

## EATING DISORDERS: ANOREXIA NERVOSA, BULIMIA NERVOSA & BINGE EATING DISORDER FACT SHEET

- Eating disorders are characterized by extreme disturbances of eating behaviors such as eating too much, eating too little or extreme distress about body weight or shape.
- Eating disorders affect both females and males.
- Eating disorders affect all areas of a child’s life (e.g., home, work, school and social life) and can lead to serious medical problems.

### Clinical Symptoms

SYMPTOM	WHAT DOES A PARENT/CAREGIVER SEE?
Refusal to maintain healthy weight	<ul style="list-style-type: none"> <li>• Excessive dieting</li> <li>• Skipping meals</li> <li>• Lying about eating</li> <li>• Refusal to maintain medically recommended weight</li> <li>• Often feeling cold</li> <li>• Becoming frail or emaciated</li> <li>• Low energy level</li> <li>• Brittle hair and nails</li> </ul>
Bingeing	<ul style="list-style-type: none"> <li>• Eating large quantities of food at one time</li> <li>• Frequently eating until uncomfortably full</li> <li>• Hiding large quantities of food or food wrappers</li> </ul>
Purging	<ul style="list-style-type: none"> <li>• Regularly using laxatives, diuretics and/or enemas</li> <li>• Exercising excessively</li> <li>• Excusing oneself to go to the bathroom immediately after eating</li> <li>• Chronically sore throat</li> </ul>

SYMPTOM	WHAT DOES A PARENT/CAREGIVER SEE?
Fear of gaining weight	<ul style="list-style-type: none"> <li>• Becoming obsessed with food, calories and/or weight control</li> <li>• Weighing self frequently</li> <li>• Only eating certain foods</li> <li>• Avoiding foods they are not allergic to and previously enjoyed</li> <li>• Eating only diet or low-fat foods</li> <li>• Avoiding social activities that involve food</li> </ul>
Negative view of body weight or shape	<ul style="list-style-type: none"> <li>• Complaining of feeling fat</li> <li>• Reporting being intensely unhappy with body size or shape</li> <li>• View of self is highly influenced by body shape or size</li> </ul>
Amenorrhea	<ul style="list-style-type: none"> <li>• Girls who have had periods do not have them anymore</li> </ul>

## Evidence-Based Practices

Evidence-based practices are treatments that have been shown through clinical research to produce positive outcomes for children and their families.

### Treatment Approaches

The following are the best-supported treatment approaches for treating eating disorders in children and adolescents:

- Cognitive Behavior Therapy
- Physical Exercise, Dietary Care and Behavioral Feedback

### Treatment Practices

The following are the best-supported treatment practices for treating eating disorders in children and adolescents:

- **Psychoeducation:** Psychoeducation is teaching children and their caretakers about their mental illness. The purpose is to help children and their families understand how the illness affects them, what kind of activities or treatment might help, and that there are others who have similar problems. This type of education helps them understand what will happen in the treatment sessions and how long the treatment might take. They will also learn what role the parent, the therapist, and the child will play in the treatment, and that they will be a team that will work on problems together.
- **Nutritional Care:** This strategy provides the family with basic information about healthy nutrition and exercise, emphasizing the impact of poor nutrition (e.g., caloric restriction, binge eating, etc.) on physical and cognitive development. It supports the caregiver in temporarily managing the child's

nutritional intake and weight with the goal of developing the child's ability to responsibly monitor his or her nutrition and weight.

- **Problem Solving:** Children with mental illnesses often think their problems are too big to handle. Problem solving is a strategy that teaches a child how to clearly identify a problem, look at all possible solutions, and choose a solution. They also learn to evaluate their choices, and if necessary, come up with different solutions. This strategy teaches children how to use problem solving in their day-to-day activities.
- **Self-Monitoring:** Children with mental illness often need help identifying and labeling their feelings and emotions. Self-monitoring helps them to keep track of a specific feeling or behavior. They learn to develop a rating scale to measure these feelings. They might keep track of how sad or happy they are feeling, or they might keep track of how anxious or relaxed they are feeling. Learning to do this will help them understand what they can do to increase or decrease the ratings.
- **Cognitive Processing:** Cognitive processing is used to teach children about how the way they think about things can affect how they feel, and how they feel can affect how they behave. Cognitive methods might be used to help children understand how their thoughts are related to their moods and behaviors. They are taught strategies to help them check the accuracy of their thoughts and replace negative or unhelpful thoughts with more positive or helpful thoughts.
- **Goal Setting:** Goal setting involves the treatment team (child, therapist, and caretakers) working together to select a therapeutic goal. Once a goal is selected, plans are developed to achieve that goal. Goal setting often involves repeated assessment of how successfully treatment is progressing to achieve the goal.
- **Maintenance/Relapse Prevention:** Maintenance/relapse prevention includes exercises and training designed to consolidate skills the child has already developed and to anticipate future challenges that might arise after the termination or reduction of therapeutic services. The overall goal of maintenance/relapse prevention is to minimize the chance that gains made during the course of treatment will be lost in the future.
- **Motivational Enhancement:** Motivational enhancement involves exercises designed to increase a child's readiness to participate in therapeutic activities or programs. These exercises can involve cost-benefit analysis, persuasion, or Socratic questioning or a variety of other approaches, but the goal is to increase motivation for engagement in a therapeutic change process.