

Eating Disorders: Anorexia and Bulimia

Q1

What do anorexia and bulimia nervosa mean?

How are they different?

- *Anorexia*: A child with anorexia has a propensity to miss meals, goes on an extremely restrictive diet and unhealthy diets, has an obsession with thinness, weight and food, and irregular eating patterns or rituals. Weight is less than minimally expected" in anorexia nervosa, food consumption is reduced, and there are disturbances in the way weight and form are perceived. You can hear your child complains about weight and/or body often/or repetitively.
- *Bulimia*: In the form of bingeing, bingeing or overeating, bulimia introduces itself, accompanied by purging, either by induced/forceful vomiting or by laxatives (**Fig. 1**).
A child may suffer concurrently from both disorders; one may also suffer from body dysmorphia and see herself as "fat," even though extremely underweight.

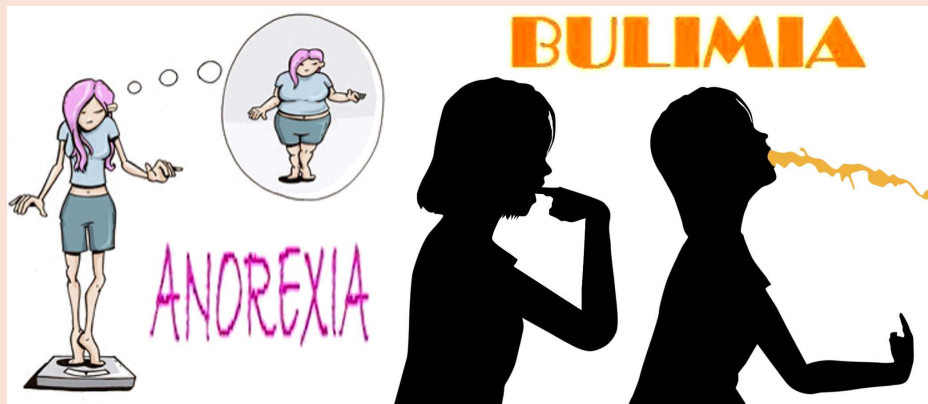


Fig. 1: Anorexia and bulimia nervosa.

Q2

When do I recognize or suspect anorexia/bulimia in my child?

The following are some of the pointers to the feeding disorders in your child:

- Feeding or consuming small portions
- Intense anxiety about being overweight
- Distorted view of the body
- Strenuous exercises (for more than an hour)
- Hoarding and concealing food
- Feeding secretly
- Runs away immediately after meals, sometimes to the bathroom
- Significant weight modifications, both up and down
- Withdrawal from social affairs
- Depression
- Irritableness
- Weight loss concealed by wearing bulky clothing
- Cramps of the stomach
- Menstrual problems, cycles absent
- Dizziness
- Feeling cold a chilly all the time
- Problems with sleep
- Cuts and calluses around the finger joints at the far end (from sticking finger down throat to cause vomiting)
- Thinning of head hair, dry, and delicate hair
- Cavities due to vomiting, or decoloration of teeth
- Cold, mottled, or swollen hands and feet
- Signs of anxiety or depression

You should be alarmed if these symptoms are present in your children, particularly in adolescents.

