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Preface
Eating disorders



Adelaide S. Robb, MD
Guest Editor

When Christopher Robin learned of Pooh Bear's predicament, he came running to help. After much thought, the boy decided that the only solution was for Winnie the Pooh to lose weight. "We're going to put you on a diet, Pooh," said Christopher Robin. "And a diet means NO HONEY!" he declared firmly.

Milne, A.A. Winnie the Pooh. 1926.

The doorknob guessed what Alice was thinking and said, "You're much too big, my dear. Why don't you try the bottle on the table?" Alice looked around again and noticed that there was a table in the middle of the hall. She moved closer and saw a little bottle on it. Around the neck of the bottle, there was a label with the words "Drink me." Alice began to taste it and, as she liked it, she drank the whole bottle. "What a strange feeling!" said Alice. She noticed that she had become so tiny that she was now smaller than the bottle on the floor beside her."

Carroll, L. Alice's Adventures in Wonderland. 1865.

Eating disorders are discussed even in children's literature, because they occur in all ages. These disorders have increased across the pediatric life span. The goal of this edition of the *Child and Adolescent Psychiatric Clinics of North America* is to examine a broad selection of these eating and feeding disorders. We have not covered topics such as pica and rumination disorders, but many other pediatric eating disorders are reviewed. The articles in this edition are for the mental health care provider and medical care provider who want to learn more about pediatric eating disorders, their diagnoses and treatments.

This issue begins with a developmental perspective examining three main developmental spans and the eating disorders that present at those times. The issue then focuses on the specific disorders, including anorexia nervosa, bulimia nervosa, and obesity. The third section involves treatment in a variety of modalities, including inpatient, group, family, individual, and pharmacological treatments. The final section deals with special issues, including genetics, eating disorders in male patients, and insurance coverage for patients.

Readers will note that each article stands alone, and the book as a whole is one of the most comprehensive reviews of the eating disorders seen in children and adolescents. These articles represent the latest developments in the fields covered. I am pleased to have so many colleagues around the United States and in Britain and Australia willing to contribute their knowledge and time to teach readers about the latest developments in eating disorder research and treatment.

The first section covers many different eating disorders from a developmental perspective, because many of the less common eating disorders are developmentally limited. This section begins with a review by Dr. Irene Chatoor of the eating disorders seen in infants and toddlers. Dr. Chatoor has performed extensive research in this age group. She examines the six eating disorders that occur in these very young children and discusses diagnostic criteria and treatment options. She reviews the current literature and suggests future directions for research. Childhood used to be a time when children were not thought to have disorders of diminished or abnormal eating. Drs. Watkins and Lask elegantly review their extensive work in the varied ways that eating and body image can go awry in the school-aged child. They discuss eating problems that are more specific to this age group, such as the selective (or picky) eater, the early onset anorexia nervosa patient, and the potentially lethal pervasive refusal syndrome, in which a child will not eat or drink anything. They examine diagnostic issues in these younger children, as well as treatment and outcomes. Dr. Cynthia Bulik discusses the eating disorders seen in adolescents and young adults and reviews diagnosis and treatment. Dr. Bulik analyzes the developmental challenges that may make eating disorders more difficult to treat in adolescents and also discusses the impact of the eating disorder on the teenager's own maturational process.

In the second section, each author examines one of the three most common eating disorders seen in childhood: anorexia nervosa, bulimia nervosa, and obesity. Dr. Pauline Powers has worked extensively with adolescents and adults with anorexia nervosa. She discusses childhood and adolescent presentations of this illness. Dr. Powers explores precipitants of the illness in childhood and treatment options. She presents data from a recent study at her medical center that involved the treatment of anorexia nervosa outpatients with olanzapine, with good results. Dr. Timothy Brewerton discusses bulimia nervosa and binge eating disorder. He explores the presentation of these two newer eating disorder diagnoses as they present in childhood and adolescence. Examinations of risk factors include abuse, family history and affective disorders. Dr. Brewerton discusses treatment options and future needs both in research and treatment. Dr. Jack Yanovski is the head of the Unit on Growth and Obesity at the National

Institute of Child Health and Human Development. Dr. Yanovski, Dr. Denise Wilfley, and colleagues review pediatric obesity. They examine the causes of obesity, the different types of obesity, and treatments. These authors discuss primary and secondary obesity, including iatrogenic obesity, caused by frequently used psychotropic medication. Special considerations in pediatric populations also are covered.

