

Fact Sheet

(CHS_FS_GNA_022)

NUTRITIONAL ISSUES IN EATING DISORDERS FOR CHILDREN AND ADOLESCENTS

WHERE CAN IT START?

Children are very sensitive about their appearance in association with their developing identity. This has consequences for overall confidence and self-esteem. They may begin dieting as a result of negative comments about their appearance or in response to their environment including the attitudes of significant people in their lives (ie parents, friends, teachers, sporting coaches) and any pressures they are feeling (eg from media, peers). Dieting is a way of attempting to control themselves. Children may begin dieting as young as eight years.

An eating disorder takes dieting too far. It involves abnormal behaviours related to food and eating that may include starving, bingeing, vomiting, laxative abuse or excessive exercise. These are accompanied by unusual or bizarre ideas about food, unrealistic body image, and psychological and developmental abnormalities.

COMMON CHARACTERISTICS

People with

- low self-esteem
- feelings of being unworthy and/or not valued
- perfectionist tendencies
- excessive anxiety about becoming large or fat

People who

- excessively compare themselves to others
- excessively try to please others

WARNING SIGNS

These signs are not necessarily indicators on their own however, combinations of these can signal difficulties with appropriate eating.

AT MEALTIMES

- skipping meals
- binge eating
- eating less than others
- never satisfied after a meal
- eating away from family and friends (eg in the bedroom)
- feeling compelled to finish a food item (eg 1L softdrink, pkt biscuits)
- visiting toilet directly after food ingestion
- hiding food
- pushing food around plate and eating only small amounts
- loss of interest in food
- anxiety about overeating
- guilt/anxiety after eating
- anxiety about feeling "full"

OTHER ISSUES

- preoccupation with counting kilojoules and fat in foods
- obsessive interest in fad weight reduction diets and books on diet and exercise
- overuse of laxatives
- erosion of tooth enamel
- excessive exercise

Source: Royal Children's Hospital Department of Nutrition and Dietetics
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TYPES OF EATING DISORDERS

Anorexia Nervosa

Individuals become obsessed with achieving the lowest possible body weight, much lower than the cut off for their age and height. This distorted body image leads to minimal oral intake with concerted efforts to reduce weight further including excessive exercise to burn off kilojoules and possibly induced vomiting and laxative abuse. Skipping complete meals as part of dieting is often identified as a precursor in this illness.

Bulimia Nervosa

Individuals are less likely to experience the extremes of weight loss as do those with anorexia nervosa. This condition involves periodic binge eating and vomiting as opposed to self-starvation. These individuals have distorted images of their food intake requirements and have a persistent over concern with body image and shape, yet this is still to a lesser degree than those with anorexia nervosa.

EFFECTS ON YOUNG BODIES

The resulting malnutrition has many serious consequences including excessive weight loss and altered body composition (ie changes in the amount of water, fat and/or muscle). Chronic malnutrition slows metabolism in an attempt to conserve the body's remaining energy. Initially this is a protective mechanism however, after a large percentage of weight is lost, major organ systems will become compromised. Bone density can be lost, and osteoporosis can result.

TREATMENT

To achieve success in treating an eating disorder, it is vital to address the role of psyche. Underlying psychological issues are common and the affects of malnutrition can further impact on these, including poor short term memory, attention span, and motivation. Management of eating disorders can be difficult and a team approach is the best option for treating the entire situation (ie medical, biological, nutritional and family therapies). Renourishment should occur with psychological support. The likelihood of success will be increased if the patient is aware of the changes they should expect. Renourishment is not simply the replacement of lost weight, but also the replacement of body composition to safe levels.

REFERENCES

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