

Holistic Approaches to Promoting Healthy Minds and Healthy Weight

Professor Susan M Sawyer MBBS MD FRACP
 Director, Centre for Adolescent Health
 Royal Children's Hospital
 Melbourne Australia



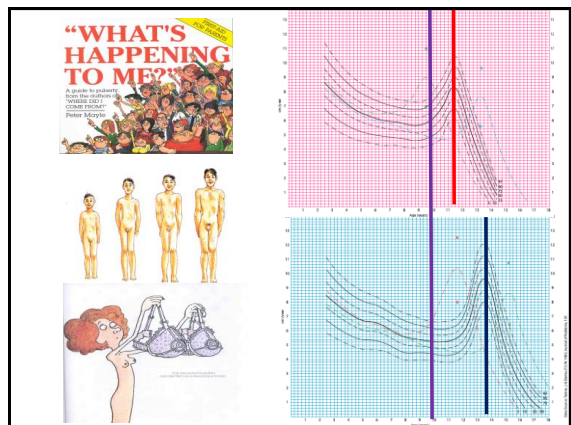
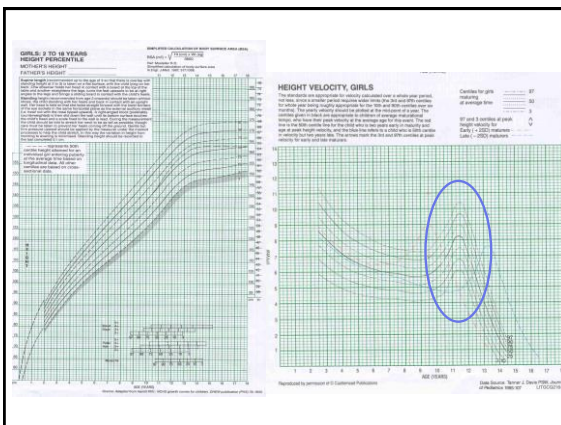
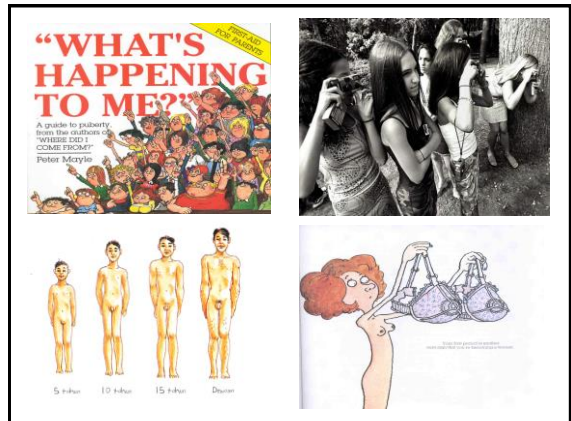
What is the problem?

- 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?

Outline

- Normal adolescent development
- Changing eating patterns across adolescence
- What are the signs of an eating disorder?
- What are eating disorders?
 - Features
 - Family Based Treatment
- How might schools respond to weight and eating disorder concerns?

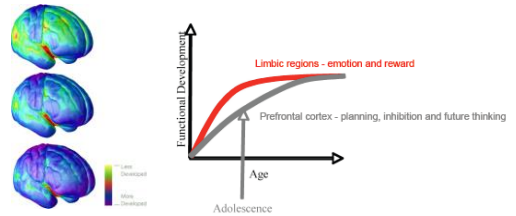


New biological insights

- Profound period of human development
- Different appreciation of biology & behaviour
 - Hormonal maturation
 - Puberty
 - Brain maturation
 - Cognitions
 - Emotions

