

## Childhood Eating Disorders for GPs

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### Overview

- Classification of Childhood Eating Disorders.
- Case Example.
- Maudsley Family-Based Therapy.
- Epidemiology.
- Take-home messages.

### Types of Childhood Eating Disorder

#### DSM IV: Eating Disorders:

Anorexia nervosa: restricting subtype, binge-eating/purging subtype.

Bulimia nervosa: purging, non-purging subtypes.

#### DSM IV: Feeding and Eating Disorders of Infancy or Early Childhood:

Pica

Rumination Disorder

Feeding Disorder of Infancy or Early Childhood.

### Anorexia Nervosa

#### DSM IV diagnostic criteria:

- A. Weight loss (<85% of that expected)
- B. Intense fear of gaining weight or becoming fat, even though underweight.
- C. Body image disturbance.
- D. Amenorrhoea (at least 3 menstrual cycles).

### Age-adjusted DSM IV criteria for anorexia nervosa in children

Any clinically significant degree of weight loss not due to medical illness in the context of reported excessive dieting and exercise for > 1 month.

- Verbalisation of fear of weight gain is not required.
- Amenorrhoea requirement waived.

### Types of Childhood Eating Disorder

- Anorexia Nervosa
  - Food Avoidance Emotional Disorder
  - Selective Eating
  - Restrictive Eating
  - Food Refusal
  - Functional Dysphagia
  - Pervasive Refusal
- (Bryant Waugh, 2000)

### Ways of Referral for a Case of Anorexia Nervosa

- Usual presentation is of a child brought to a GP by their family with weight loss.
- GP refers to paediatrician (usually) or child psychiatrist.
- Child admitted to Children's Ward for about a month for in-patient re-feeding.

### Experience in Dunedin over the last 8 years

- Six cases of anorexia nervosa, all female, aged 10 to 13.
- Four had primary amenorrhoea and two had secondary amenorrhoea.
- All presented life-threateningly unwell with hypotension, bradycardia and hypothermia.
- Four cases prescribed fluoxetine to treat comorbid major depression (three cases) and one to treat OCD.
- All have made full physical recoveries.

### Indications for Admission in Children and Adolescents

#### Physical:

Rapid weight loss; refusal to eat or drink; feeling faint or collapsing; severe exhaustion; low BMI/ weight < 3<sup>rd</sup> centile; confusion or slowing of thoughts; pulse < 60; low systolic blood pressure (< 80 mmHg); BP < 80/50 mmHg; orthostatic hypotension; hypothermia (<35.5 degrees Celsius).

### Indications for Admission in Children and Adolescents

#### Physical:

Acetonuria; hypoglycaemia (< 0.6 g/l); electrolyte imbalance (potassium, sodium, phosphate, magnesium); increased creatinine (> 100 micromol/l).

#### Psychiatric:

Failed out-patient treatment; suicidality; severe family dysfunction.

### Maudsley Family-Based Therapy

- Out-patient treatment developed by Chris Dare and colleagues and subsequently published as a manual:  
Lock J., Le Grange D. et al.  
Treatment manual for anorexia nervosa. A family-based approach.  
(2001) New York, Guildford.  
The only FBT that has been subjected to RCT.

### MFBT- Key Principles

- Designed for children aged < 19 years old with an illness duration of < 3 years.
- Draws on family strengths to overcome anorexia nervosa and opposes finding the family at fault.
- Integrates a variety of family therapy approaches but emphasises behavioural recovery rather than insight as a priority.

### MFBT – Key Principles

- Two therapists.
- Conjoint and separated sessions.
- Research evidence: For high Expressed Emotion (EE) families (high criticism/hostility/over-involvement) separated FBT is the treatment of choice. For low EE conjoint FBT and separated FBT are equally effective.
- "Coaching" approach.

### MFBT – Eclectic Approach

- Structural Family Therapy – disruption of cross-generational coalitions; promote unity of parental alliance; aligning the patient with sibling sub-system; 'enactment' – family meal.
- Strategic Family Therapy – "agnostic" view of aetiology.

