# 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

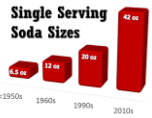
**How do schools promote healthy bodies and minds without causing people to feel worse about themselves?**

## Diet and exercise are important for all young people

Decreased physical activity

Increased sedentary activity

Increased energy dense food



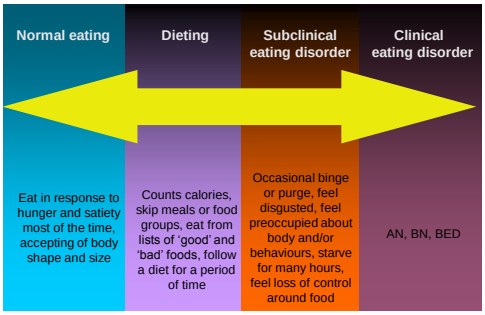

Increased portion size

## 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 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

## 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

## Types of eating disorders

- Anorexia nervosa
- Bulimia nervosa
- Binge eating disorder


## Sara

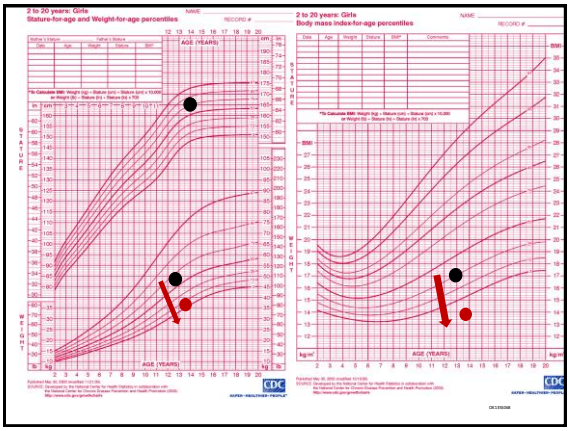
- 14 yr old girl referred to RCH ED by a dietitian
- Previously well
- Caucasian background
- Intact family, younger brother
- Good student
- Small circle of good friends
- Investigations by GP "all normal"
- Sent by GP to the Dietitian – "eating could be improved"

## 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"

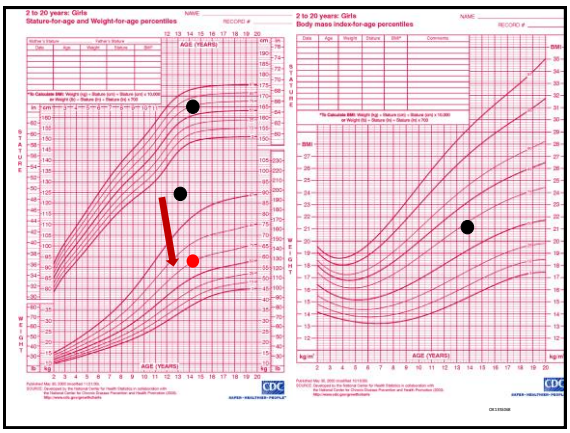
## Examination

- 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)



## Epidemiology

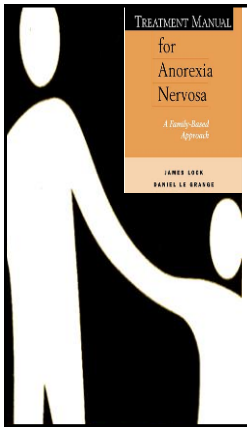
- Adolescent onset
  - Incidence of AN is stable
  - Age of onset of both AN and BN has been decreasing
- Affects all ethnicities and social groups
- Lifetime prevalence of AN is 1% in females
- Prevalence of BN in adolescence is 1-2% (females) and 0.5% (males)
- 3rd most common chronic illness in female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


Sunday Age April 2015

## 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**

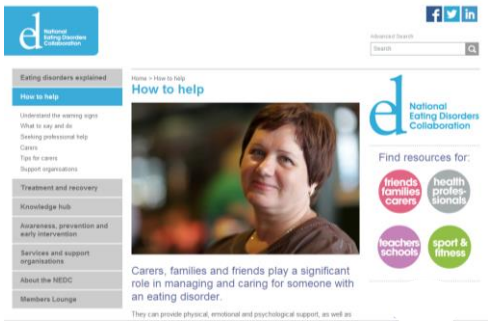
- Ask if they are getting help
- Discuss why you think it necessary to share your concerns with their parents
- Arrange a further conversation with them

## 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


## Resources
## 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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