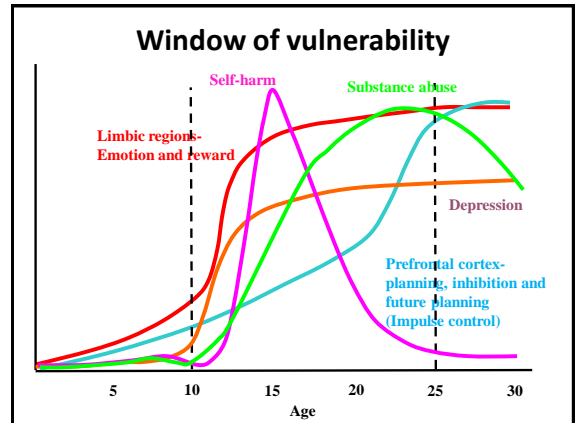
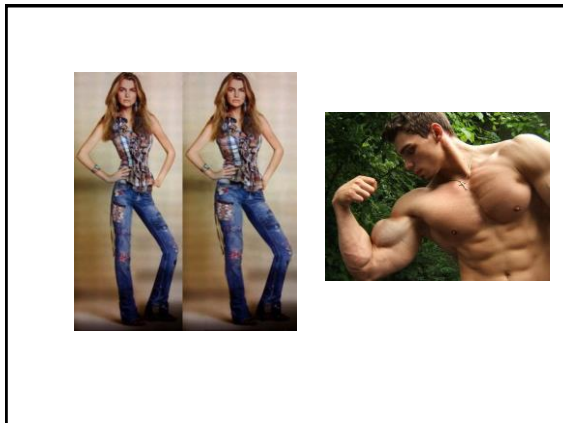


Brain maturation Region specific, non-linear



Giedd et al, 1999

Casey et al, 2008



Social drivers of adolescent health

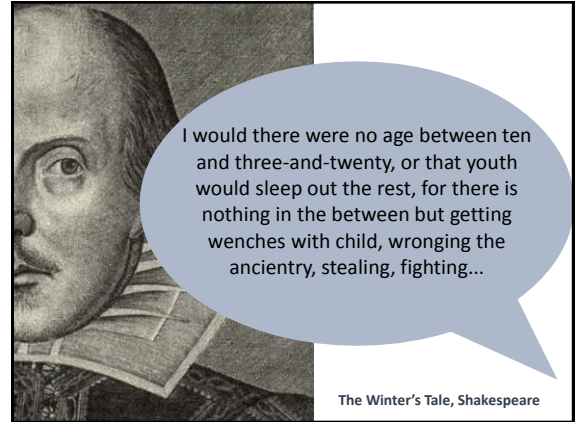
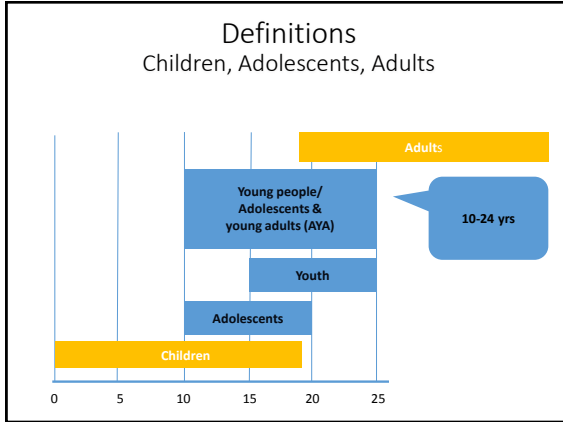
- Digital and social media
 - Expands the reach of 'peers'
 - Speeds up new social norms
 - Opportunities for intervention
 - Health risks
 - Sexting, cyberbullying, gaming addiction, sleep deprivation
- Social changes
 - Urbanisation
 - Globalisation
 - Marketing



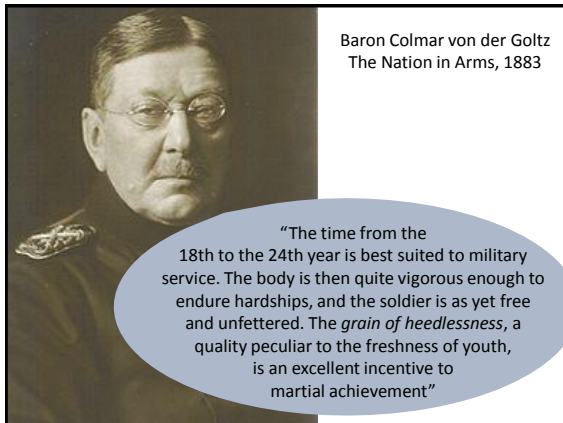
Social contagion

- Suicide
 - Damaging effects of media coverage 'copycat' suicide
 - Protective effects of media coverage
- Disturbed body image
 - Bulimia nervosa
 - Self harm
 - School shootings
 - Civil unrest





I would there were no age between ten and three-and-twenty, or that youth would sleep out the rest, for there is nothing in the between but getting wenches with child, wronging the ancients, stealing, fighting...



