

EATING DISORDERS

Camhs Schools' Conference

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AIMS

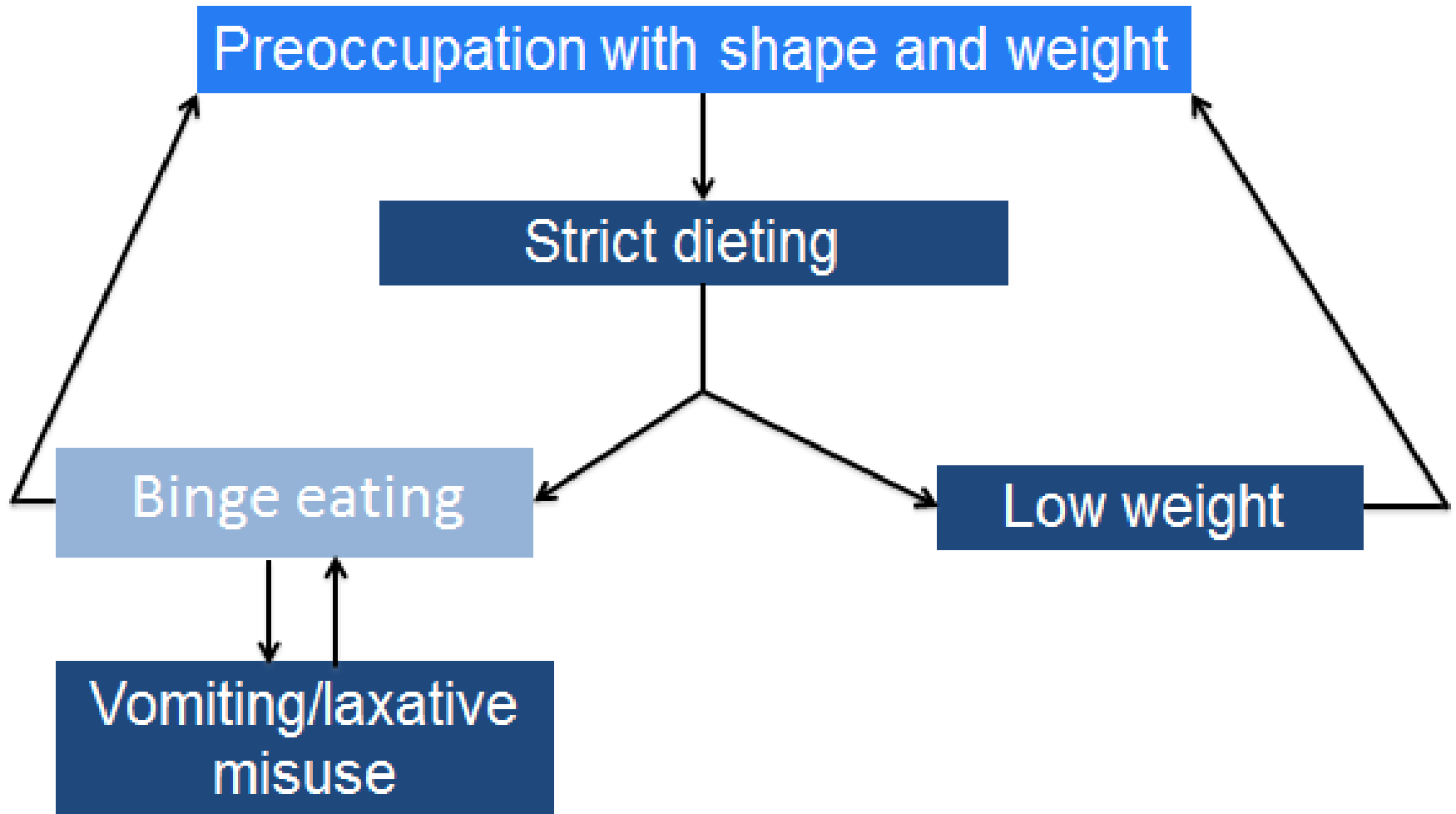
- **To increase understanding and awareness of eating disorders**
- **Warning signs and risk factors**
- **How staff can support a yp suffering or recovering from an eating disorder**
- **How to support peers and parents/carers**

What is an Eating Disorder? (1)

**Abnormal Thoughts and Behaviours regarding:
Food, Eating, Weight and Shape**



What is an eating disorder? (2)



Classifying eating disorders

- Anorexia Nervosa (AN)
- Bulimia Nervosa (BN)
- Atypical Eating Disorder (EDNOS)



Anorexia nervosa (DSM V)

- Restriction of food intake leading to a significantly low body weight in the context of age, sex and development.
- Intense fear of gaining weight or becoming fat.
- Disturbance in the way in which body weight or shape is experienced
- Subtypes:
 - Restricting Type
 - Binge-Eating/Purging Type



Bulimia nervosa

- Recurrent binges and purges
- Sense of lack of control
- Morbid preoccupation with weight and shape



What do we know?

