hair, depression, anxiety, problems concentrating, etc.
- A delay in growth or possible stunting of growth in children and adolescents.
- Tooth decay, tooth loss, and gum disease as a result of repeated vomiting.
- Electrolyte disturbances—this is a change in those substances which help our bodies to work properly. For example, low potassium levels can lead to problems with the heart, nervous system, and muscles.
- A high risk of heart irregularities which can cause death
- Negative feelings about self—depressed, hopeless, not good enough.
- Thoughts about suicide or self-harm in some people.

Some Things to Consider

For the Youth

1. It is important to realize that someone with an eating disorder often thinks and feels that nothing is wrong. Even though you feel anxious about gaining weight and you want to keep losing weight, you may not see this as a problem. It takes a great deal of courage to seek help and develop a working relationship with a counsellor or therapist. Getting help does not have to mean a loss of control.
2. You may not be able to overcome these problems on your own, but you can get help and you can overcome an eating disorder. It is normal to feel discouraged and doubt that anyone can understand your experience. An eating disorder can be devastating. It is easy to be confused by the different thoughts and feelings that you have. However, there are others who understand what you have been going through.
3. Your body has been going without food for some time. This can cause many of the symptoms of an eating disorder. Your body does not know the reason you are not eating, and it reacts by showing symptoms of starvation. These include physical effects like drying skin, hair loss. They also include psychological effects such as feeling irritable or depressed. Once you have reached a state of starvation, it is difficult to reverse on your own.
4. Binge eating and purging are not diseases. They are behaviours that can change. Many things can contribute to a binge, including dieting and feeling lonely, angry or inadequate. When bingeing is followed by purging, it can be more serious and more upsetting for you. You may feel helpless and hopeless. It is very important to realize that you are not at fault; these behaviours are ways of coping with how you feel.
5. It can be very helpful to ask why our society puts pressure on us to be thin. Body shapes in magazines, movies and on TV are often very unrealistic and can damage feelings of self-esteem. Try to examine these media messages and decide for yourself what is “real.”
6. If you are an older youth, check out the self-help groups that you might wish to attend. These groups can help you to feel less isolated and that “you must go through this alone.” They can provide valuable information and help in getting treatment.
7. Many people with an eating disorder say they feel like there are two parts to them. One part may desperately want help, but the eating disorder part, tries to stop them from looking for help or treatment. You probably have mixed feelings, too. This is called “ambivalence” and it is very common. You may be afraid of losing a part of yourself that in some ways has felt like a “friend” that has helped you to cope with life. But, you must find ways to support and strengthen the part of yourself that wants to get better and have a life free from an eating disorder. Talk to your family doctor or to a school counselor that you trust. Describe how you are feeling. Think about asking a friend or family member to go with you to appointments and support you during treatment.





For Your Family

1. If you think someone in your family may have or may be developing an eating disorder, it is important to get professional help. A good place to start is with your family doctor. If needed, your doctor can make a referral for more specialized evaluation and treatment.
2. Families often go through several stages as their child loses weight. At first, they may notice some weight loss. As time goes on, they develop concern, anxiety, fear, and even disbelief at how much weight the child has lost. It is important to seek help as early as possible. Dieting that is ongoing and chronic can have serious consequences. Do not regard the signs and symptoms as “a stage she’ll grow out of.” They are a signal to look for help as soon as possible.
3. If your daughter or son has an eating disorder, do not get caught up in self-blame. Family issues may play a part in the disorder, but feelings of self-blame do not help the recovery process. And, do not blame your child; it may cause more harm to her feelings about herself. Try to separate the person from the problem, the eating disorder. Focus on supporting her efforts to recover. When a child or adolescent develops an eating disorder, it is crucial that parents work together even if they are separated or divorced.
4. It is very upsetting for a family to be faced with a daughter or son who is unable to eat. It is normal to feel frustrated, hopeless, angry, afraid, and guilty. When family members recognize and admit to these feelings, they are more likely to get help. It is important to discuss these feelings with a health care professional.
5. If you have a daughter with an eating disorder, you have probably tried many ways to encourage her to eat. You may have had bitter arguments at the dinner table and tried begging and even threats. It is important to realize that your child is terrified to gain weight. It will not be easy for her to undertake recovery and let go of the eating disorder. It can feel like a great risk and may mean facing tremendous fears. However, there is a strong role that you as a parent(s) can play in your child’s recovery. Your treatment team can coach you on the best way to manage these issues at home.
6. Many parents find it very helpful to meet other parents who have gone through similar experiences. Look into the possibility of joining or starting a support group for parents in your community. Peer counseling may be available. The agencies listed at the end of this booklet are a place to start.



Your Thoughts and Feelings

A person with an eating disorder often has unrealistic thoughts and attitudes, for example:

- “If I start to eat more, I’ll lose control and get fat.”
- “If I don’t lose another five pounds, I’ll never be happy.”
- “I’ll always be depressed and lonely. No one understands what this is like.”
- “No one really likes me.”
- “I have to be the sickest person with an eating disorder in order to justify getting help.”

As an eating disorder develops, your thoughts are more and more about food, eating, weight, shape, self-doubt, and helplessness. These kinds of thoughts can have a deep effect on the way you feel. It is important to learn how these thoughts and feelings have contributed to your eating disorder. As part of the recovery process, you will learn other ways of thinking and feeling about yourself. It will also be important to gain weight if necessary and learn normal ways to behave around eating.

Seeking Help

It is important to find treatment you feel comfortable with and can trust. Part of this trust is based on working with health care professionals who understand your experiences. You will need to feel that you can work together on a variety of concerns and issues. These will include weight gain and preoccupations with food. Remember that it is not you against them, but rather, you, your family, and the treatment team against the eating disorder.





