

An Introduction to Eating Disorders in Children and Young People



Hampshire Child & Adolescent Mental Health Service

Learning Objectives

“To have gained a better understanding and awareness of eating disorders and to be able to identify early signs of eating disorders in children and young people.”

“To be familiar with the CAMHS referral process and criteria, the Specialist CAMHS Consultation Line and be aware of alternative services in your local area that can offer information and support.”

Contents

- Types of eating disorders
 - what is Anorexia nervosa?
 - what is Bulimia nervosa?
 - what is Binge Eating disorder?
 - summary of eating disorders
- What causes an eating disorder?
- Case study
- What are the early signs of eating disorders in children and young people?
- CAMHS referral criteria
- Therapeutic interventions offered by CAMHS
- Alternative local services
- The Specialist CAMHS Consultation Line

What is an eating disorder?

B-eat

B-eat is a charity that supports people with eating disorders and difficulties with food. The website provides information and advice on all aspects of eating disorders and it can signpost to other support services. B-eat also provides a helpline, support groups, live online chat, online support groups, one to one support and transitions projects.

Website- www.b-eat.co.uk

Helpline- Youthline- 08456437650 **For parents/carers**
- 08456431414.

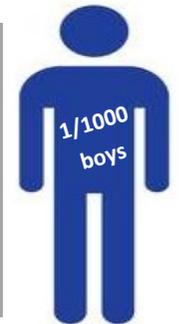
Eating disorders refer to a number of mental health conditions surrounding psychological distortions about food, weight and body shape. This can cause individuals to engage in often dangerous behaviours as a method of controlling their body weight and shape.

Eating disorders can affect a person socially, psychologically and physically and can be life threatening. The mortality rate from eating disorders is high with Anorexia Nervosa having the highest death rate of all mental health illnesses.



Eating disorders affect 7 in every 1000 girls and 1 in every 1000 boys (*Royal College of Psychiatrists*).

Eating disorders make up 0.4% of the mental health disorders experienced by children aged 11-16.



Anorexia Nervosa– Distorted views on body image and behaviours such as excessive exercise, restrictive eating, taking laxatives/diet pills and self-induced vomiting resulting in rapid weight loss causing significant physical health problems.

Bulimia Nervosa– Excessively eating large quantities of food in one go (usually in secret) and later engaging in behaviours such as self-induced vomiting or taking laxatives as a way of controlling weight.

Binge Eating Disorder– Having a frequent compulsion to overeat/binge with very large quantities of food over a short period of time, even when not feeling hungry. Binges are often planned and done in secret concluding with individuals feeling guilty and disgusted with themselves. Unlike Bulimia, people with Binge Eating Disorder do not try to lose weight after a binge.

Eating Disorder Not Otherwise Specified (EDNOS)

Many people will be diagnosed with EDNOS as there can be variation in the typical signs and symptoms of eating disorders and not all of these will apply to all people.

An individual may be diagnosed with EDNOS if they are of normal body weight but they regularly engage in inappropriate compensatory behaviour after eating small amounts of food (e.g. self induced vomiting after the consumption of 2 biscuits). They may also repeatedly chew and spit out food but does not swallow large amounts of food.

A typical diagnosis of EDNOS might include:

- All the criteria for Anorexia Nervosa are met except the individual has regular periods or despite significant weight loss, the individual's current weight is within the normal range.
- All the criteria for Bulimia Nervosa are met except binges occur at a frequency of less than twice a week or a duration of less than 3 hours.

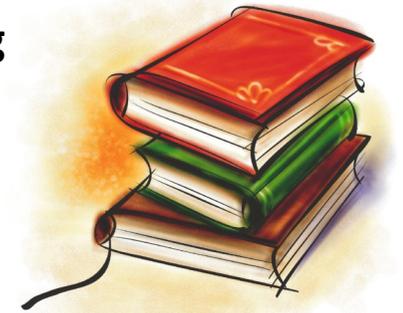


Compulsive Overeating

Compulsive overeating involves 'picking' at food all day. The child or young person will usually gain weight and may experience emotional difficulties due to self-esteem problems and bullying.

This is rarely seen as a mental health problem and is not included in the Hampshire CAMHS referral criteria. Anxiety, low mood or other mental health problems would also need to be present for a referral to CAMHS to be accepted.

