

## Eating disorders in young people – a parent’s guide

Dr Pippa Hugo, Child & Adolescent Psychiatrist and Lead Eating Disorder Consultant at Priory Hospital Roehampton, provides advice for parents who may be concerned their child has an eating disorder...

### 1. Eating disorders explained

If you suspect your child has an eating disorder, you might be scared to mention anything, worried you will make it worse. However, the sooner you talk with them about it, the better. Once they accept they have a problem the faster and the more likely it is that your child will be able to make a full recovery. Recovery involves not just getting physically better but also regaining a healthy attitude towards eating and improving confidence and self esteem.

There are two main types of eating disorders that commonly affect young people:

- **Anorexia nervosa**
- **Bulimia nervosa**

There are also ‘atypical’ eating disorders. These do not fully match the symptoms criteria needed to be diagnosed as an eating disorder, but are still a cause for real concern. Many patients do not meet the full criteria but can still be very unwell.

#### **ANOREXIA NERVOSA**

##### **What is it?**

Anorexia nervosa is an eating disorder which focuses on starving the body, often causing the individual to become dangerously thin. It is associated with extreme food restriction and a real fear of gaining weight, together with inaccurate self body image. Anorexia affects both genders, but is most common amongst young women between the ages of 14 and 25.

##### **Common symptoms:**

##### **Short-term**

- Significant weight loss (or failure to grow as expected in children)
- Behavioural symptoms include limiting food and drink consumption and excessive exercise
- Psychological symptoms include preoccupation with food and weight, disturbance in body image with a fear of being at a normal weight
- Can be associated with depression, anxiety, self harm and suicidal thoughts
- Physically may develop significant complications e.g. slow heart rate, low blood pressure, constipation

##### **Long-term**

- Infertility and loss of menstrual periods
- Brittle bones (osteoporosis)
- Extreme fatigue and exhaustion due to starvation
- Chemical changes in the brain, making rational decisions and concentration difficult
- Social withdrawal and impairment in all aspects of development

OVER **725,000** MEN AND WOMEN  
IN THE UK ARE AFFECTED BY  
**EATING DISORDERS**

## **BULIMIA NERVOSA**

### **What is it?**

Bulimia nervosa is an eating disorder characterised by binge-eating, often eating three or four times a normal amount. This is followed by dietary restriction, self-induced vomiting or taking laxatives to try and avoid putting on weight. Anyone can suffer from bulimia, but it is most common in young women aged between 15 and 25.

Bulimia is commonly associated with depression, anxiety, low self-esteem, loneliness and emotional distress.

### **Common symptoms:**

#### **Short-term**

- Behavioural symptoms include binge-eating followed by self-induced vomiting or taking laxatives after meals
- Psychological symptoms include preoccupation with food and weight, judging self in terms of appearance, an overwhelming feeling of guilt after binge-eating
- Can be associated with depression and anxiety

#### **Long-term**

- Problems with vital internal organs due to lack of essential minerals
- Gastrointestinal complications
- Damage to tooth enamel
- A painful throat and damaged vocal chords
- Swollen cheeks

## **ATYPICAL EATING DISORDER**

### **What is it?**

An atypical eating disorder is very similar to anorexia nervosa or bulimia nervosa, but does not meet the exact diagnostic measures of either eating disorder. For example, this may be because a sufferer's weight or BMI does not meet the specific threshold for these disorders or menstruation still occurs.

The symptoms and causes of atypical disorders may be very similar to anorexia nervosa and bulimia nervosa but the overall clinical picture does not allow for the same diagnosis.

### **Common symptoms**

The symptoms may match those listed for bulimia nervosa and anorexia nervosa, but individuals will most probably not suffer from the full list of symptoms. Children and adolescents often suffer from more atypical forms of these disorders.

## **2. How common are eating disorders?**

Eating disorders are serious mental health condition. Over 725,000 men and women in the UK are affected by eating disorders. Although anyone can develop an eating disorder, young women are most likely to suffer particularly in their teenage years. It is important to remember that boys get eating disorders too – up to 10% of young people with eating disorders are male. Although serious, eating disorders can be treated and recovery is possible. Eating disorders impact every area of life – physical, emotional and social, young people's development is seriously affected and the impact on families is significant. The sooner people receive treatment the better chance they have of recovery and preventing the long term impact on their lives.

“ A PART OF YOU WANTS TO CRY OUT FOR HELP,  
HOPING SOMEONE WILL CATCH YOU AND FORCE YOU  
TO GET HELP, BUT YOU CAN'T ASK FOR HELP.  
YOU CAN'T BECAUSE IF YOU TELL SOMEONE, THEN IT'S ALL OVER,  
YOU'RE NOT IN CONTROL ANYMORE ”

Natalie

“ MY PARENTS  
GOT RID OF THE SCALES  
AND ALL THE MIRRORS IN OUR HOUSE ”

Hannah

### 3. Why do people get eating disorders?

There is no single reason why someone develops an eating disorder. There is no one gene responsible for eating disorders but it seems there is some biological vulnerability in people who develop these conditions. Many sufferers also tend to be anxious and perfectionists who struggle to manage strong emotions.

- **A world dominated by appearance**

Teenagers live in a world dominated by appearance so become more self-conscious around this time of life. Adolescence, with its many challenges, often provides the trigger for dieting which can lead to the development of an eating disorder. Causes can vary but include school changes, family problems, peer pressure and bullying.

- **Common behaviours**

People with an eating disorder tend to have very low self-esteem and will judge themselves very critically in terms of their weight and shape. They become obsessed with food, weight, shape and day-to-day lives are usually led by thoughts, feelings and behaviours around food and eating. Sufferers use behaviours (sometimes life-threatening) as a way of coping with these difficult thoughts and feelings including extreme dieting, vomiting, excessive exercise, binge eating. Many people will feel very ashamed of their symptoms and can gradually distance themselves from friends and family.

