Eating Disorders

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Eating disorders such as anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant restrictive intake disorder (ARFID) are psychiatric disorders that have significant medical consequences (e.g. bradycardia, electrolyte imbalances (Peebles & Sieke, 2019), treatment costs, and have the second highest mortality rate among pediatric psychiatric conditions (van Hoeken & Hoek, 2020). While once considered disorders experienced mostly by cisgender, White, females, mounting evidence suggests that eating disorder are experienced by all gender identities, races, ethnicities, socio-economic statuses, and ages, and that varied rates in eating disorder diagnoses relate to how we assess for eating disorders and who gets access to care (Anderson et al., 2017).

Lifetime prevalence rates suggest that around 16 out of every 100 individuals may experience anorexia nervosa and 63 out of 100 experiences bulimia nervosa in their lifetime (Qian et al., 2022). There is not one known cause of eating disorders, but research suggests that eating disorders are largely biologically driven (genetics) and heritable personality traits (perfectionism, intolerance of uncertainty, harm avoidance) (Schaumberg et al., 2017). While sociocultural factors including thin/muscle ideal internalization, body dissatisfaction, and a history of teasing related to weight/shape are associated with risk of developing an eating disorder, simple changes in eating patterns (dieting, increased physical activity) can be enough to trigger the onset of an eating disorder. Regarding recovery from eating disorders, we know recovery is most likely (and possible!) if an eating disorder is detected early, eating behaviors are normalized, and individuals are restored to their historic growth trends (Garber et al., 2019; Steinhausen, 2009). We know that eating disorders are not just phases and not just teens choosing to not eat (Schaumberg et al., 2017). Importantly eating disorders, especially anorexia nervosa is associated with cognitive changes that impact an individual's ability to understand the gravity of their illness, think flexibly, and face fears related to eating and body image making willingness to eat and change behaviors related to their eating disorder difficult. Individuals with eating disorders are not purposely being defiant (Schaumberg et al., 2017).

As noted, eating disorders have some of the highest mortality rates of any psychiatric disorder. The leading reason for mortality among individuals with eating disorders is suicide (Milos et al., 2004). Individuals with anorexia nervosa and bulimia nervosa are 18-times and seven-times respectively likely to die by suicide (Smith et al., 2018). Non-fatal suicide attempts are also high among individuals with eating disorders (ranges from 9 to 25%, (Crow et al., 2014; Milos et al., 2004) which is concerning as previous attempts are a strong predictor of suicide completion (Bostwick et al., 2016). It is unclear what is driving increased suicidal ideation among individuals with suicidal ideation. However, higher rates of depression, increased loneliness, and perceiving oneself as a burden could relate to risk in this demographic (Smith et al., 2018). Therefore, routine risk assessment for suicidal ideation is paramount.

Warning Signs for Eating Disorders

Since early recognition of eating disorders predict higher rates of recovery and eating disorders can impact people in many ways it is important to work to catch onset as early as possible. Signs that someone could be struggling with an eating disorder include changes in psychological functioning (e.g., changes in mood, increased irritability or even appearing to have less emotion, and sadness), physical changes (e.g., fatigue, poor concentration, frequently feeling cold, dizziness, and low energy, and behavioral changes (e.g., changes in eating habits (avoiding foods once enjoyed, eating alone), increased exercise, increased focus or avoidance of appearance, increased interest in food/cooking, and worse flexibility around meals and food choice).

Recommendations for supporting individuals with eating disorders

Caregivers:

- Talk about your concerns with your child and assess eating behaviors at home (and even at school).
- Given medical concerns, bring your child to their primary care physician to assess electrolytes, orthostatic vitals and heart rate, blood pressure, and whether your child has fallen away from their typical growth chart (height and weight).
- Seek out evidence-based treatment such as Family Based Treatment (FBT (Lock & Grange, 2015)) or Enhanced Cognitive Behavioral Therapy (CBT-E (Dalle Grave et al., 2013)
- Assess for suicidal ideation, particularly as your child is changing eating behaviors and likely experiencing greater distress.

