

SAMPLE CHAPTER FROM:

The Young Mind

An essential guide to mental health
for young adults, parents and teachers

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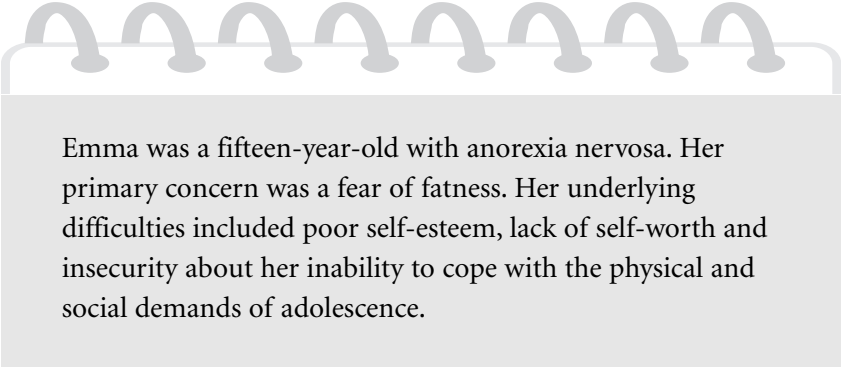
Eating Problems, Weight Problems and Eating Disorders



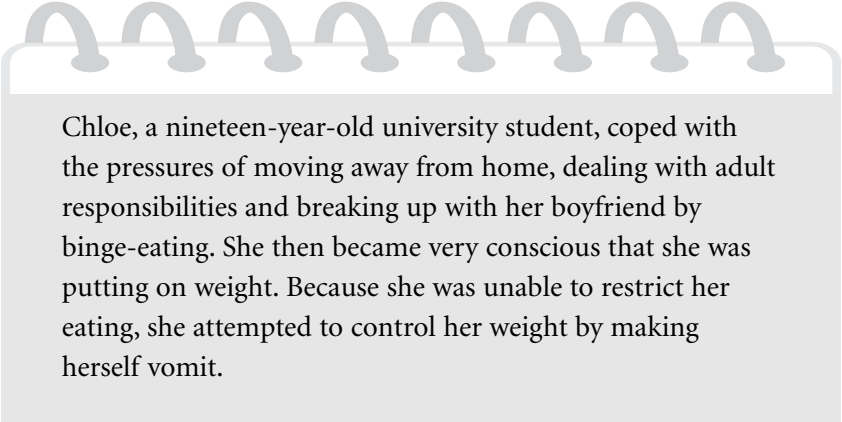
Three-year-old Joe had feeding difficulties. His mother was concerned about his faddiness and unwillingness to try new foods. She discussed this with the health visitor, who thought that Joe's problems stemmed from an anxious temperament and his mother's worries in dealing with her first child. Parents often have concerns about eating at all ages and they sometimes inadvertently reinforce a child's difficulties.



David was an overweight ten-year-old. He dealt with the sadness of his parents' separation by comfort eating, turning to junk food as a way of managing his emotional difficulties. This was compounded by the family's existing poor diet and inactive lifestyle.



Emma was a fifteen-year-old with anorexia nervosa. Her primary concern was a fear of fatness. Her underlying difficulties included poor self-esteem, lack of self-worth and insecurity about her inability to cope with the physical and social demands of adolescence.



Chloe, a nineteen-year-old university student, coped with the pressures of moving away from home, dealing with adult responsibilities and breaking up with her boyfriend by binge-eating. She then became very conscious that she was putting on weight. Because she was unable to restrict her eating, she attempted to control her weight by making herself vomit.

What are eating problems and disorders?

‘Eating problems’ is a general term for difficulties with food and weight, whether or not a psychological disturbance is involved. Eating problems include a range of difficulties, from feeding disorders in infancy to more serious and life-threatening conditions like anorexia nervosa and bulimia, which most commonly occur in adolescence and young adulthood.