“The time from the 18th to the 24th year is best suited to military service. The body is then quite vigorous enough to endure hardships, and the soldier is as yet free and unfettered. The *grain of heedlessness*, a quality peculiar to the freshness of youth, is an excellent incentive to martial achievement”

Diet and exercise are important for all young people

Decreased physical activity

Increased energy dense food

Increased sedentary activity

Increased portion size

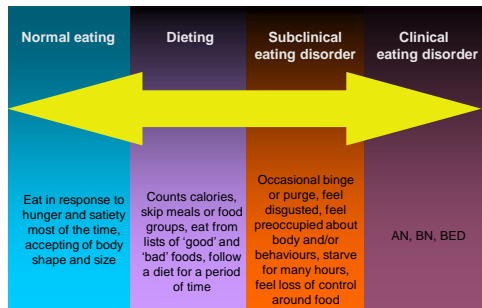


What is normal adolescent eating?

- Increased independence
- Increased money
- Reduced supervision

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

Spectrum of eating disorders



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

- 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

Anorexia Nervosa



- Dangerously low weight or loss of weight
- Intense fear of gaining weight or becoming fat
- Body image disturbances
- Extreme concern with body weight and shape

Types of eating disorders

- Anorexia nervosa
- Bulimia nervosa
- Binge eating disorder



Sara

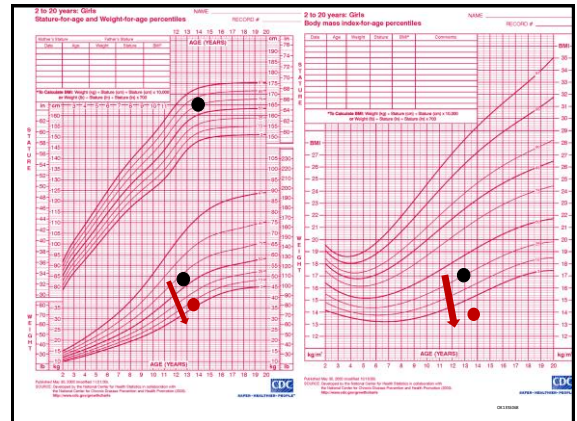
- 14 yr old girl referred to RCH ED by a dietitian
- Previously well
- Caucasian background
- Intact family, younger brother
- Good student
- Small circle of good friends
- Investigations by GP "all normal"
- Sent by GP to the Dietitian – "eating could be improved"

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"

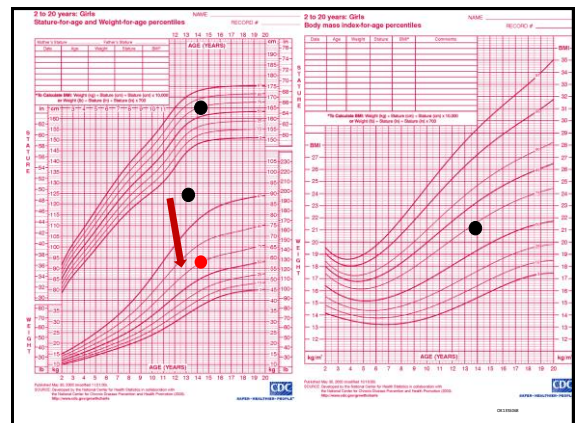
Examination

- 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)



Risk factors and triggers for ED

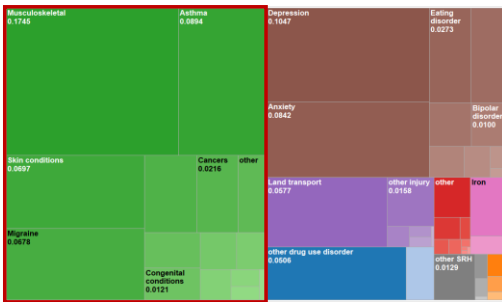
- Family history
- Perfectionism
- Female sex
- Dieting
- Low self esteem
- Depression
- Early puberty
- Teasing about weight and dieting
- Losses and major life events
- Family dysfunction
- Sports with particular aesthetic type