Recommended Reading



Parents/Caregivers:

- Eating Disorders A Parent's Guide (Bryant-Waugh)
- The Parent's Guide to Eating Disorders (Smith)
- Skills Based Learning for Caring for a Loved One with an Eating Disorder: The New Maudsley Method (Treasure)

Young People:

- Diet of Despair: A book about eating disorders for young people and their families (Paterson).
- Getting better bit(e) by bit(e) (Schmidt).
- Eating Disorders: the path to recovery (Middleton).
- An Apple a Day (Woolf).
- Mealtimes and Milestones (Barter).
- Anorexics on Anorexia (Shelley).

Faddy Eating:

- Can't Eat Won't Eat (Legge)
- Getting Your Child to Eat (Almost) Anything: Harvard Medical School Guides (Yuan & Westen)

Where can I get support?

Specialist CAMHS Consultation Line for children & young people already being seen by CAMHS

The Specialist CAMHS consultation lines provide an opportunity to talk with a mental health professional. **Available Mon-Fri between 12-1**

Fareham & Gosport– 01329822220

Winchester– 01962831044

Eastleigh– 02380673984

New Forest– 02380743030

Andover– 01264835356

Aldershot– 01252335600

Basingstoke– 01256392766

Havant– 02392224560

If you are unable to call during the allocated time slot, please call and leave a message detailing a suitable time for a clinician to call you back.

For new referrals please call the CAMHS Single Point of Access 03003040050 or E Mail

Spnt@hantscamhsspa@nhs.net

SPA operates 9-5 Monday to Friday

Summary of Eating Disorders

	<u>Anorexia</u>	<u>Bulimia</u>	<u>Binge Eating Disorder</u>
Distorted body image	Yes	Yes	No
Weight	Significantly underweight	Within normal weight range	Commonly obese
Periods (for girls)	No periods	Often irregular periods	Yes
Purging	Yes	Yes	No
Binge eating	Not common	Always	Always
Female/male ratio	5-10:1	3:1	1:1
Typical age of onset	14-19 years	14-20 years	13-18 years

Eating Disorders in Boys

The prevalence of eating disorders is increasing in the male population, in particular boys aged 13-18 years. The body image distortions experienced by boys with eating disorders commonly include concerns over body shape and muscle size rather than weight or being 'fat'. Concerns over body shape can lead to boys excessively taking supplements and exercising (in particular weight training) in order to gain muscle.

Eating disorders often go undetected in boys due to it being rather difficult to spot. Many of the behaviours associated with eating disorders are seen as positive in boys– e.g. exercising, building muscle. Boys also lose weight quicker and require a higher calorie intake making it hard to detect dramatic weight-loss.

A case study...

Aaron's eating patterns changed in September after someone at school called him 'chubby'. Aaron decided he wanted to lose weight and get fitter so he decided that he would not eat as much, would drink lots of water and increase his exercise.

His parents noticed that he didn't eating any chocolate at Christmas however, as Aaron's portion sizes were the same they weren't too concerned as Aaron had stated that he wanted to eat healthily. Aaron then started only eating fruit as snacks and continued to lose more weight by exercising in his room. Aaron's mum reported that Aaron becomes very obsessive over his exercise and can become aggressive when people try and stop him from exercising.

Aaron is described as a perfectionist who maintains good grades in school but he is a very self-critical person when it comes to his body. Aaron claims that his stomach 'sticks out' and is determined to maintain a six-pack through exercise and small portions of food.



Therapeutic Interventions offered by CAMHS

Some of the therapeutic interventions that may be offered by CAMHS include:-

- Family Therapy
- Individual Therapeutic Work– using approaches such as Cognitive Behaviour Therapy (CBT) or Art Psychotherapy
- Input from a CAMHS Psychiatrist
- Parent Support Groups

There may also be involvement from a Dietician and the young person may be regularly weighed when visiting the CAMHS clinic.

If a young person's physical health becomes severely compromised or they become increasingly high risk, involvement of intensive support (i2i) may be required. In severe cases, young people may be admitted into hospital under Tier 4.

MindEd

MindEd is a portal that contains a wealth of information for anybody working with children and young people.

The bite-sized chunks of e-learning are designed to give you the confidence to identify a mental health issue and act swiftly, improving outcomes for the child or young person involved.

Website- www.minded.org.uk

After referral...

Once a referral is received by CAMHS, the young person's case will either be accepted or signposted to other services.