- Genetic vulnerability
- Personality Traits e.g. perfectionist/low self esteem/obsessional
- Thinking style
- Co-morbid diagnosis
(having another emotional disorder)

Eg. ASD, Depression, OCD, Social anxiety



Other Influences cont.

- Family Factors:
 - Parental disharmony or separation
- History of psychiatric illness
- Communication Style
- Life Events: bereavement, loss, change, abuse/neglect
- Important transitions: school, moving home, Life Cycle



Other influences

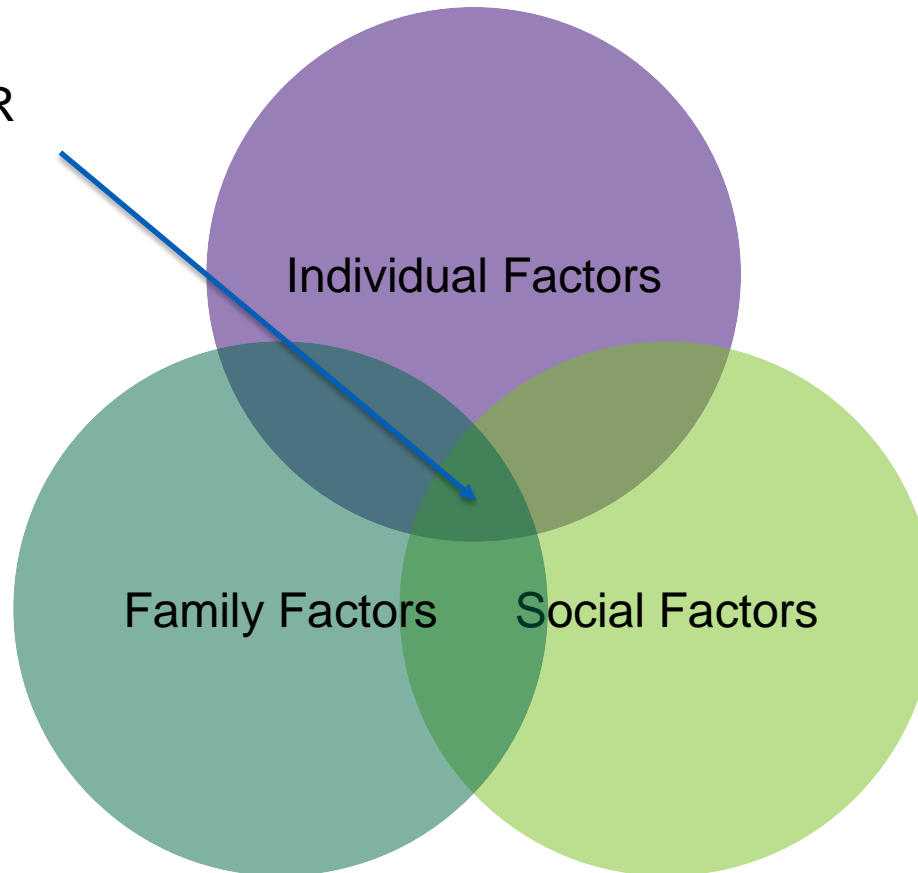
- Adolescence and associated challenges
- Peer relationships: pressures/bullying
- Educational pressures
- Social pressures: culture and the media, peers



RISK FACTORS

HIGH RISK OF AN
EATING DISORDER

No one
chooses to
have an eating
disorder



No blame

Who is affected?

- 2 girls/1000 newly diagnosed with an ED each year
- Peak age of diagnosis is 15-19
- In 2009, the female to male ratio was approx 10:1
- Incidence of ED increased 2000-2009
- Commonest mental health disorder in adolescent girls after depression
- Incidence of ED is 9 fold higher than incidence of type 1 diabetes



Hospital Admissions

- Most recent figures January 2014 reveal that there was a national rise of 8 per cent in the number of admissions to hospital for an eating disorder in the 12 months previous to October 2013.
- Most of the 2,560 who went to hospital for inpatient treatment were young – 15 was the most common age of admission for girls and 13 for boys.