Epidemiology

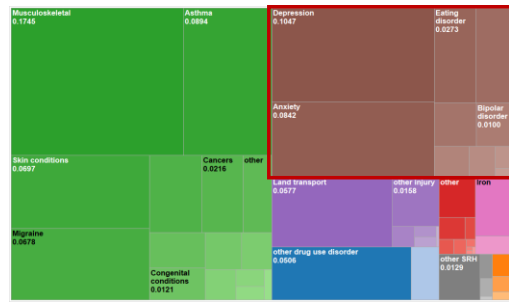


- Adolescent onset
 - Incidence of AN is relatively stable
 - Age of onset of AN and BN decreasing
- Affects all ethnicities and social groups
- Lifetime prevalence of AN is 1% (females)
- Prevalence of BN in adolescence is 1-2% (females) , 0.5% (males)
- 3rd most common chronic illness in female teenagers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

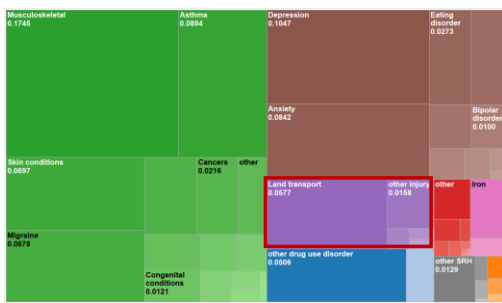
Female DALYs (10-24 years old), Australia



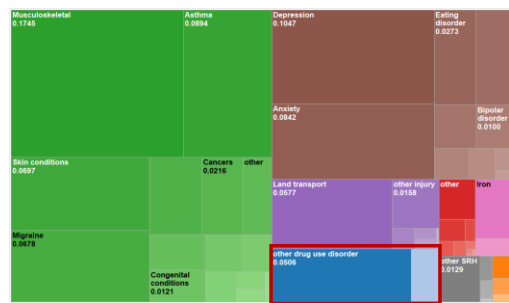
Female DALYs (10-24 years old), Australia



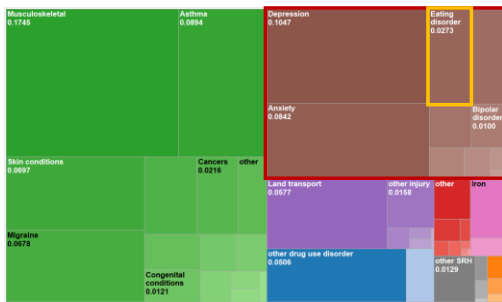
Female DALYs (10-24 years old), Australia



Female DALYs (10-24 years old), Australia



Female DALYs (10-24 years old), Australia



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)
- Physical symptoms and signs
- Psychological features



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 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?
- 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

Resources National Eating Disorders Collaboration

What is FBT?

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

Critical success factors

One of the most important factors in successfully implementing FBT has been the multidisciplinary team approach, specifically mental health professionals working closely with medical staff. The integrated team is of central importance from the outset; when a patient first presents to the assessment clinic, each member of the team plays an active role in assessment and treatment planning and together demonstrate a shared understanding of the illness and the need to engage in FBT. The clinic not only provides a thorough assessment of the patient and a powerful first step in intervention, it also promotes a collaborative relationship.

50-75% remission

One of the most important factors in successfully implementing FBT has been the multi-disciplinary team approach, specifically mental health professionals working closely with medical staff.

Hughes et al
J Pediatric Health Care, 2013

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



Sunday Age April 2015

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

Role of schools Emotional wellbeing, eating disorders



- Programmatic interventions
- Policy
 - Bullying
 - Social media
 - Self-harm and suicide
- Clarity about when to engage parents
- Support families whose children have eating disorders
 - Be respectful
 - Provide space for parents to supervise eating at school (FBT)

Thank you

susan.sawyer@rch.org.au

RCH Eating Disorder Program
9345 6533