The third section of this issue encompasses treatment in all its possible permutations. Although each article in this section discusses one or two modalities of treatment, many children and adolescents with eating disorders will receive multi-modal treatments such as inpatient combined with family therapy and outpatient group therapy. The first article by Dr. Neal Anzai describes the acute, intensive levels of care for the very ill patient with an eating disorder. This article includes descriptions of inpatient, partial, and intensive outpatient programs, and how they are integrated in the care of a pediatric eating disorder patient. Dr. Brett McDermott from Australia gives an elegant discussion of a variety of conceptual and theoretical models for individual therapy of the child or adolescent with an eating disorder. His primary focus is a review of the individual therapies best suited for anorexia nervosa and bulimia nervosa. He discusses special considerations for children and adolescents with these disorders and ponders future directions for research in individual therapy. Dr. James Lock of Stanford examines two specific family therapies for eating disorders. A more general review of family therapy in eating disorders is available in the July 2001 issue of the *Child and Adolescent Psychiatric Clinics of North America*. Dr. Lock explains the Maudsley approach to family therapy in anorexia nervosa and the use of family-centered cognitive behavioral therapy for bulimia nervosa. Ms. Lisa Diamond-Raab uses the nonverbal approaches of art and expressive therapy to help those alexithymic individuals with eating disorders. She discusses the process of conducting group therapies for children and adolescents with eating disorders and then uses artwork from two separate case studies to illustrate her principals. The final article of the section, by Dr. James Mitchell of the Neuropsychiatric Research Institute, encompasses two segments. In the first segment, he discusses the medical complications, both acute and chronic, of anorexia nervosa and bulimia nervosa. Dr. Mitchell then describes the pharmacotherapy of anorexia nervosa and bulimia nervosa in both the acute and recovered phases of the illness.

The final section of this issue discusses several special topics. Dr. Miles Brennan, of the Eleanor Roosevelt Institute, examines the genetics of the three common eating disorders anorexia nervosa, bulimia nervosa, and obesity. He discusses candidate genes and reviews the exciting progress in obesity with the leptin and pomc genes in mice and humans. Dr. Adelaide Robb reviews males with eating disorders. She explores the differences in presentation and treatment that occur when boys become ill. She discusses the need for further research in this under-served population of eating disorder patients. The final article by Dr. Thomas Silber explores the issues of insurance coverage for patients with eating disorders. Whether it is obesity in a 7-year-old child, or anorexia nervosa

in a 17-year-old adolescent, eating disorder treatment frequently is not covered in the gap between mental and physical health benefits. The patients suffer, as illnesses become chronic and refractory to treatment. Dr. Silber suggests ways to navigate this complex system to gain optimal treatment for our patients.

In summary, I would like to thank all of the contributors who provided their time and effort to deliver a state-of-the-art issue on eating disorders in children and adolescents. I would also like to thank my mentors in eating disorders research, Dr. Paul McHugh, Dr. Arnold Andersen, and Dr. Irene Chatoor, who sparked my interest in this field and started me down this path of inquiry. All clinicians who treat children and adolescents know that much remains to be discovered and accomplished in this field. I hope that the funding agencies, pharmaceutical industry, and insurance companies will aid us in moving this field forward to help all children eat and grow normally over their lifetimes.

Adelaide S. Robb, MD
Medical Director
Adolescent Psychiatric Unit and Clinical Trials Unit
Children's National Medical Center
111 Michigan Avenue, NW
Washington, DC 20010-2970, USA