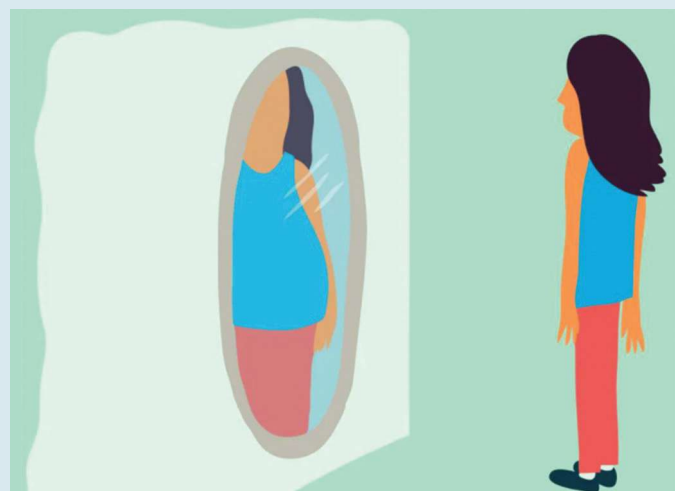
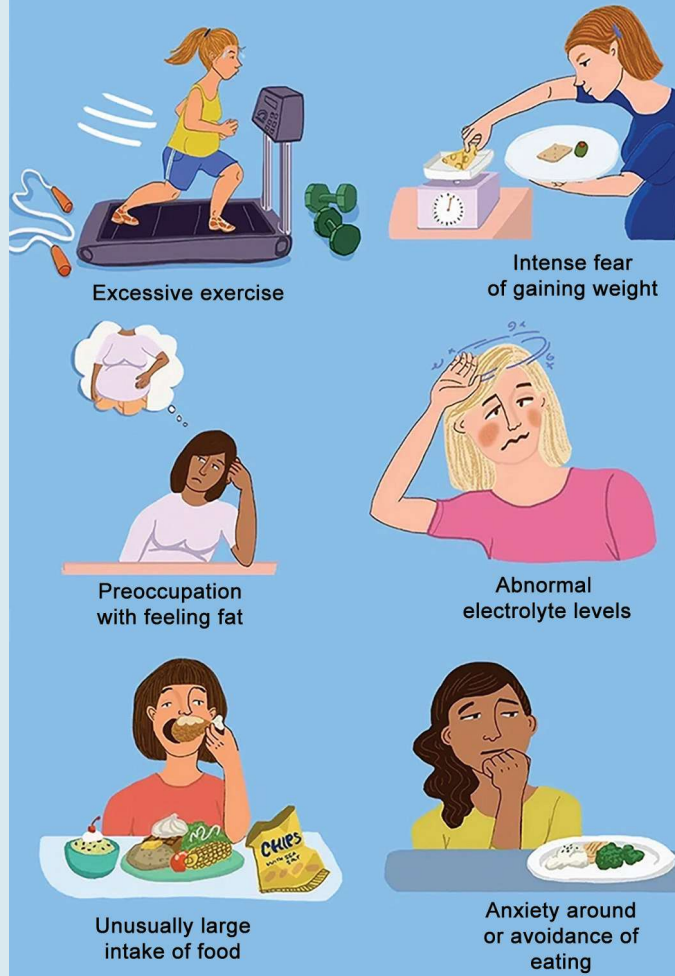
Q3

My pre-teen child is diagnosed with anorexia nervosa. What could have caused this?

The cause of an eating disorder is difficult to pinpoint. Typically, the disorder starts with dieting, then progresses to excessive and unhealthy weight loss.

- Several variables are believed to be related to eating disorders.
- Social attitudes toward body image is one factor. It is believed that unrealistic people play a significant role in the development of a negative body image.
- Adolescents with eating problems are more likely to come from families with a history of eating disorders.
- Genetics may also play a role. The families usually have high stress levels, weak communication habits, unrealistically high expectations, and underdeveloped problem-solving abilities.
- Sports or activities that emphasize leanness (e.g., dance, biking, or wrestling)
- The greater prevalence of eating disorders is correlated with activities in which scoring is partially subjective (e.g., skating or gymnastics).
- Individuals with eating disorders most likely suffer from body image issues as well (**Figs. 2A and B**).

Potential Signs of an Eating Disorder



Figs. 2A and B: Potential signs of an eating disorder.

Q4

What should we be hoping for from treatment?

Primary Goals

- Improve the problematic patterns of eating.
- Normalize and stabilize weight.

Secondary Goals

- Altering the problematic cognitions, attitudes, and beliefs that help to maintain the disordered eating patterns.
- To address psychiatric and medical comorbidity, e.g., depression and anxiety issues, electrolyte disturbances, etc.

All goals are interlinked. Normalization of the weight will improve mood and behavioral patterns.

Q5

What are the options for treating these conditions?

