

*EATING DISORDERS in
ADOLESCENTS*

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May 2008

Learning Objectives

- Recognition of ED in adolescents
- Early onset ED presentation
- Current management and services for ED



*RECOGNITION OF ED in
ADOLESCENTS*

Epidemiology

- Worldwide 1/100,000 cases
- White pubertal girls in western countries 1/200
- Incidence rates increasing in adolescence
- Younger children
- 5% boys

Prognosis

- Anorexia has a **higher** mortality than any other psychiatric disorder ~ 6%
- 50% good outcome
- 25% intermediate outcome
- 25% do poorly
- Duration 7 years

Eating Disorder (NOS)

- Partial syndrome, atypical eating disorder
- Disordered eating, inappropriate weight control, excessive concern re body shape



Aetiology

Anorexia nervosa is a psychological disorder with profound physical complications

Body-Mind relationship tightly entwined



Aetiology

Multifactorial disorder with **symptom pattern** the **common** final pathway

Medical complications may be **SERIOUS, IRREVERSIBLE** and **FATAL**

Dieting

- Common entry point
 - Moderate dieters 38%; extreme 7%
- Adolescent eating behaviour
 - Missed meals, unconventional meals, snacks, eating away from home, soft drinks and alcohol
- Social/environmental factors

Screening questions

- Weight
- Diet history
- Exercise history
- Menstrual history
- Symptoms history
- Psych symptoms history
- HEADSS

Risk Factors

- Family history
- “Visual sports”
- Personality trait
- Low self esteem
- Physical/sexual abuse
- dieting

Physical assessment

EVERY ORGAN SYSTEM MAY BE AFFECTED

- Appearance
- Vital signs
- Skin
- Head/neck
- Cardiac
- Abdomen
- extremities

Lab assessment

- EUC including Ca, Mg, PO, Creatinine
- LFT, albumin, cholesterol
- FBC, ESR
- TFT's
- LH/FSH

- ECG
- Bone density

The image features a large, stylized, golden-brown letter 'E' that dominates the center. The 'E' is composed of a thick, curved top bar and a horizontal middle bar, with a thin, curved bottom bar. In the upper left corner, there are five circular elements of varying sizes, arranged in a descending sequence from left to right. The background is a gradient of golden-brown and dark brown, with a subtle glow around the 'E' and the circles. The overall aesthetic is clean and modern.

EOED

Case #1

- 12 yr girl
- Loss of weight 8 kg in 3 months
- Weight watchers 12 point plan
- Weight 32 kg (10th centile), Height 145 (15th centile)
- BMI 15.2 5th centile
- Previous BMI 19 (60th centile)

Case #2

- 13 year old girl
- Nauseous for 2 1/2 years
- No weight gain or height gain in this time
- Multiple investigations by multiple medical practitioners
- Weight 32 kg, Height 150 BMI 14.2

Early onset ED

- 5 to 13 year olds
- 2 different groups
 - 70% symptoms AN
 - 30% FAED

Symptom	AN	FAED
Food avoidance	98.2%	95.7%
Overexercising	67%	16.7%
Fear of wt gain	93.2%	29.2%
Weight preoccupation	94.4%	20.8%
Somatic complaints	21.3%	55.3%
Denial of severity	67.6%	47.9%

Key Points

- 30% present differently
- Somatic symptoms prominent
- Less fear revealed of weight gain or preoccupation