Peers/Siblings:

- Encourage your friend/sibling to eat.
- Avoid discussing their weight/shape or making negative comments about foods – all foods are great to eat, and all bodies are valuable.
- Let a caregiver or adult who is closely involved with your friend or sibling know and maybe consider letting your friend/sibling know you are worried first.
- Remember you are not responsible for your friend/sibling, but you can be a good listener and support by letting them know you are there for them and care.

Teachers/Counselors:

- Avoid talking about nutrition as being good or bad.
- Offer to provide support at mealtimes (supervised meals or extra time to eat a snack).
- Communicate with caregivers about concerns and be flexible about medical appointments/finding alternatives to P.E. and nutrition class.

Treatment Recommendations:

- Family Based Treatment (FBT) is considered to be the treatment of choice for adolescents and young adults with eating disorders (Lock & Grange, 2015). It involves all

family members with the goal of having caregivers take over nutrition to improve medical stability. Once teens reach medical stability, the goal is to give more autonomy around nutrition back to adolescents.

- Cognitive Behavioral Therapy-Enhanced (CBT-E) is based on Cognitive Behavioral Therapy where adolescents work to challenge negative thoughts around food and weight while engaging in behavioral interventions (such as exposures) to challenge eating disorder thoughts further.
- Interdisciplinary care: regardless of what therapeutic intervention is used, it is recommended that adolescents and young adults in eating disorders treatment receive frequent medical care and visits to assess for medical instability as discussed above (Peebles & Sieke, 2019).
- Sometimes adolescents and young adults become medically unstable or struggle significantly to improve eating without more structured support and may benefit from more intensive treatment including Residential Treatment, Partial Hospitalization Programs (PHPs), Intensive Outpatient Programs (IOPs), or medical admission (determined by medical providers).

Resource Recommendations for Caregivers

Books:

- Help Your Teenager Beat an Eating Disorder by Lock & Le Grange
- Anorexia and Other Eating Disorders: How to Help Your Child Eat Well and Be Well by Eva Musby
- Skills-Based Learning for Caring for a Loved One with an Eating Disorder—The New Maudsley Method by Janet Treasure, Grainne Smith, & Anna Crane
- When Your Teen Has an Eating Disorder: Practical Strategies to Help your Teen Recovery from Anorexia, Bulimia, and Binge Eating by Lauren Muhlheim

Websites:

- http://www.parents-to-parents.org/
- www.feast-ed.org and https://www.feast-ed.org/forum/

Videos:

- Supporting a loved one with an eating disorder: https://tinyurl.com/yc66kkyp

Recommendations for Everyone – Eating Disorder Prevention

- Avoid praising weight loss or changes with body shape but focus on an individual's character.
- Engage in physical activity and listen to body cues. Rest when you are tired; hydrate when you are thirsty.

- Avoid counting calories, eat a variety of foods (including foods that are not considered to be "health"), and stop dieting. Dieting is ineffective – most people gain all they weight they lost back (Bacon & Aphramor, 2011).
- Eat family meals together; family meals are associated with lower rates of eating disorders (Langdon-Daly & Serpell, 2017).
- Actively challenge weight stigma; weight is not a sole predictor of health and our bodies are generally naturally they way they are due to genetics and factors in the environment (Bacon & Aphramor, 2011)
- Focus on the ability, functionality, and gratitude for all your body can do: https://thebodypositive.org/

References

Anderson, L. K., Murray, S. B., & Kaye, W. H. (2017). Clinical handbook of complex and atypical eating disorders. Oxford University Press.