Psychotherapy remains the cornerstone of the treatment. The following evidence-based therapies may be offered alone or in combination:

- *Family-based therapy—Maudsley method/approach*: Parents take up the responsibility of referring the child full weight restoration can occur with therapist's guidance and support.
- *Cognitive behavioral therapy (CBT)*: Targets dysfunctional beliefs, values, attitudes, and behaviors that maintain the eating disorder.
- *Interpersonal therapy*: Focuses on interpersonal difficulties contributing to the onset or maintenance of the disorder especially for bulimia nervosa.

Other than above, there are several alternative therapies. Drugs are not used as

first-line therapy and also not to be used alone. These may be used along with psychotherapy to relieve symptoms of comorbid anxiety, depression, obsessional thoughts, and to manage suicidal patient.

Alternative Therapies

- Art therapy
- Biofeedback
- Equine-assisted psychotherapy
- Coaching, emailing for support/coaching
- Yoga
- Meditation
- Exercise
- Hypnotherapy
- Journaling
- Psychodrama

Q6

How do I encourage my child to take therapy and what should I be doing to help?

- Be empathetic as the first step to seek help is often very scary for the child.
- Ask if you could help in taking the appointment.
- Follow up on their promise to see the therapist (do not buy the excuses).
- Ensure medical check-up.
- If first experience is not good encourage the adolescent to see another clinician (**Fig. 3**).
- Do not ignore comorbidities such as depression and anxiety as it can help them to seek treatment for eating disorder.
- Remind them about the positive aspects of getting well...shifting focus from short to long-term.
- Always maintain a middle ground—Do not excessively force and at the same time, do not ignore.
- Set your own boundaries—what will be allowed and not (be prepared to be emotionally manipulated).
- Seek to be involved with their treatment.
- Be ready for negative reactions.

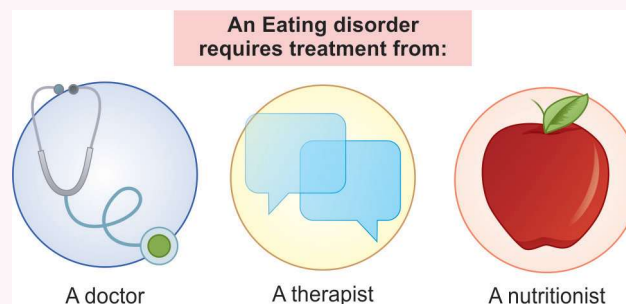


Fig. 3: Treatment of an eating disorder.

Q7

If my child is not cooperating, is it ok for me to force my child to eat? How do I prepare my child for festivals, large gatherings, and parties, where there are a lot of food-related triggers?

- Resistance or noncooperation from a child suffering from eating disorders is not uncommon. In fact, the biggest challenge in management of eating disorders is to get the cooperation of the concerned child. Please do not attempt to force the child to eat. That will be counterproductive. It may lead to hardening of positions and the rebellious child may not even be ready to seek professional help.
- Preparation for festivals and large gatherings such as marriage or other family functions, which are food zests in our culture poses a great challenge. The child needs to be made mentally prepared for such occasions.
- Be with your child, try to make meal plans that you both agree on.
- Agree with the family that the portion sizes, calories or the fat content of the meal will not be addressed by either of you.
- Throughout the meal, strive to keep the mood light-hearted and optimistic, even if you do not feel that way.
- In case your child wants to get interested in preparing the meal, politely ask them to set the table or wash up instead. During mealtimes, try not to dwell too much on them. Enjoy a meal of your own and attempt to converse.
- A post-meal family activity, such as a game or watching TV, may help keep them from having to purge or over-exercise. Emphasize that you love them and will always be there for them, regardless of what makes them aware of the variety of clinical assistance available and say that through it you will help them.
- Suggest things that do not require food, such as hobbies and days out with friends, that they should do. It is advisable to take professional help in preparation for such situations where few sessions of "nutrition education and psychological therapy" in the form of "cognitive behavior therapy", "family-based therapy" and "group cognitive therapy" can be arranged. Medications in form of antidepressants may be used where indicated (**Fig. 4**).



Fig. 4: The endless binge and restrict cycle.

Q8

Is this a life-long disease? Is it common for children to have it?

