Obesity and eating disorders: two sides of the same coin or two different coins?

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What is the problem?

• Depression, body image dissatisfaction, obesity and eating disorders are each critical public health problems
• Body image dissatisfaction predicts depression and ED
  • Over 2 in 3 adolescent girls choose a body shape thinner than their own
  • Over 1 in 3 boys wish to be thinner
  • Over 1 in 3 boys wish to be larger than they are
• One in four youth are overweight or obese (1/3 by 2025)
• We are increasingly experiencing eating disorders in adolescents who are not underweight

How do schools promote healthy bodies and minds without causing people to feel worse about themselves?

What is normal adolescent eating?

• Increased independence
• Increased money
• Reduced supervision

• Skip meals
• Snacks
• High energy
• Soft drinks
• Energy drinks
• Alcohol

Diet and exercise are important for all young people

Decreased physical activity

Increased energy dense food

Increased sedentary activity

Increased portion size
Spectrum of eating disorders

- **Normal eating**
  - Eat in response to hunger and satiety most of the time, accepting of body shape and size

- **Dieting**
  - Counts calories, skip meals or food groups, eat from lists of ‘good’ and ‘bad’ foods, follow a diet for a period of time

- **Subclinical eating disorder**
  - Occasional binge or purge, feel disgusted, feel preoccupied about body and/or behaviours, starve for many hours, feel loss of control around food

- **Clinical eating disorder**

### What is abnormal dieting?
- Decreasing weight goals
- Increasing body criticism
- Increasing social isolation
- Loss of menstruation or failure to start menstruation at the right time
- Vomiting

### Other warning signs of an eating disorder
- Preference for eating alone
- Increasingly limited food choices
- Cooking for others, but not eating
- Rituals around eating
- Excessive fluid intake
- Frequent visits to the bathroom after eating
- Frequent weighing
- Obsessive exercising

### When does it become an eating disorder?
- Over time
- When healthy messages are taken to extremes
- Become a means of controlling body shape, size and maturation
- Becomes a way of coping
- Becomes driven, relentless behaviour
- Becomes out of control
- Takes priority over everything

### Types of eating disorders
- Anorexia nervosa
- Bulimia nervosa
- Binge eating disorder

### Anorexia Nervosa
- Dangerously low weight (or significant loss of weight)
- Intense fear of gaining weight or becoming fat
- Body image disturbances
- Extreme concern with body weight and shape
Sara

- 14 yr old girl referred to RCH ED by a dietitian
- Previously well
- Caucasian background
- Intact family, younger brother
- Good student
- Small circle of good friends
- Investigations by GP “all normal”
- Sent by GP to the Dietitian – “eating could be improved”

History

- Lost 9 kg over 9 months
- Weighed 38 kg (previously 47 kg, 50th percentile for age)
- Increasingly health conscious
- Increasingly rigid & ritualised eating pattern
- Loves rowing (5x per week)
- Denies exercise in bedroom
- Denies any body image issues or recent stressors
- Menarche 12 months ago (had 4 cycles over 7 months but none in last 5 months)
- “Feels well, only a little cold”, “mum is over reacting”

Examination

- Friendly pleasant girl with dental braces
- Dressed in multiple layers of clothing
- Very thin
- Yellow tinged skin
- Lanugo hair
- Pulse rate
  - 40 lying, 98 standing
- Blood pressure
  - 95/45 lying, 85/50 standing
- Rest of examination normal

DSM 5 Atypical AN

- Meet all the criteria for AN except
  - Weight is within normal or overweight range despite significant weight loss (lost an average 17kg vs 10kg in those with AN)
  - More likely to have been overweight or obese before losing weight
    - 71% were previously overweight/obese
    - 17% were still overweight/obese at presentation
  - Similar physical condition
    - 32% had amenorrhea (61% in AN)
    - 41% admitted to hospital at presentation (52% AN)
Epidemiology

