

what you NEED TO KNOW about...

Helping Children and Youth with Eating Disorders Information for Parents and Caregivers

What are eating disorders?

Eating disorders affect a person's ability to eat and affect every part of a person's life, including thoughts, feelings, body and relationships. Eating disorders are very serious. They can be fatal.

Researchers do not know exactly what causes eating disorders. They can begin in many different ways which may include but are not limited to dieting, having medical conditions such as allergies or food sensitivities that affect eating. From there, however, it can sometimes escalate into a dangerous, life threatening eating disorder.

On the outside, you may notice signs in your child or teen such as:

- Not eating, eating smaller portion sizes, or cutting specific foods out of their diet that they previously enjoyed
- Binge-eating
- Vomiting (throwing up)
- Being obsessed with how her body looks



On the inside, your child or teen may be overwhelmed and feeling:

- Self-hatred
- Worthless
- Alone
- sad
- unlovable
- Ashamed
- confused
- afraid

It is very hard for children and youth to stop eating disorder behaviours once they come to rely on it as a way to cope with difficult thoughts, feelings, and events. The disorder robs youth of their judgment. They become obsessed with food. Not eating enough (or starving) can lead to mood problems such as:

- Deep sadness
- Irritability
- Anger

Even with these terrible feelings, youth are often not able to stop engaging in eating disorder behaviours. They hope that eventually they will feel better on the inside.

What causes Eating Disorders?

While up to 9 out of 10 of teenage girls and many teenage boys will try to diet, only a few will go on to develop an eating disorder. Many factors may come together to put youth at risk for disordered eating (e.g., social and cultural pressures, stressful life events, prior mental health problems, genetic vulnerabilities). Yet it is still unknown why some youth develop eating disorders and some don't. At one time, families were blamed for causing eating disorders. We now know that families DO NOT cause eating disorders. All families have ups and downs. And while family problems can be stressful for children, youth and parents, there is no evidence that these problems cause eating disorders. In fact, families are an important part of the solution. Families play an essential role in supporting and helping children and youth when fighting for recovery from an eating disorder.

Main types of Eating Disorders

1

Anorexia Nervosa:

- Affects about 1 out of every 100 teenage girls (but children and boys can have it too)
- Happens when decreasing nutritional intake (eating less) causes significant weight loss (or for children when they stop growing or fail to gain weight at the expected rate)
- Leads to an intense fear of gaining weight or becoming fat, and includes persistently doing things to maintain weight loss, such as exercising excessively or making themselves throw up
- Leads youth to develop a distorted view of their body size/shape, or fail to recognize why their low weight is a problem
- May cause youth to:
 - Become more obsessed or preoccupied with food as well as their body
 - Be more irritable, depressed, and anxious, and/or mask expression of their emotions
 - Become more rigid and inflexible in their thinking and behaviour
 - Isolate themselves from friends and family

2

Bulimia nervosa:

- Involves cycles of binge-eating and purging. A cycle usually starts when youth go on a diet and cut their food intake. Their bodies respond by driving them to eat a lot of food in one single sitting (binge eating), without being able to control themselves. This often leaves youth feeling very ashamed and anxious. They feel the need to 'purge' (make up for eating so much) by:
 - Vomiting
 - Exercising
 - Skipping meals
 - Using laxatives or diuretic pills (medicines to cause more bowel movements or pass more urine)
- Self-evaluation/esteem is strongly influenced by how youth view their weight or body shape
- Affects up to 4 out of every 100 teenage girls (but can also affect teenage boys)
- Behaviour is often very secretive
- May cause youth to become very irritable, distant, anxious, or depressed
- May not cause any real weight loss, and weight is typically within the normal or overweight range

3

Binge Eating Disorder (BED)

- Refers to binge eating, without 'purging' afterwards (for example by vomiting or skipping meals)
- Binges are often triggered by difficult feelings that the child or teen is unable to handle
- During a binge, people describe feeling 'out of control'
- People with BED can be normal-weight, overweight, or obese, but are more likely to seek help if they are overweight or obese



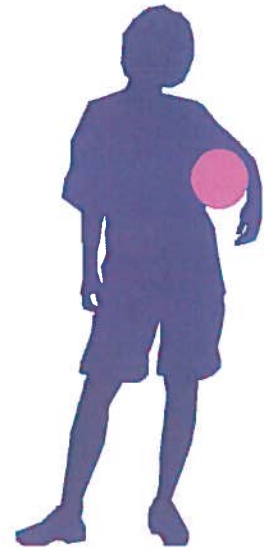
How do I know if my child or teen has an eating disorder?

Children and teens who are developing eating disorders may:

- Lose weight
- Be afraid of gaining weight
- Go on a diet
- Be more picky about eating, and eat only “healthy foods”
- Hide food in napkins, or cut food into tiny pieces
- Always go to the bathroom right after eating
- Visit ‘pro’ anorexia or eating disorder websites
- You may also notice large amounts of food missing

The eating disorder may be more serious if your child or teen:

- Loses a lot of weight
- Fasts and skips meals on a regular basis
- Refuses to eat with family and friends
- Skips 2 menstrual periods (in girls)
- Binge eats
- Purges (for example, vomits)
- Uses diet pills or laxatives
- Exercises too much, or you suspect she exercises because she feels she has to and not because she wants to
- Refuses to eat non diet foods
- Won’t let others to prepare food
- Is extreme about counting calories
- Weighs and measures food amounts
- Is not growing taller (at a time when she should be growing)



What problems can Eating Disorders cause?