Who has an eating disorder?



world class expertise  local care

Royal Free London 
NHS Foundation Trust

What are the symptoms?

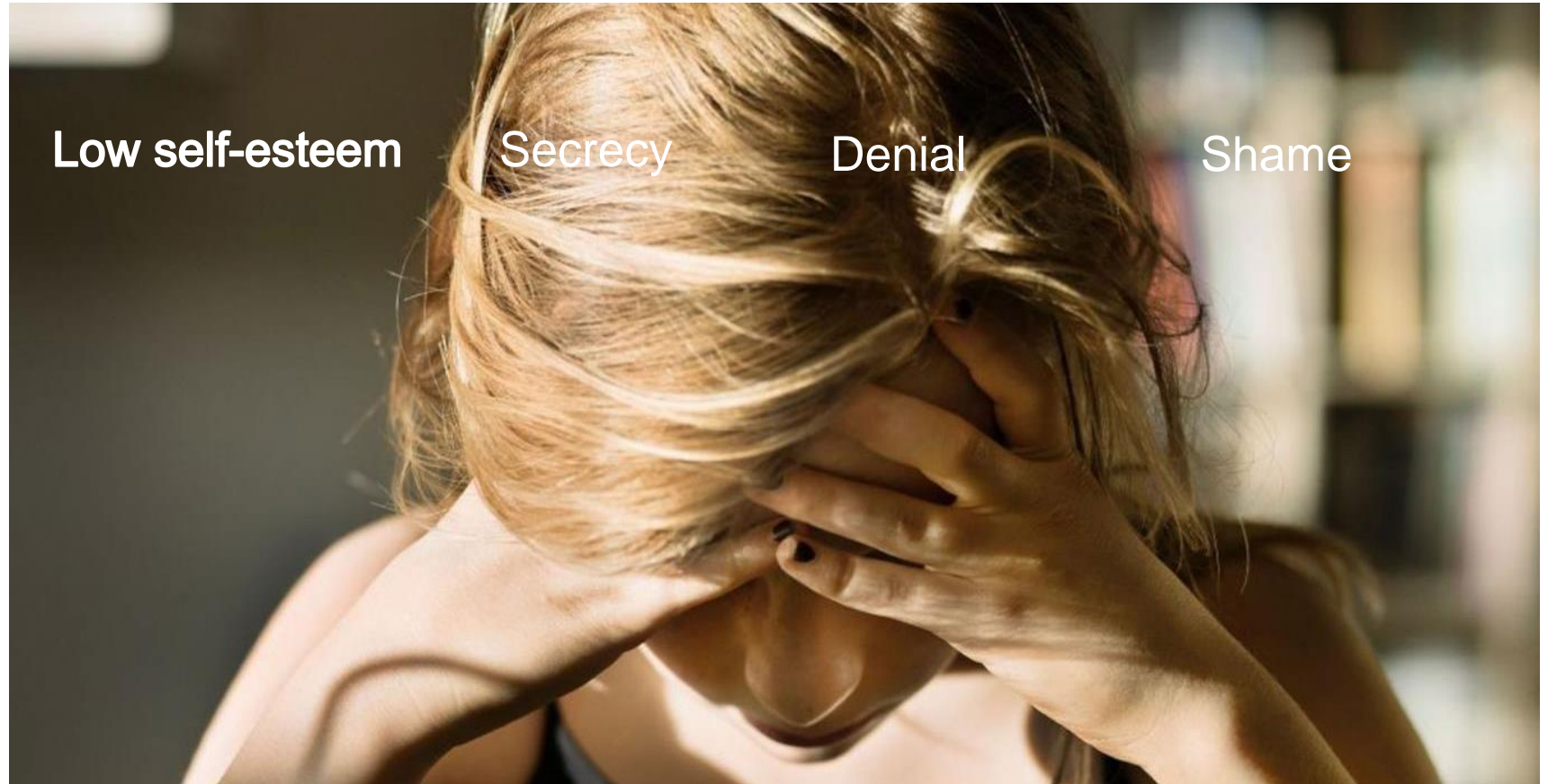
- Physical symptoms
- Psychological impact of illness
- Impact on family life and relationships
- Impact on social life and relationships
- Impact on education