- Adolescent onset
  - Incidence of AN is stable
  - Age of onset of both AN and BN has been decreasing
- Affects all ethnicities and social groups
- Lifetime prevalence of AN is 1% in females
- Prevalence of BN in adolescence is 1-2% (females) and 0.5% (males)
- 3rd most common chronic illness in female teenagers (after asthma and obesity)
- Highest rate of mortality amongst mental illnesses

How to recognise an eating disorder

- It can be difficult!
- Continuum from normal to abnormal
- Anorexia hides itself well
- Parents feel ashamed “how did we miss it”
- Significant decrease in functioning
  - Socially (including interests)
  - Physically (appearance)
  - Emotionally (mood, anxiety)

Psychological effects of anorexia nervosa

- Decreased ability to think clearly
  - Decreased concentration, comprehension, judgment, memory
  - Irritability, restlessness, anxiety
- Low mood, depression
- Social withdrawal
- Compulsive behaviors
- Rigid thinking styles
- Trouble sleeping

What is FBT?

- Family-based treatment
- Outpatient based treatment
- 20 sessions over 6-12 months
- Engages the authority of the parents
  - Empowerment
- Engages the whole family

Principles of FBT

- Agnostic view of cause of AN
  - Parents are not to blame
- Focus on restoring a healthy weight
  - Pragmatic
- Parents responsible for weight restoration
  - Empowerment
  - Authoritative therapeutic stance
  - Joining
- Separation of child and illness
  - Respect for adolescent

Three Phases of FBT

Phase 1: Parents restore their child’s weight
  - Refeeding (weight restoration)
  - Parental control
  - Do not engage in anorexic debate
Phase 2: Transfer control back to the adolescent
  - One meal at a time
  - Ensure weight maintenance
Phase 3: Address adolescent developmental issues
  - Control of eating returned to young person
  - Weight and food no longer the focus of parental-child communication
Parent empowerment

“We have observed a shift in the experiences of families faced with this illness, in that parents feel supported and empowered rather than blamed and helpless.”

Hughes et al
J Pediatric Health Care, 2013

What to do if you suspect an eating disorder

• Approach the young person about your concerns
• Notify the parents
  • Explain why you are concerned
  • Explain seriousness of concerns
  • Explain that medical assessment is needed
• Persist if concerned
  • Ego-syntonic (denial is typical)
  • Parental education often required
  • Provide details of local specialist eating disorder service

Approach the student about your concerns

Be prepared
• Who else is concerned at school? Other teachers? Their friends?
• Responding with anger or denial doesn’t mean there isn’t a problem

Choose a safe environment

Think about language
• Try to use ‘I’ statements (eg ‘I care about you’, ‘I’m worried about you’)
• Do not use language that implies blame or fault (eg ‘You are making me worried’. Instead try, ‘I am worried about you’)
• Listen respectfully and let them know that you won’t judge or criticise them

Getting professional help
• Ask if they are getting help
• Discuss why you think it necessary to share your concerns with their parents
• Arrange a further conversation with them

Adolescent eating disorders services, Victoria

• Public services (regionalised)
  • Royal Children’s Hospital
  • Austin Health
  • Monash Medical Centre
  • Alfred CAMHS
  • Box Hill CAMHS
• Other
  • Private providers
    • psychologists and mental health clinicians
  • Paediatricians
  • Dietitians
  • Butterfly Day Program

Resources

Eating Disorders Victoria

National Eating Disorders Collaboration
Role of schools

Weight, Physical Activity

- What language do teachers use about their own weight, body shape, dieting?
- Focus on what bodies can achieve not what they look like
- Encourage walking and riding to school
- Prioritise physical education
- Reinforce participation
- Consider sports clothing
- What are the range of sports on offer (eg dance?)
- Avoid publically weighing students (BMI exercises)
- Target weight related bullying
- Make it fun...

Role of schools

Healthy food

- Consider language
  - Avoid good vs bad foods
  - Energy is brain food!
- Breakfast clubs
- Kitchen Garden, home economics
- Reduce easy access to energy rich food
- Limit sports drinks

Thank you

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