Feeding difficulties are quite common in infancy in both boys and girls. These can take the form of refusing food, failure to gain weight or

difficulties in weaning. They may occur with behavioural disturbances, such as crying or tantrums, and parents often feel they are involved in a battle of wills with the child.

Young children with weight loss, failure to gain weight or excess weight, may cause concern. As steady growth is normal throughout childhood, weight loss should always be taken seriously. While weight loss or excess weight gain may be an indicator of an eating difficulty, the overall mental and physical health of a child is a better measure of well-being.

Over-eating, lack of exercise and subsequent obesity are increasing problems in children and adolescents. It is estimated that 8.5 per cent of six-year-olds and 15 per cent of fifteen-year-olds in England are obese. Psychological issues may play a part in over-eating, particularly when children eat in response to difficult emotions, often referred to as 'comfort eating'. Obese children often suffer low self-esteem and bullying.

Eating disorders are relatively rare. Most people will have heard of anorexia nervosa and bulimia nervosa. There are a few atypical eating disorders which share similarities but do not qualify for these diagnoses; however, they still cause difficulties.

Anorexia nervosa and bulimia

Anorexia and bulimia predominantly occur in females and the most common feature is a fear of 'fatness' with a distorted view of the importance of weight or shape.

In anorexia nervosa, young people usually weigh less than 85 per cent of their ideal body weight. This extreme weight loss has usually delayed the completion of puberty or stopped the young woman menstruating.

In bulimia, there are attempts at weight control, based on a similar preoccupation with body weight, but the person loses control of her food intake through binge-eating, and subsequently vomits or purges as a way of regaining control over weight.

What does it feel like?

In infants and young children, feeding problems can manifest as a battle of wills. The child may find that this is a way of securing their parents' attention, but often feels overwhelmed by the power she wields. Parents can often feel frustrated at being unable to get a toddler to try new foods, or else offer too many choices and feel disempowered.

In middle childhood, a sedentary lifestyle and the consumption of high-calorie foods contribute to obesity. Young children who have an unhealthy lifestyle to begin with often exaggerate these habits as a way of coping. For instance, the ten-year-old who experiences bullying might find it 'safer' to fill time with eating than to dwell on her relationship difficulties.



Other children might restrict eating as a way of ensuring that parents and other people notice their sadness or unhappiness. Drastic changes in eating, either under-eating or over-eating, can be a way of communicating distress.

In early adolescence, changes in body shape associated with puberty can make young people feel as if they have no control over what is happening to them. Perfectionist young people with poor self-esteem can feel they are failing in everything unless they have 'control' over their eating and attain unreachable targets. Although restricting dietary

intake is a coping strategy, those with anorexia are generally unhappy, fearing the potential loss of control if they stop restricting food. For those with bulimia, regular loss of control is a frightening reality.

What can be done to help?

Eating and weight patterns tend to be quite entrenched. Thus any help needs to address long-term lifestyle changes.

Preventing eating or weight problems requires family, school, health service and social agencies' commitment to promoting healthy-eating practices and a healthy lifestyle.

Education and advice are helpful in the initial stages of simpler problems. For example, most feeding disorders of infancy sort themselves out in time. You can ask your health visitor for advice on staying in control and not feeling stressed, or you can ask to be put in touch with other mothers who have experienced similar difficulties. Mother and toddler support groups can be a good means of helping you. Reassurance and simple suggestions can ease your worries.

For children who are not yet at school, simple guidance on behavioural strategies can be helpful. Advice on establishing a routine for mealtimes, offering healthy snacks and not using food as a threat or a bribe can work with many difficulties.

In young children who resort to eating as a way of dealing with their emotions, it is important to address the cause of the emotional difficulty. It is also essential to teach children other coping strategies, as there is a risk of using over-eating or control over food as a way of dealing with stress. It is important to find other ways to boost the child's self-esteem and confidence and to give her better ways of coping with life's challenges. Talking to her in a supportive way can help deal with her anxieties and worries. Nutritional advice and guidance on healthy living can promote well-being.

Eating disorders are more complex and will require more specialist

help. Anorexia nervosa in younger adolescents requires family-based work; this helps parents to feel more in control in managing their child's eating.