Low self-esteem

Secrecy

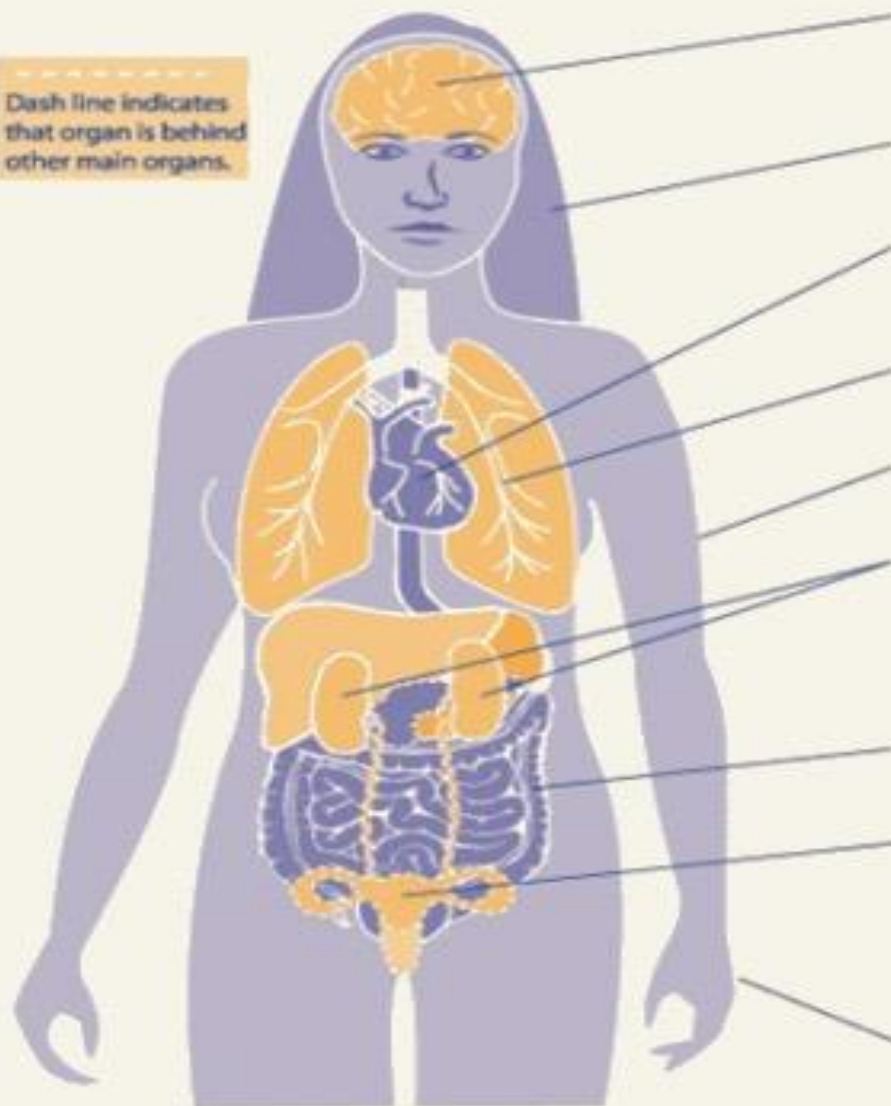
Denial

Shame



Anorexia affects your whole body

Dash line indicates that organ is behind other main organs.



Brain and Nerves

can't think right, fear of gaining weight, sad, moody, irritable, bad memory, fainting, changes in brain chemistry

Hair

hair thins and gets brittle

Heart

low blood pressure, slow heart rate, fluttering of the heart (palpitations), heart failure

Blood

anemia and other blood problems

Muscles, Joints and Bones

weak muscles swollen joints, fractures, osteoporosis

Kidneys

kidney stones, kidney failure

Body Fluids

low potassium, magnesium, and sodium

Intestines

constipation, bloating

Hormones

periods stop, bone loss, problems growing, trouble getting pregnant. If pregnant, higher risk for miscarriage, having a C-section, baby with low birthweight, and post partum depression.