Management Principles

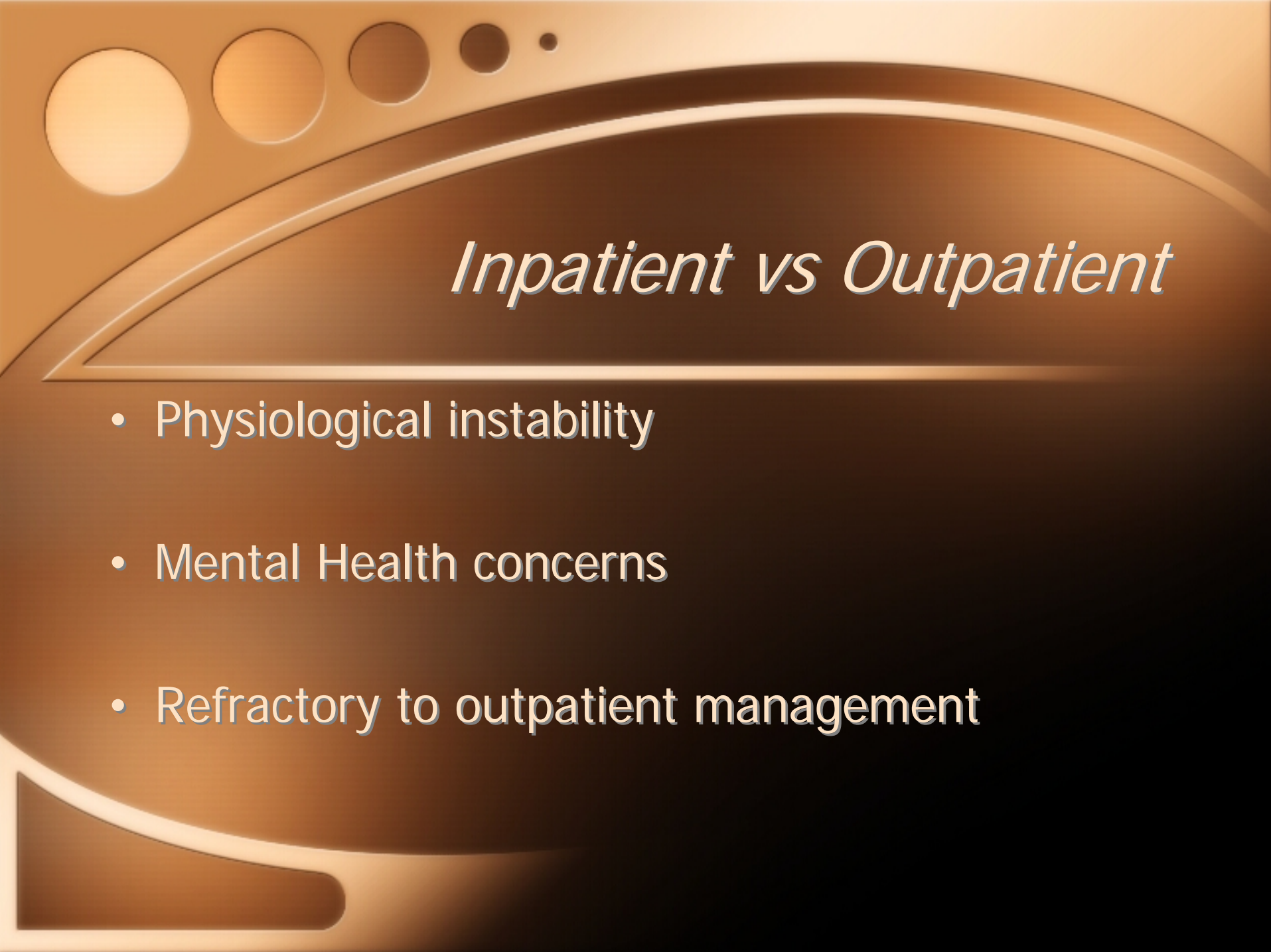
- Medical resuscitation
- Warm and nourish the cold frail body
- Teach to eat
- Identify and treat psychological difficulties

Outpatient Management

- MILD
 - Normal BMI
 - No signs or symptoms of excess weight loss
 - Mild body image distortion
 - Weight loss methods
- MODERATE
 - BMI on 5th centile
 - Symptoms or signs associated with denial

Management

- Severe
 - BMI less than 5th centile
 - Grossly distorted body image
 - Symptoms and signs of malnutrition with denial regarding thinness
 - Unhealthy means of weight loss



Inpatient vs Outpatient

- Physiological instability
- Mental Health concerns
- Refractory to outpatient management



INPATIENT MANAGEMENT


- Rest
- Supervision
- Food
- Nasogastric tube

Services available

- Public Medical
 - Inpatient : MMC ,RCH ,Austin
 - Outpatient
 - Day programme (Butterfly)

Day Programme

- Pilot programme via Southern Health
- 12 - 24 years
- 9568 4785
- Maudsley approach



Services available

- Public Psychiatric
 - CAMHS regional
 - Southern Triage 1300 369 012



Services

- Private
 - Oak House
 - Bronte Foundation
 - Melbourne Clinic

Support Services

- EDFV Eating Disorder Foundation of Victoria
 - 9885 0318 1300 550 236
 - www.eatingdisorders.org.au
- CEED 9342 7507
- BUTTERFLY FOUNDATION 9822 5771
- www.thebutterflyfoundation.org.au

Predictors of outcome

- Favourable

- BN better than AN
- AN purging better than restricting
- Short duration
- Higher discharge weight after hospital

- Poor

- Long duration of illness
- Low body weight at time of treatment
- High creatinine
- Premorbid obesity
- Premorbid asociality
- Compulsion to exercise
- Disturbed family relationships

OUTCOME OF DISEASE

- **ANOREXIA**

- Mortality 5.6%
- frequent weight fluctuations
- 10-31% with poor outcomes
- Prolonged time to recovery
- Increased depression, anxiety, alcohol
- 45% never marry

- **BULIMIA**

- Mortality 5.6%
- 50% achieve full recovery within 2 years
- 20-46% still have symptoms 6 years after treatment
- 55% develop mood disorders
- 42% develop substance abuse disorders