

Understanding Eating Disorders in Children

Fussy Eating vs Eating Disorders

A 'fussy' eating stage can be a normal part of children's development. They may not like the taste, shape, colour or texture of particular foods. They may like something one day but dislike it the next. They may refuse to eat vegetables or to try new foods.

It's a way of exploring their environment and asserting their independence, and their appetites can go up and down depending on how much they're growing and how active they are.

So, what are eating disorders?

Eating disorders are not just about food. They are serious, complex mental illnesses affecting people of all ages, genders, ethnicities and backgrounds.

Eating disorders can cause serious harm both physically and emotionally, and they have the highest mortality rate of any mental illness.

Statistically, eating disorders affect more females than males and early signs can begin when a child is 8 years old or younger. Since lockdown, the number of children with eating disorders and other mental health issues has risen dramatically.

Eating disorders can take over a child's life and can have immense impact on home life, school and social life whilst also impacting the lives of the entire family. Children can make a full and lasting recovery from an eating disorder with the right help and support. Early diagnosis, intervention, and treatment is critical.

What causes eating disorders?

There is a complex range of factors, including genetics, biology, psychology and surroundings. Eating disorders can be a way of coping with feelings or situations that are making the child unhappy, angry, depressed, stressed, or anxious. They may also be coupled with specific anxiety disorders such as obsessive compulsive disorder (OCD).

Food becomes a problem when it is used to help cope with painful situations or feelings, or to relieve stress, perhaps without even realising it. An eating disorder is often symptomatic and suggests there is an underlying issue that needs to be identified, understood and treated.

What are the first signs?

The most obvious sign of a problem is weight loss but changes to physical appearance may not be apparent right away. In fact, many children with eating disorders look perfectly healthy.

Some general signs that may be associated with all eating disorders include:

- Low self esteem
- Irritability and mood swings
- Tiredness
- Feeling cold
- Poor concentration
- Social withdrawal
- Delay in sexual development
- Feelings of shame, guilt and anxiety
- Obsession with their appearance
- Wearing baggy clothes to hide their body
- Preoccupation with and/or secretive behaviour around food

- Self-consciousness when eating in front of others

Other signs may include:

- Cutting out lunch at school
- Saying they've already eaten, they're not hungry
- Hiding food
- Food missing from fridge
- Being more secretive
- Wanting to be alone
- Going to the toilet immediately after meals
- Making themselves sick
- Self-harm
- Obsessive exercising
- Losing monthly menstruation cycle

Types of Eating Disorders

Anorexia nervosa.

Children with anorexia tend to have a distorted view of their bodies. They have an intense fear of weight gain and deliberately eat very little. First signs might be increased rigidity around eating, being much more selective about the types of foods or the times of day of eating, starting to lay down rules about what they can and cannot eat. These increased rigidity and restricted eating practices don't start to look like weight loss until further down the line.

ARFID - Avoidant Restrictive Food Intake Disorder

This is an umbrella term to describe clinically significant food avoidance where, unlike anorexia, concern about weight and shape is not a factor; instead ARFID might be for reasons such as sensitivity to taste or texture, a response to a distressing experience with food e.g., choking or a lack of interest in eating.

Bulimia nervosa

It's quite common for children to find it difficult to stop eating in the presence of e.g., party food. With bulimia nervosa this starts to become shameful behaviour. So, if a child at a party or at a buffet has had a lot of cake, you might then start to see that their eating of the cake becomes more secretive. In more serious cases, the child feels a need to get rid of the cake – for example, by vomiting.

A certain level of maturity is needed before children start to experience social emotions such as shame and guilt, but teasing about weight and self-consciousness about being overweight can start young and be a risk factor for disordered eating behaviour. In some cases, being weighed and measured in school is also thought to contribute to this.

Binge-eating

Unlike Bulimia, Binge eating does not involve purging. There is a sense of loss of control: eating faster than others, eating until uncomfortably full, and eating lots of food when not hungry. Food may offer feelings of calm or comfort or reduce levels of stress. But a binge can also have the opposite effect, causing anxiety, guilt, and distress.

OSFED - Other Specified Feeding and Eating Disorders

There is often overlap between different types of eating disorders. If the child's symptoms don't exactly match the symptoms for Anorexia, Bulimia or Binge eating, then they may be diagnosed with Other Specified Feeding and Eating Disorders.

When should parent, carer or teacher get help?

Seek help as early as possible. The earlier a child gets help, the more likely they are to recover successfully. Talk to your child, ask them if they're OK and if there's anything they want to talk about. Of course, they may not want or feel able to talk to you about it; they may be in denial or simply not see it as a problem. In any case, let them know that you are there to help.

Where to get help?

Start by contacting your GP. Or speak to the Special Educational Needs Co-ordinator (SENCO) at your child's school. It can be helpful to make notes about your main concerns before the appointment. Your child may well be in denial, and it will help if your concerns are clear and specific. Your child can then be assessed and may then be referred for specialist help.

What are the main treatments for eating disorders?

There are various forms of treatment, depending on the types of eating disorder and the child's symptoms. Family therapy, cognitive behaviour therapy (CBT), personalised eating plans, out-patient supervision. In extreme cases, if a child has lost a dangerous amount of weight or if other treatments don't seem to be effective, the child may be treated in hospital or in a special unit for children and young people.

NB Currently, there may be a long waiting list for specialist help in some areas of the country. You should not let this deter you from seeking help.

What can parents and other family members do to help?

It's important that the whole family understands the situation and that they too have support.

The following organisations offer advice online:

- Anorexia and Bulimia Care: advice for family and friends
- Beat: supporting someone
- Family Lives: eating disorder help
- Young Minds: help for parents

You can also ask your GP about support groups for parents caring for someone with an eating disorder.

Books about eating disorders

'Anorexia and Other Eating Disorders: how to help your child eat well and be well' by Eva Musby.

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See Eva Musby's website for further resources, help sheets, videos, audios, etc.

www.anorexiafamily.com

'Boys Get Anorexia Too: coping with male eating disorders in the family' by Jenny Langley

Paul Chapman Publishing

See Jenny Langley's website for further resources including case studies and top tips for parents and carers.

www.boyanorexia.com



'Caring for a Loved One with an Eating Disorder: The New Maudsley Skills Based Training Manual'
by Jenny Langley, Janet Treasure, et al

Routledge 2018

'How to Help Someone with an Eating Disorder: A Practical Handbook' by Dr Pamela Macdonald

Welbeck Balance 2021