Skin

bruise easily, dry skin, growth of fine hair all over body, get cold easily, yellow skin, nails get brittle

Early Signs

Physical signs

Behavioural

Psychological



Psychological signs

- Episodes of emotional distress: mood swings, irritability and anger
- Low self-esteem, shame, disgust
- Poor concentration
- Impairment of judgement and empathy
- ↑ Anxiety and Depression with starvation
- Self-harm and suicidal thoughts
- Obsessional thinking
- Social withdrawal

Behavioural signs

Restricted eating (could include veganism)

Skipping meals

Scheduling activities during lunch

Increase in exercise

Strange behaviour around food

Wearing baggy clothes

Wearing several layers of clothing

Excessive chewing of gum/drinking of water/diet coke or restriction of fluids

Isolation or withdrawal from friendship group

Physical signs

- Weight loss
- Periods stopped or erratic
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless

What to do if you suspect one of your pupils has an eating disorder...

- Talk to them
 - Don't worry about saying the wrong thing...unlikely to make things worse.
 - Express concern.... Say what you've noticed not what you suspect
 - Don't accuse or diagnose...Expect denial if you do
 - ...And possibly anyway. May not be aware themselves
 - Try to get "buy in" to pursue it further

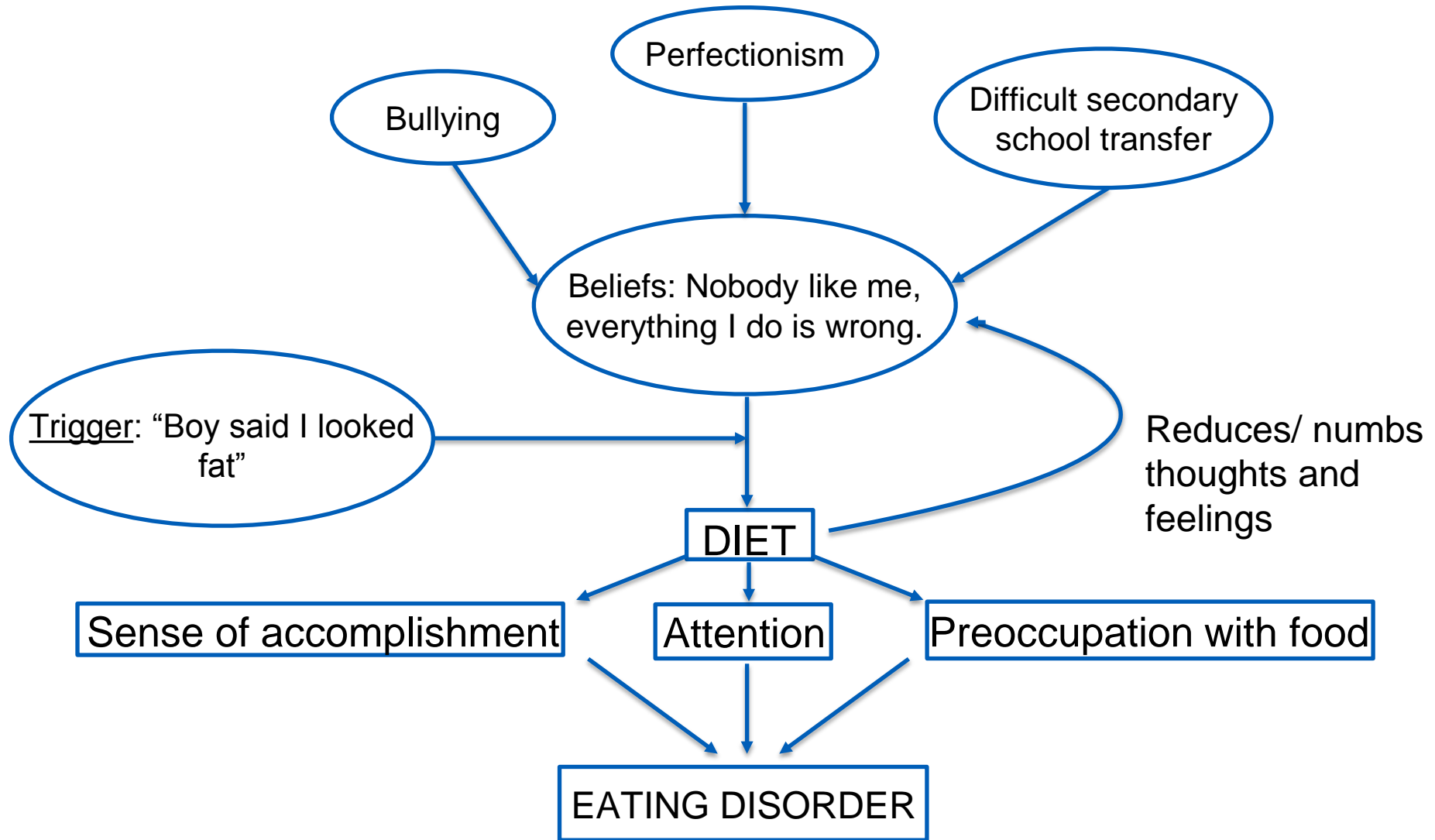
What to do if you suspect one of your pupils has an eating disorder...