Bacon, L., & Aphramor, L. (2011). Weight Science: Evaluating the Evidence for a Paradigm Shift. Nutrition Journal, 10(1), 9. https://doi.org/10.1186/1475-2891-10-9

Bostwick, J. M., Pabbati, C., Geske, J. R., & McKean, A. J. (2016). Suicide Attempt as a Risk Factor for Completed Suicide: Even More Lethal Than We Knew. American Journal of Psychiatry. https://doi.org/10.1176/appi.ajp.2016.15070854

Crow, S. J., Swanson, S. A., le Grange, D., Feig, E. H., & Merikangas, K. R. (2014). Suicidal behavior in adolescents and adults with bulimia nervosa. Comprehensive Psychiatry, 55(7), 1534–1539. https://doi.org/10.1016/j.comppsych.2014.05.021

Dalle Grave, R., Calugi, S., Doll, H. A., & Fairburn, C. G. (2013). Enhanced cognitive behaviour therapy for adolescents with anorexia nervosa: An alternative to family therapy? Behaviour Research and Therapy, 51(1), R9–R12. https://doi.org/10.1016/j.brat.2012.09.008

Garber, A. K., Cheng, J., Accurso, E. C., Adams, S. H., Buckelew, S. M., Kapphahn, C. J., Kreiter, A., Le Grange, D., Machen, V. I., Moscicki, A.-B., Saffran, K., Sy, A. F., Wilson, L., & Golden, N. H. (2019). Weight Loss and Illness Severity in Adolescents With Atypical Anorexia Nervosa. Pediatrics, 144(6), e20192339. https://doi.org/10.1542/peds.2019-2339

Langdon-Daly, J., & Serpell, L. (2017). Protective factors against disordered eating in family systems: A systematic review of research. Journal of Eating Disorders, 5(1), 12. https://doi.org/10.1186/s40337-017-0141-7

Lock, J., & Grange, D. L. (2015). Treatment Manual for Anorexia Nervosa, Second Edition: A Family-Based Approach (Vol. 2). Guilford Publications.

Milos, G., Spindler, A., Hepp, U., & Schnyder, U. (2004). Suicide attempts and suicidal ideation: Links with psychiatric comorbidity in eating disorder subjects. General Hospital Psychiatry, 26(2), 129–135. https://doi.org/10.1016/j.genhosppsych.2003.10.005

Peebles, R., & Sieke, E. H. (2019). Medical Complications of Eating Disorders in Youth. Child and Adolescent Psychiatric Clinics of North America, 28(4), 593–615. https://doi.org/10.1016/j.chc.2019.05.009

Qian, J., Wu, Y., Liu, F., Zhu, Y., Jin, H., Zhang, H., Wan, Y., Li, C., & Yu, D. (2022). An update on the prevalence of eating disorders in the general population: A systematic review and meta-analysis. Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity, 27(2), 415–428. https://doi.org/10.1007/s40519-021-01162-z

Schaumberg, K., Welch, E., Breithaupt, L., Hübel, C., Baker, J. H., Munn-Chernoff, M. A., Yilmaz, Z., Ehrlich, S., Mustelin, L., Ghaderi, A., Hardaway, A. J., Bulik-Sullivan, E. C., Hedman, A. M., Jangmo, A., Nilsson, I. A. K., Wiklund, C., Yao, S., Seidel, M., & Bulik, C. M. (2017). The Science Behind the Academy for Eating Disorders' Nine Truths About Eating Disorders. European Eating Disorders Review, 25(6), 432–450. https://doi.org/10.1002/erv.2553

Smith, A. R., Zuromski, K. L., & Dodd, D. R. (2018). Eating disorders and suicidality: What we know, what we don't know, and suggestions for future research. Current Opinion in Psychology, 22, 63–67. https://doi.org/10.1016/j.copsyc.2017.08.023

Steinhausen, H.-C. (2009). Outcome of Eating Disorders. Child and Adolescent Psychiatric Clinics of North America, 18(1), 225–242. https://doi.org/10.1016/j.chc.2008.07.013

van Hoeken, D., & Hoek, H. W. (2020). Review of the burden of eating disorders: Mortality, disability, costs, quality of life, and family burden. Current Opinion in Psychiatry, 33(6), 521–527. https://doi.org/10.1097/YCO.0000000000000641