### MFBT – Eclectic Approach

- Systemic Family Therapy: family have the capacity for finding their own solutions to get the child to eat; non-critical stance; circular questioning.
- Narrative Family Therapy: externalisation of the illness.

### MFBT – Treatment Phases

- Treatment divided into 3 phases over about a year:
- Phase 1: "concentrate on the horror of this life-threatening illness", Parents are warned that :something very drastic has to happen for you to save (your child's) life". Clinicians should have a "portentous, brooding and grave manner". Whole family household expected to attend clinic.

### MFBT – Phases of Treatment

- Phase 1: weekly sessions for 10 to 20 weeks. Emphasis on externalising illness, minimising criticism/hostile comments and parental unity. Family meal. Effect of the illness on the family. Parents are empathic about their child's ambivalence about eating but have a clear expectation that eating will happen. Starvation is not an option!

### MFBT - Phases 2 and 3

- Phase 2: Sessions 11-16. When weight gain is sustained and the child accepts the need for dietary increase, the child is given greater control of their eating. Parents can focus on their marriage.
- Phase 3: When the child can maintain 95% ideal body weight by themselves. Addressing other adolescent issues. Sessions 4-6 weeks apart. Install a sense of vigilance to ward off risk of relapse.

### Epidemiology

- Community and twin studies show that less than a third of cases of anorexia nervosa are seen for specialist assessment.
- Finnish Twin study: 4.2% lifetime prevalence of anorexia nervosa.

### British Surveillance Study

Nicholls D. E., Lynn R. and Viner R.M. Childhood eating disorders: British national surveillance study (2011) British Journal of Psychiatry, 198: 295-301.

Aim: "to identify new cases of early-onset eating disorders (< 13 years) presenting to secondary care over one year and to describe clinical features, management and one-year outcome".

### British Surveillance Study

- Overall incidence was 3.01 cases of eating disorder per 100,000 children aged 5-13 years per year.
- 37% anorexia nervosa.
- 1.4% bulimia nervosa.
- 43% eating disorder NOS.
- 19% showed determined food avoidance and were underweight without weight/shape concerns

### British Surveillance Study

- 96% determined food avoidance
- 84% preoccupation with food
- 71% fear of weight gain
- 67% preoccupation with body weight
- 51% preoccupation with body shape
- 43% excessive exercise
- 31% somatic complaints
- 19% self-induced vomiting
- 5% binge-eating, 1% laxative/diuretic use.

### British Surveillance Study

- 208 patients
- 82% female
- 86% white British, 5% Asian, 2.5% Irish, 1% black.
- Mean age: 11 ½ years. 59% pre-pubertal.
- Youngest age for any eating disorder was 6 and for anorexia nervosa, 9.
- Of those with anorexia nervosa 88% were female.

### British Surveillance Study

- 41% had psychiatric co-morbidity (depression, anxiety disorder).
- 44% had a family history of mental illness (mostly depression and anxiety disorders).
- 21% had early feeding difficulties.
- Time to presentation > 8 months.

## British Surveillance Study

### Hospital Admission:

- 50% were admitted to hospital (usually at diagnosis); 71% with anorexia nervosa were admitted.
- 11% had nasogastric tube feeding (all with anorexia nervosa).
- 13% were prescribed psychotropic medication (SSRI > atypical antipsychotic)

## British Surveillance Study

### Outcome at one year:

- Data available for 76% cases.
- 73% improved
- 6% worse
- 10% unchanged
- 60 cases were still in treatment. No deaths. Co-morbidity same as baseline.

## Take-Home Messages

- Children can become very physically compromised very quickly because of low fat reserves and high BMR.
- Even though a child may seem 'healthy' beware hypothermia and bradycardia.
- Consider the whole system (the family) – especially parental mental disorder.
- Despite the evidence for good prognosis of anorexia nervosa in children, there is a tendency for mood/anxiety to persist linked to an increased risk of having a strong family history of mental illness and strong obsessive-compulsive personality traits in the child.

## Thank you

### Useful websites:

• [www.AEDWEB.ORG](http://www.AEDWEB.ORG)

• [www.ed.org.nz](http://www.ed.org.nz)