- Encourage them to talk to their parents
- Or to seek help
- Treatment has to be based around their co-operation (firm but flexible)
- May not matter in the first instance if you don't get them to acknowledge the eating disorder, as long as there are avenues open
- If not may need to consider breaking confidentiality/ speaking to parents anyway

Myths....

- “They think they are fat”: They may know they are thin, but they may think they are still too big
- “They should snap out of it”: Very addictive - we have plenty of patients who want to get better and are frustrated that they can't. The proof of the pudding is in the eating.
- “They are just attention seeking”: The attention can be reinforcing to the ED but is not the cause
- “They don't look really thin”: But can be still tortured by ED thoughts
- “Its just a case of eating more”: Were it only that simple

Preventing eating disorders



Preventing Eating Disorders 2

- Very little research
- Best guesses based on listening to young people
- Avoid black and white messages about food and exercise
- Teaching on ethical environmental eating tends to increase restrictive food choices
- Particularly difficult in primary school to get the message right
 - can take messages very literally
- Obesity research (Polivy and Herman) also suggests restriction is unhelpful. The “what the heck” effect

Be careful with the messages we give about food, weight and shape

Metro: 22.1.2016



Be careful with the messages we give about food, weight, shape

Her son Jack, who weighs 5st 11lb, was measured in a government-led scheme at Widcombe Infant School in Bath, Somerset.

The results from Sirona, the body carrying out check-ups at primary schools, said his BMI was in the '96 centile', which means he is heavier than 96 per cent of children of his age and puts him in the 'overweight' category.

Mrs McKenzie, 37, called

Preventing Eating Disorders 3

- Think about the messages you give about academic work: About failure and success; about pushing themselves; about A*s
- For our patients, restricting food and working to extreme go hand in hand
- Messages we would want would be about BALANCE and MODERATION about food and work
- Keeping hold of a rich broad life - other sources of self esteem than appearance or healthy eating

Preventing Eating Disorders 4

- Addressing bullying
- Challenging misogyny and appearance driven insults
- Educating on the dangers tends to be counter-productive
- Encouraging children and adolescence to develop a critical faculty towards media imagery and messages
- “Improving self esteem” - confidence in self and having own opinion. Being themselves rather than thinking they are wonderful.
- Encourage compassion to self

How long does the illness last?

- Time taken to recover from an ED can be variable and hard to predict
- Early intervention usually leads to better outcomes
- Treatment can be long and intensive and we believe a yp has a better chance of recovery if remain at home and lead a normal life
- Starvation can interfere with brain maturation making recovery harder
- Families unwittingly maintain the illness
- Psychological recovery usually longer than physical
- **Most young people will recover**

Factors associated with longer illness

- Long duration of illness prior to referral
- Severity of weight loss
- Vomiting and purging
- Other psychological problems (OCD, ASD)
- Family factors
- Difficulty gaining weight despite treatment

Treatment at the Royal Free

- Family based approach empower family (but put tremendous pressure on the families).
- Most patients treated as an outpatient
- Package of care which involves treatment with consultant, nurse or dietitian and family therapist
- No evidence that inpatient treatment is better than outpatient treatment
- Some patients require our intensive service
- Will miss school - will try to make this as little as possible

How can you help

- School is crucially important
- What saves them is real life... They start to want something else more than they want to be thin
- Can't find that other thing if they are in an inpatient hospital
- When they return to school they all want something different - need to talk to them about that.
- They will be physically well before they are psychologically well
- All of them want you to know how hard it is none of them want you to say "you look well" (in their mind fat)

Meal Support in Schools

- Some patients will require every snack and meal supervised
- This is often what prevents them accessing school
- Discussion with us and patients about what is practical and helpful
- Sometimes school staff will be supervising – we will offer advice
- Meal supervision is a battle against guilt not a battle against food
- Consistency, routine, containment, privacy

