

Eating disorders, such as anorexia nervosa and bulimia nervosa, are becoming increasingly prevalent. According to U.S. estimates from The National Institute of Mental Health, between 5 percent and 10 percent of girls and women (i.e., 5 to 10 million people) and 1 million boys and men suffer from eating disorders. Estimates suggest that as many as 15 percent of young women adopt unhealthy attitudes and behaviors about food. Although the most common age of onset is between 14 and 25 years of age, eating disorders occur in a wide range of ages, and are increasingly seen in children as young as 10.

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WHAT ARE THE SYMPTOMS?

Signs of an eating disorder might include a compulsion to exercise, severe restriction of food, vomiting after meals, and an obsessive focus on eating. Another common symptom is a distorted self-image. A person with an eating disorder might be dangerously underweight but will still look in a mirror and think he or she is too fat. Dissatisfaction with his or her physical appearance is often coupled with depression and anxiety, and the unhealthy eating behaviors can lead to serious medical problems.

Eating disorders are most likely to start during puberty when teens are dealing with bodily changes and at the same time are faced with

new academic and social pressures. In fact, eating disorders are now the third most common chronic illness in adolescent girls.

THE MOST COMMON TYPES OF EATING DISORDERS

Anorexia nervosa, or self-starvation, is diagnosed when a person weighs 15 percent less than expected according to growth charts. People with anorexia are obsessed with food, often measuring it, weighing it, and counting calories. They eat very small amounts of food and may exercise for hours afterward to burn off the calories.

Specific signs may include:

- Significant weight loss
- Denial of hunger
- Excessive exercise
- Withdrawal from social activities
- Distorted self-image (a child of normal weight believing he or she is "too fat")

**COMMON SYMPTOMS
OF EATING
DISORDERS**

- Loses significant weight in an unusually short period of time
- Hides under baggy clothing or layers of clothes
- Obsesses about weight, even if at a healthy weight or thin
- Fixates on the calorie and fat content in food
- Obsessively exercises
- Frequently takes trips to the bathroom right after a meal (sometimes running water to hide the sound of purging)
- Starves or severely limits food
- Uses diet pills, laxatives, or ipecac syrup
- Fears eating with other people
- Hides food in strange places to avoid eating (anorexia) or to eat at a later time (bulimia)
- Flushes uneaten food down the toilet
- Frequents Web sites that encourage unhealthy ways to lose weight
- Reads books about weight loss and eating disorders
- Criticizes self after eating
- Experiences hair loss or "greying" skin complexion
- Complains often of sore throats or swollen glands
- Expresses feelings of worthlessness or low self-esteem
- Often complains about feeling cold
- Has bruised or callused knuckles; bloodshot eyes; or bruising under the eyes and on the cheeks
- Experiences mood swings, depression, or exhaustion
- Has difficulty sleeping

Bulimia nervosa, or binge eating and purging, is not characterized by a specific amount of weight loss. Kids with bulimia can sometimes be harder to identify than kids with anorexia because their weight is often in the normal range. Rather

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than starving themselves, bulimics eat a large amount of food in a short period of time, then secretly try to get rid of it by vomiting, taking laxatives, or excessive exercise. Diagnosis typically means the behavior occurs at least twice a week for three months.

KIDS WHO DEVELOP ANOREXIA ARE MORE LIKELY TO HAVE A HISTORY OF WEIGHT PROBLEMS, PHYSICAL ILLNESSES, DEPRESSION, AND ALCOHOLISM IN THEIR FAMILY.

Specific signs may include:

- Making excuses to go to the bathroom immediately after eating
- Use of laxatives or diuretics
- Regularly eating large amounts of food without weight gain
- Withdrawal from social activities

WHY DOES IT HAPPEN?

There isn't really a single cause of the disorder. There are, however, many risk factors. Kids who develop anorexia are more likely to have a history of weight problems, physical illnesses, depression, and alcoholism in their family. Kids who develop bulimia are more likely to have a close family relative with the disorder. Eating disorders may run in families, but other factors—depression, anxiety, peer pressure, images in the media, physical or emotional abuse, overcritical and rejecting parents—can all worsen the problem. Sometimes kids are depressed or stressed about things they feel they have no control over, and they see what they eat or don't eat as something that they can control. Eating disorders can also occur when a teenager leaves home and has difficulties coping with pressure or loneliness, channeling those feelings into controlling food.

HOW IS IT TREATED?

The first step is identifying the problem, which is not always easy to do. A child might be praised for weight loss, which might lead the child to think he or she doesn't need help. If you believe a problem exists, be certain to seek out professional help.

Although it is frightening to see a child physically compromised, intervention should be carefully planned, at times under medical supervision. Treatment can involve both the child and family over a period of time. Even when a child's weight returns to normal, it takes time for new, healthier behaviors and a realistic self-image to be established.

Treatment might include a team consisting of a doctor, a dietitian, and a counselor or therapist. Together, the team can help a child accept her looks and learn strategies for healthy eating and for feeling successful in areas of life that don't involve food.

Note: All information in this article is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.

*Sources: keepingkidshealthy.com; healthyplace.com; [pbskids.org; helpguide.org/mental/eating_disorder_treatment.htm](http://pbskids.org/helpguide.org/mental/eating_disorder_treatment.htm); *The National Institute of Mental Health; Pediatrics and Children's Health; Eating Disorders: A reference sourcebook**