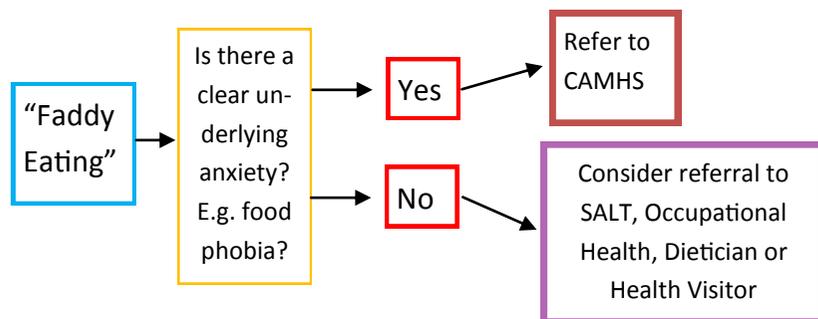
If accepted, the young person and their family will be invited to a 'Choice Appointment' where they will meet with a clinician to discuss the difficulties they are having, and how CAMHS can help. Following this appointment, if CAMHS intervention is deemed suitable, the young person will be allocated a priority number (based on their level of risk) and will be added to the Tier 3 waiting list.

While the young person is on the waiting list, CAMHS' relies on the referrer, the family and other involved agencies to provide updates on any changes in the young person's circumstances or wellbeing.

It is also recommended that the young person is routinely seen by their GP to monitor their physical health.

What about 'Faddy Eating'?

Many children and young people are 'faddy eaters' but when this is caused by an underlying anxiety or emotional disorder, a referral to CAMHS might be appropriate.



What causes an Eating Disorder?

There is not one specific cause for eating disorders, however there are a variety of psychosocial factors frequently identified in cases of eating disorders.

Socio-cultural pressure to be slim

The acquired lifestyle and eating habits of people in western society combined with the socio-cultural pressure that being thin or having muscles is attractive has contributed to the incidence rates of eating disorders in the UK. Young people in particular, are frequently exposed to inaccurate portrayals of body image by the media whilst the internet allows access to a variety of weight-loss methods, some of which encourage dangerous behaviours (e.g. pro anorexia websites).



Family

It is not unusual for a young person who develops an eating disorder to have a family member who also has, or has previously had, an eating disorder themselves or who has insisted on dieting.

Occupation or recreational pressures

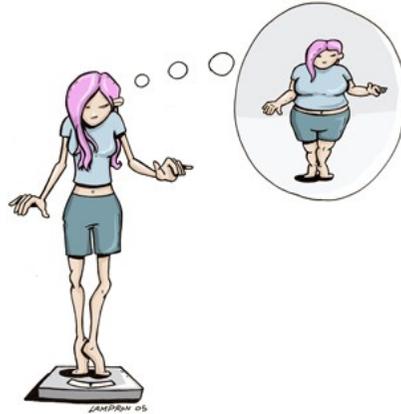
Some young people who regularly engage in activities such as ballet dancing, running or competitive athletics may feel the pressure of being thin in order to aid their performance.

Control

For a lot of young people with an eating disorder, body image isn't the only reason they control their eating behaviours. Young people who may be experiencing difficulties at home, at school or with friends or have had a traumatic history may try to control their weight as a way of regaining some sort of control in their lives.

What are the early signs of an eating disorder?