- No, eating disorders are not chronic conditions, according to science. As per available data, around 40–45% of anorectics are fully cured, 30% improve, and 25% have a recurrent course.
- Eating disorders are illnesses that can have both remission and relapse cycles, and it takes understanding, commitment, perseverance, and mindfulness to maintain recovery over the long term. While many people who have had an eating disorder will get better, there are aspects of the disease that can persist in varying degrees.
- Future physical, psychological, and reproductive health will undoubtedly be affected. Severe conditions that cause both physical and emotional harm such as heart disease, bone loss, stunted development, infertility, and kidney damage may contribute to permanent and even life-threatening health problems. In the teenage and young adult years, eating disorders commonly occur, although they can develop at other ages. These children can return to healthy eating habits with therapy and even reverse severe problems caused by the eating disorder. Life-long dedication, persistent motivation, and commitment to the process are essential to maintain *remission*.

Q9

What are some tips for the parents to work with an eating disorder effectively?

The following are some helpful tips for preserving and protecting your child's recovery throughout the life:

- *Understand the triggers:* Unique thoughts or experiences are frequently associated with impulses to re-engage in eating disorder behaviors. By practicing healthier coping strategies and understanding what these causes are will help them better to avoid recurrence.
- *Build a support system:* If at any level, he/she thinks he/she is dealing with thoughts or behaviors of eating disorder, having a daily link with a trusted person who knows their history and background can help to provide the support and accountability they need to sustain the recovery.
- *Get involved:* There are many ways to remain linked to a culture that celebrates healing, such as volunteering, engaging in a support group, or entering a mentoring program with an eating disorder organization. It helps one to practice a tangible way of helping others and themselves in rehabilitation by being active in these groups.
- *Relapse is not equal to failure:* Never allow your self-esteem to sink. It is important to make them know that this does not mean that they have failed to recover. Relapse is often a part of recovery and this does not mean their efforts are void.
- *Stop shame and isolation:* Intensive feelings of guilt are not unusual for teenagers who experience eating disorders. A dangerous and damaging slippery slope can be the combination of not being able to regulate or avoid an eating disorder, recognizing the damage it can cause loved ones and themselves, but also coping with the shame of "betraying" their own food laws.
- *Prevent depression and anxiety:* In those who suffer from eating disorders, as both are highly prevalent and interdependent. Malnutrition not only affects how we feel, how we control moods, and how capable we feel, but it also creates an isolation that is especially difficult to break out of without social help. It is imperative that those who are struggling do not shut themselves away so they can receive advice and treatment as soon as possible.

Q10

How can we (parents) prevent eating disorders in our children?

Parents can start by ensuring that their child receives proper nutrition. Emphasize the role of food as a necessary fuel for the body and a source of energy for daily activities. Do not categorize foods into good or bad categories. Breakfast deserves special attention as it is often the first meal to be skipped in anorexia nervosa and is often avoided morning after a binge purge episode in bulimia nervosa. Do not completely restrict exercise. Healthy exercise once a day, for no >30 minutes, at no more than moderate intensity can improve mood, and make increasing calories more acceptable.

- *Stop dieting with your child:* The relationships children build with food may be affected by family dining habits. Eating meals together gives you a chance to educate your child about food pitfalls and supports fair portions of a healthy diet.

For example, there are many websites that promote harmful concepts, such as seeing anorexia as a preference of lifestyle rather than an eating disorder. Talk to the child and correct any misperceptions especially related to the dangers of unhealthy eating choices.

- *Cultivate and improve your child's positive body image, regardless of its form or size:* Talk about self-image to your child and provide reassurance that body shapes will differ. In front of your kids, stop criticizing your own body. Acceptance and appreciation will help to create healthy self-esteem and resilience that will take kids through the rocky times of the teen years.
- *Enlist the aid of your child's doctor:* Doctors may be able to detect early signs of an eating disorder during child-friendly appointments. For example, during regular medical visits, they may ask kids questions about their eating habits and satisfaction with their appearance. These visits can include height and weight percentile and body mass index tests that will alert you and the doctor of any major changes.

Consider talking about your concern for his or her well-being if you encounter a family member or acquaintance who appears to display symptoms of an eating disorder. While you may not be able to stop the creation of an eating disorder, reaching out with compassion may encourage the person to seek treatment.