Eating Disorders can cause physical problems:

- Cold intolerance (the person feels cold all of the time)
- Hair loss
- Loss of periods in girls
- Osteoporosis (extreme thinning of the bones), broken bones
- Low blood pressure
- Slow heart rate
- Smaller heart size (which can lead to heart failure or death)
- Heart arrhythmias (irregular heart beat)
- Stomach ulcers
- Stunted growth
- Dehydration (not enough body fluids)
- Breakdown of tooth enamel

Eating Disorders can cause psychological problems:

- Poor memory and concentration
- Irritability or severe mood swings
- Perfectionism (like spending excessive time on school work)
- Anxiety
- Sadness and depression
- Difficulty sleeping
- Crying spells
- Loss of interest in regular activities

Will my child just grow out of this?

No. Eating disorders rarely go away without treatment. Once a diagnosis is made, your child or teen will need you and a team of professionals to overcome this illness. This is long and hard work.

What has happened to my child's personality?

How did my child become dishonest, angry and secretive? You may have noticed many changes in your child's personality. These are the effects of starvation and the eating disorder itself. Remember, underneath these behaviours, your child is probably very upset about how she is acting and she's not able to help herself.



What should we do if we think our child or teen has an eating disorder?

Start by taking your child or teen to a doctor (like your family doctor or pediatrician) to get a medical evaluation. Your doctor may suggest more specialized mental health services. Your doctor can link you with psychologists, social workers, or psychiatrists. You can also refer your child or teen for mental health services by calling the IWK's Central Referral line at 902-464-4110. Our team can work with your doctor to coordinate mental health and medical issues.

Learn as much as you can about eating disorders. These are challenging and sometimes fatal illnesses. They can cause a lot of stress at home. Children and youth can't help the way they are acting. They can't recover from eating disorders on their own. They need the support of both their families and mental health professionals.

Treatments for eating disorders

Eating disorders are complicated. It often takes a team of professionals working together to treat an eating disorder. Team members may include:

- Medical professionals (family doctors, pediatricians, psychiatrists, and nurses)
- Therapists (psychologists, social workers, psychiatrists, and nurses)
- Dieticians
- You: Family members are an essential part of the team. Children and youth need family support to recover from eating disorders, just as they would if they were struggling with diabetes or cancer.

Typical Treatments:



Family-based treatment (FBT) focuses on educating families about eating disorders. It helps parents play an active and positive role in their child's recovery. The therapist supports parents in first restoring their child's weight to healthy levels, and then gradually handing the control over eating back to their child when she's ready. Then the child is encouraged to return to typical teenage activities that may have been disrupted during the course of her eating disorder. This approach has the most research support for treating Anorexia Nervosa in children and teens. It is typically recommended as the first-line therapeutic approach. Treatment research for Bulimia Nervosa with children and teens is more limited, but available information suggests that a family-based approach may also be helpful for these youth.



Individual counselling (therapy) helps children and youth learn more about eating disorders, and think about some of the difficult feelings that lie underneath. They will work on challenging the thoughts and behaviours associated with their eating disorder. They will develop new coping strategies. Therapy or counselling may help a child or teen to become motivated over time to recover from an eating disorder. However, if they are malnourished as a result of their eating disorder they may not have the mental resources to meaningfully participate in, and benefit from, this treatment approach.



Medications can be used to help reduce binge-eating and purging in bulimia nervosa. There are no medications proven to treat anorexia nervosa. Medications can be used to treat overwhelming anxiety and depression. They can help if a patient is very stuck and not getting better with other supports.



Hospitalization (or inpatient therapy) may be needed if a child or teen is medically unwell, and needs intensive care and monitoring. Often it is recommended that youth return home and participate in outpatient services as soon as they are medically stable. But staying in hospital may help when a child or teen is not getting better at home (even with support from family and professionals).

Helping your child or teen with an eating disorder



✓ **Get help and support right away**, even if your child is refusing any help or support.

✓ **Show you care.** Let your child know that you are concerned, you love them, and you are going to get them help.

✓ **Listen.** Tell your child that you want to hear what he has to say, and want to know how he is feeling inside.

✓ **Try to understand your child's feelings.**
Your child is feeling awful about herself and is overwhelmed by self-criticism. Adding extra blame, criticism, or guilt only adds to your child's stress. It can make the eating disorder stronger.

✓ **Deal with your own issues.**
If you want to help your child, make sure you deal with your own eating, body image, or other mental health issues. Speak to your family physician or see a mental health professional. It's a lot harder to help someone else if you're struggling yourself.