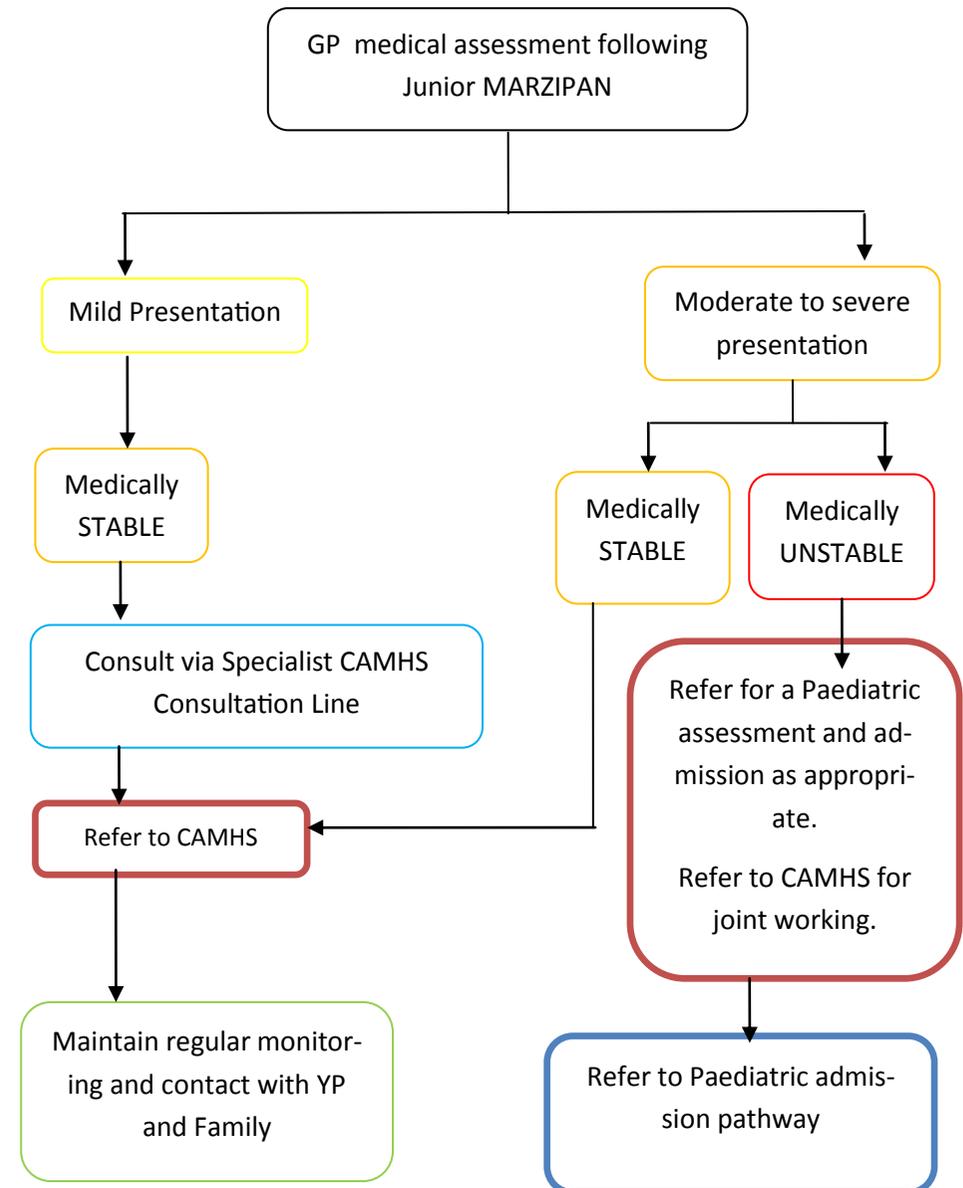
- Distorted body image– thinking that he/she is too fat, the wrong shape or overweight when their body weight is below or within the normal range.
- An intense fear of gaining weight and/or refusal to gain weight.
- A body weight at least 15% below that considered normal for the young person’s age and height (**Anorexia**).
- A dramatic drop in weight during a short period of time.
- Restricting food intake– fasting, hiding food or excessive dieting.
- Compensatory behaviours such as excessive exercise, using laxatives or self-induced vomiting.
- Recurrent episodes of binge eating in which an individual eats an unusually large amount of food whilst experiencing a sense of lack of control over eating. (**Bulimia**).



Other things to look out for...

Wearing baggy clothes or layers to hide body shape.	Low self-esteem.
Isolation/ refusal to eat with others.	Frequent sore throats and/or swollen glands.
Looking pale, hair loss.	Mood swings or depression.
Complaints of headaches or dizziness.	Fatigue, often feeling cold.
	Insomnia or poor sleeping habits.
	Loss of menstrual cycle (for girls)

CAMHS Referral Criteria



The referral letter...

If you are referring a young person to CAMHS querying an eating disorder, it is helpful for you to include information from the physical health check in the initial referral letter.

The details required are: **weight, height, BMI, blood pressure, heart rate, temperature and bloods** (if necessary).

If you do not supply this information it may delay the referral process or even result in the referral being rejected until further information is provided in a re-referral letter.

Please see the CAMHS referral criteria and Eating Disorders Referral Flow Chart for more information.

What to do next?

If you are concerned that a child or young person in your care might have an eating disorder, it may be useful to talk to the young person in private and let them know that you have noticed that they have lost weight or are excessively exercising.

If you are very concerned about their wellbeing, you have a duty of care to inform/liaise with their parents or carers so that you can ensure medical assessment has been, or will be, sought.

If the situation seems less serious, ask to see them the following week and let them know that you are interested in their welfare and monitor the situation, using the CAMHS professionals helpline to gain advice.

Eating disorders require careful monitoring by medical professionals. It is advised that the young person visits their GP for a physical health check.

If you are a GP or health professional and on completing a physical health check, you are still unsure, we recommend that you call the Specialist CAMHS Consultation Line to discuss with the on-duty clinician.

A referral to CAMHS would be appropriate if:

- The young person has a significantly distorted body image.
- The young person has rapidly lost weight.
- The young person is known to be bingeing, purging (self-induced vomiting), restrictively eating, excessively exercising or using laxatives.