Although they can sometimes recognise that what they are doing is unhealthy, because of the strong drive to manage food and weight they find it difficult to stop. Eating disorders are associated with a high incidence of other mental health conditions such as anxiety and depression.

NOT UNCOMMONLY THEY WILL AVOID  
**ANY DISCUSSION**  
ABOUT WHAT THEY ARE DOING AND  
**DENY THAT THERE IS A PROBLEM**



### 4. What to do when you suspect your child has an eating disorder

It can be really upsetting to suspect that your child has an eating disorder. Parents are often concerned that they may be making too much of things and hope that if left it will go away. However the disorder will not go away by itself, so although talking about it may be difficult, it is essential.

“ THE BEST ADVICE  
I CAN GIVE TO ANYONE  
IS TO OPEN UP AND  
TELL SOMEONE STRAIGHT AWAY ”

Hannah

- **Start talking**

Encouraging your child to discuss any worries and insecurities they may have will be useful in understanding the reasons that may have led them to feel badly about themselves. Establishing an open discussion about how to cope with anxieties and difficulties will be an important first step.

- **Help with healthy eating habits**

You should help encourage a healthy eating attitude and watch out to see if your child

continues with disordered eating habits. Do not wait too long before seeking advice if you are worried. It can be useful to discuss this with your child's school as schools often notice the early signs of an eating disorder or may have heard from school friends who have concerns. Schools can also be useful partners in helping young people manage their eating during treatment (e.g. supervising meals, providing medical monitoring).

- **Keep talking**

Trying to talk to someone you suspect has an eating disorder can be a scary thought. Sometimes young people with eating disorders can be relieved that their problem has been noticed as they too can be frightened. Not uncommonly though they will avoid any discussion about what they are doing and deny that there is a problem. It can be a difficult tightrope to walk between trying to support a child whilst also insisting they need help. At times it can feel that any reference to food leads to an argument.

- **Keep calm**

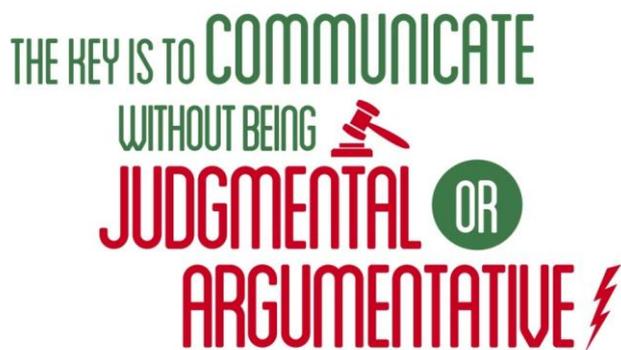
The key is to communicate without being judgmental or argumentative. Think carefully about what to say beforehand, speak calmly and be careful not to criticise or get angry or emotional. Even though the problem may be denied, given some time the young person may be able to acknowledge they have some difficulties and talk about these when they are ready.

## 5. Treatment options available

The GP is the first person to contact to discuss your concerns with even if your child is refusing to attend. Be strong and do your best to insist your child agrees to a visit with the GP. The GP will advise on the appropriate treatment available and will be the person responsible for making any referrals.

- **Community team support**

Most young people with definite eating disorders need outpatient treatment with a specialist team. Teams should be able to provide dietary advice, specialist psychotherapies and will work with paediatricians, the GP or school health to monitor the young person's physical health. Regular monitoring of physical health is crucial as individuals can become extremely physically unwell.



- **Therapy**

Specialist family therapy is most effective for eating disorders in young people, particularly anorexia nervosa. Other therapies e.g. supported self-help programmes and individual therapies such as cognitive behavioural therapy (CBT) may also be useful.

- **Inpatient treatment**

Approximately 10 - 20 % of young people require more intensive day and inpatient treatment, because they are so physically unwell, this treatment if necessary can be forced against their will.

## 6. Love and support

People with eating disorders often become lonely and isolated but those who recover say the love and support from family and friends is vital in their recovery. It is important for those close to the person to receive their own support as they frequently feel helpless, confused, frustrated, despairing and angry. Whilst families are not the cause of the eating disorder they are crucial in the recovery.

- **Avoid talking about appearance**

Think carefully about how to discuss things and what may be helpful and unhelpful because comments can be misunderstood. Saying "you look well" or "you're making progress" can sound as if you are saying "you are getting fat". The person struggling will not feel any sense of achievement by managing to eat appropriately, instead they may feel extremely guilty, and a failure, so they are not likely to take your comments as positive. It is probably better to steer clear of references to appearance. You should acknowledge what a challenge your child is facing whenever they are managing food in a positive way. There are times when as a parent you have to assume responsibility for making decisions around food to take away the guilt your child experiences when making food choices. Helping your child to develop coping skills, continue normal aspects of life and to find things outside of the eating disorder will all contribute towards building self esteem.

- **Don't give up**

Most importantly don't give up. At times things may seem hopeless but with time and appropriate help it is possible for young people to recover.

## 7. Further information

B-eat is a helpful charity providing information, support groups and resources for people suffering with eating disorders and their families. They can be contacted through the website at [www.b-eat.co.uk](http://www.b-eat.co.uk).

For information about Priory's eating disorder services call our free & confidential enquiry line on: **0800 188 4195**, email: [info@priorygroup.com](mailto:info@priorygroup.com) or visit [www.priorygroup.com/eating-disorders](http://www.priorygroup.com/eating-disorders)