What doesn't help

✗ Wasting your energy

- Try not to waste energy blaming your child. Once an eating disorder takes over, your child is no longer in control of what she's doing. Underneath, your child is just as upset about this as you are.
- Try not to waste energy blaming yourself. Eating disorders happen to the loveliest of children, in the most wonderful of families. If there is a problem that you feel might be affecting your child's mental health, then work on this issue, or discuss it in treatment.
- Try not to spend endless time trying to figure out "why this happened". There does not have to be an underlying problem or secret at the root. Instead, devote your energy to getting your child help and being a support.

✗ Not having all the facts

- Some people think an eating disorder is a form of slow suicide. It is quite the opposite. An eating disorder is your child's way of trying to feel better.
- Your child's refusal to eat is not "bad behaviour". Your child is stuck in a pattern of doing what she thinks will make things better. And remember, starvation dramatically alters a person's mood, her ability to think and reason, and behaviour.

Comments about weight and appearance

✗ Don't make comments or talk about weight or appearance in front of your child. Even giving compliments can be a problem because they emphasize the importance of appearance and weight. We need to make appearance and weight *less* important for children and youth with eating disorders. Instead, we need to focus their attention on other values qualities (e.g., creativity, kindness) and important aspects of their lives (e.g., relationships, school, hobbies or valued activities).

Where to find help in Nova Scotia

- In a crisis? Mental Health Mobile Crisis Team, 902-429-8167 or toll-free, 1-888-429-8167
- To Find a Psychologist anywhere in Nova Scotia: Association of Psychologists of Nova Scotia, 902-422-9183, www.apns.ca
- Kids Help Phone: 1-800-668-6868, www.kidshelpphone.ca
- Feed Nova Scotia Helpline: 902-421-1188 (within HRM) or, 1-877-521-1188
- Eating Disorders Action Group (EDAG): 902-443-9944, <http://www.edag.ca>

Where to Find Help in Halifax Regional Municipality

- IWK Mental Health & Addictions, offers programs for ages up to 19, 902-464-4110 or toll-free, 1-888-470-5888 (ask to be connected to Central Referral), www.iwk.nshealth.ca/mental-health
- Laing House, offers programs for ages 16 to 30 living with a mental illness, 902-425-9018, www.lainghouse.ca
- Capital Health Addictions & Mental Health Program, offers programs for ages 19 and up, www.cdha.nshealth.ca/addictions-and-mental-health-program

Support and Advocacy Groups

- Healthy Minds Cooperative, offers resources for peer support, www.healthyminds.ca
- Eating Disorders Nova Scotia, offers family and friends peer support groups, <http://eatingdisordersns.ca/>



Want more information?

Websites

- National Eating Disorder Information Centre (NEDIC), is a Canadian, non-profit organization with information on eating disorders and weight preoccupation www.nedic.ca
- The National Institute of Mental Health (NIMH) is part of the U.S. Department of Health and Human Services. <http://www.nimh.nih.gov/health/publications/eating-disorders/summary.shtml>
- Information from the Eating Disorder Specialists of Illinois. www.empoweredparents.com
- The Maudsley approach is an evidence-based treatment for eating disorders. Using this approach, parents play a key role in helping their child work towards recovery. www.maudsleyparents.org.
- BEAT Eating Disorders. <http://www.b-eat.co.uk/>
- Centre for Addiction and Mental Health. <http://www.camh.ca>
- National Eating Disorders Association. <https://www.nationaleatingdisorders.org/>

Books

- Herzog, D., Franko, D. & Cable, P. (2008). *Unlocking the Mysteries of Eating Disorders, A Life-Saving Guide to Your Child's Treatment and Recovery*. New York: McGraw-Hill.
- Leichner, P., Hall, D., Calderon, R. & Caufield, S. (2003). *An Introduction to Effective Meal Support: A Guide for Family & Friends [DVD]*. Vancouver, BC: BC Children's Hospital. Available from <http://edreg.cw.bc.ca/BookStore/public/bookstore/>
- Lock, J. & Le Grange, D. (2005). *Help Your Teenager Beat an Eating Disorder*. New York: Guildford Press.
- Katzman, D. & Pinhas L. (2005). *Help for Eating Disorders: A Parent's Guide to Symptoms, Causes and Treatments*. Toronto, ON: The Hospital for Sick Children.

Authors: Original fact sheet written by Dr. Clare Roscoe (Psychiatrist, Eating Disorders Program, Children's Hospital of Eastern Ontario (CHEO), and members of the Mental Health Information Committee of the Children's Hospital of Eastern Ontario (CHEO), as well as members of the Child and Youth Mental Health Information Network (www.cymhin.ca). Special acknowledgements to Joanne Curran, co-founder and volunteer of Hopewell Eating Disorder Support Centre. Original fact sheet adapted for IWK with permission, with portions revised/re-written by Dr. Brynn Kelly & Dr. Amber Johnston (Registered Psychologists, Mental Health & Addictions, IWK Health Centre).

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Disclaimer: Information in this fact sheet may or may not apply to your child. Your health care provider is the best source of information about your child's health.

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902-464-4110 Central Referral
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