Individual therapy that tackles the young person's underlying beliefs about weight, shape and control is also helpful. Weight gain is essential to improve physical health, which will allow the young person's brain to be well enough nourished to engage in therapeutic work.

In older adolescents and young adults with anorexia or bulimia nervosa, individual therapeutic work is the mainstay of treatment. In addition to addressing beliefs about the importance of weight and shape, it often focuses on mood and interpersonal relationships, as well as ensuring physical recovery.

Treatments and therapies

If these feeding disorders do not improve through the simple measures mentioned above, the child will be referred to paediatric services to rule out any physical cause that could be contributing to the problem.

Obesity requires a change in eating and activity. Sensible dieting and appropriate exercise are the cornerstone of managing the condition. This can be provided at home or in school after any indicated physical investigation. Drugs like sibutramine and orlistat have been effective in producing weight loss in adults. Gastric banding and other surgical procedures are used as last-resort measures for extreme obesity with acute medical risks.

Eating disorders are treated by family and individual work in primary care services, in child and family services, or in more serious cases at specialist Eating Disorder Services. Management is usually on an outpatient basis, with in-patient treatment reserved for severe or resistant anorexia nervosa.

Outpatient management involves individual psychological therapies, exploring factors that led to the development of the condition and those that maintain it. Therapies aim to improve self-esteem and to

address fears of growing up and the responsibilities associated with it. They teach the young person coping strategies and help her develop confidence in being able to deal with changes in her body, her life and her future.

In-patient management can be required when there are severe physical problems, or if intensive psychological therapy is needed. An in-patient admission can address physical concerns and may offer restoration of weight and help in reducing risk. However, mere restoration of weight is not the 'cure' for anorexia nervosa and it is essential to address the beliefs that maintain this illness.

Intensive day programmes offer an alternative to in-patient management. Group work and creative therapies often feature in such programmes, and communicating with others with similar illnesses can make the young person feel supported and understood.

Family work is generally available, sometimes delivered as multi-family therapy with a number of families seen at the same time. This approach addresses how family members support each other and make behavioural changes, particularly around meal preparation.

There is a limited role for medication in the treatment of anorexia. However, there is research evidence to show that antidepressants like fluoxetine are effective in reducing binge-eating and are sometimes useful adjuncts to psychological therapies.

Self-help, whether guided by a therapist or in which the participant works through exercises from a book or DVD, is a growing field. There are now a number of internet sites offering resources and discussion forums.

Tips for families, friends and teachers

Children with eating problems rarely approach services themselves, so families, friends and teachers are important in identifying a difficulty and then encouraging the young person to seek help.

Parents can play a preventative role by advocating healthy eating

habits, making more healthy foods available and emphasizing good mealtime behaviour. Parents play a vital role in supporting the child or young person, encouraging her to tackle her difficulties and having expectations of behavioural change.

Friends can be supportive during mealtimes. Having a friend around who understands can be crucial for a young person who feels socially isolated as a result of either being obese or having an eating disorder.

Teachers can provide links with health services, can monitor and encourage healthy and appropriate eating during lunchtimes, and can encourage social integration. Schools are becoming increasingly aware of the importance of promoting self-confidence, self-esteem and emotional literacy (see Chapter 8) for the physical and emotional well-being of children.

Professor Simon G. Gowers and Dr Anandhi Inbasagan

SUPPORT ORGANIZATIONS

Voluntary organizations can be a valuable source of help. They offer information on self-help networks, online support, social-networking forums, and information on local services.

beat: UK National Eating Disorders charity providing information and help for those with eating disorders and their carers.
www.b-eat.co.uk

Kooth.com: website aimed at young people and offering online support. www.kooth.com

HandsonScotland: online resource for anybody working with children and young people. www.handsonscotland.co.uk

WEBSITES OUTSIDE THE UK

Australia

www.thebutterflyfoundation.org.au

Canada

www.nedic.ca

New Zealand

www.eatingdisorders.org.au

FURTHER READING

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