What Does Treatment Involve?

A team of health care professionals will be responsible for your treatment. All the members of the team are experienced in assessing and treating children and adolescents with eating disorders. We know there are differences between young people and adults with eating disorders so experience with this age group is very important. Treatment is designed with the age and needs of each child or youth. It is based on a biopsychosocial model. This will include medical and nutritional counseling. A physician will regularly check your physical condition. There will be follow-up and attention to your psychological, social, school, and spiritual needs.

You will have one-to-one sessions with a therapist or counsellor. There are many kinds of psychotherapy that could be useful. One type of therapy called cognitive-behavioural therapy has been very helpful for the bulimia nervosa type of eating disorder. This therapy focuses on thoughts, feelings, and behaviours, and the relationships between them.

It is important for the family to keep an open mind towards parental counselling, family therapy, or marital therapy. One or more of these therapies will likely be a valuable part of the overall treatment plan. Family-based therapy is the best treatment for younger adolescents with anorexia nervosa. In the beginning, it will focus on showing parents how to safely and successfully help their child to eat. One kind of therapy—Multiple Family Day Therapy—involves a number of families meeting together with therapists over several days of treatment. It includes follow-up sessions for a number of months.

A good therapist will be objective and not blame anyone in any of these types of therapy sessions. Instead, the therapist will help families to explore positive ways to communicate and interact.

The Process of Recovery

Many things contribute to recovery from an eating disorder. One key factor is learning to care for and nurture oneself. For example, it may be helpful to keep a journal, read material with a positive message, or do something just for pleasure.



It is important to recognize that it takes time to get better. There will be ups and downs. Recovery is a step-by-step process of taking risks. There will be some difficult times. Sometimes you may slip and think that means you are not making progress. However, this is part of recovery and may in fact mean that you are getting ready to take the next forward step. It is best to see these difficult times as a chance to learn more about yourself. Remember that the process and timetable for each person's recovery is different and will depend upon you and your family's unique needs.

Further Resources

National Eating Disorders Association (NEDA) – Parent Toolkit

www.nationaleatingdisorders.org/information-resources/parent-toolkit.php

This toolkit is for anyone wanting to understand more about eating disorders and how to support a family member or friend who’s affected.

Meal Support Video

tinyurl.com/mealsupport-video

This video demonstrates strategies that families can use before, during and after meals to provide structure and support for youth with eating disorders.



Books

- Brave Girl Eating by Harriet Brown (2010)
- Help your Teenager Beat an Eating Disorder by James Lock & Daniel Le Grange (2005)
- A Parent’s Guide to Defeating Eating Disorders: Spotting the Stealth Bomber and Other Symbolic Approaches by Ahmed Boachie and Karin Jasper (2011)
- Feeding Your Anorexic Adolescent by Claire Norton (2009)
- Goodbye Ed, Hello Me by Jennifer Schaefer (2009)

BC Children’s Hospital Family Resource Library – Eating Disorders Bibliography

www.cw.bc.ca/library/pdf/Eating%20Disorders%20Bibliography%20Sep08.pdf

604-453-8335 (Toll Free: 1-800-331-1533)

Email: FSRC@cw.bc.ca

For Further Information

Kelty Mental Health Resource Centre

604-875-2084 (Toll Free: 1-800-665-1822)

keltymentalhealth.ca or keltyeatingdisorders.ca

www.youtube.com/user/KeltyMentalHealth

www.keltymentalhealth.ca/blog/tags/71

The Kelty Mental Health Resource Centre is BC’s information source for children, youth and families dealing with mental health and substance use issues. In addition, the Centre offers resources on eating disorders for all ages. Peer support is available for youth, parents and those struggling with eating disorders. For further information you are welcome to call, visit or send an email to the Centre at keltycentre@bcmhs.bc.ca. Visit the Kelty YouTube channel for educational videos on eating disorders and other areas of mental health and substance use.

Jessie’s Legacy Eating Disorders Prevention Program, Family Services of the North Shore

604-988-5281 ext. 204 or www.familyservices.bc.ca/professionals-a-educators/jessies-legacy

The Jessie’s Legacy Eating Disorders Prevention Program provides media watch, on-line and telephone support, psycho-education groups for parents, an Eating Disorder Support Group for Parents, Partners and Friends, and one-to-one brief counselling.

Looking Glass Foundation for Eating Disorders

604-904-2226 or www.lookingglassbc.com

An organization formed by parents, friends and individuals who have lived experience of having a child suffering from an eating disorder. Online support groups are offered for adolescents and adults with eating disorders and their family or friends.

National Eating Disorder Information Centre (NEDIC)

www.nedic.ca

Provides information, resources and a Canadian directory on eating disorders, offers self-help and prevention tips for family and friends of all ages struggling with eating disorders.



Additional copies of this booklet may be purchased by writing to the Provincial Specialized Eating Disorders Program, BC Children's Hospital, Mental Health Building, 4500 Oak Street, Vancouver, BC, V6H 3N1.

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About the Author

Dr. Manley received his Ph.D. degree in clinical psychology from Queen's University, and has been working as a psychologist in the field of eating disorders for over twenty-seven years at BC Children's Hospital. He is also a Clinical Assistant Professor in the Department of Psychiatry at the University of British Columbia. He has co-developed the Perceived Body Image Scale, a tool for assessing

body image in women, and has conducted numerous workshops on eating disorders. His clinical work currently includes consultation and psychotherapy. Dr. Manley is a registered weight training instructor, personal trainer, and yoga fitness instructor. He has a particular interest in the treatment of recreational and elite athletes with eating disorders, as well as in the treatment of trauma.

