

The Royal Children's
Hospital Melbourne

EATING DISORDERS IN YOUNG PEOPLE

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Practical Paediatrics Program
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An alliance between Divisions of General Practice
and the Royal Children's Hospital

www.rch.org.au/kidsconnect (RCH Primary Care Liaison)

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BACKGROUND

- v Dieting and focus on body image in adolescent girls is common
- v AN (1%) BN (2-3%) and Eating Disorder Not Otherwise Specified or EDNOS (up to 5%) are not

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AETIOLOGY

- v Family history
- v Genetics
- v Temperament/ personality factors
- v Obsessionality
- v Dieting
- v ?family dynamics (no evidence)
- v Age of onset/ sex differences

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DIAGNOSIS OF EATING DISORDERS- AN (DSM V)

- Restriction of food intake with loss of weight to less than 85% expected (BMI 17.5) ("refusal" out of definition)
- Intense fear of gaining weight or becoming fat even though underweight OR behaviors to avoid weight gain (addition of behavior criteria)
- Disturbance in the way in which one's body weight or shape is experienced/ influence of shape or weight on self-evaluation or lack of recognition of seriousness of current low weight
- Note: amenorrhea out

DIAGNOSIS- BN

- Episodes of objective over eating
- Associated loss of control
- Compensatory behaviors
- Once a week or more for 3 months
- Self evaluation unduly influenced by body shape and weight
- Not exclusively in AN

DIAGNOSIS- EDNOS

- Significant Eating Disorder but doesn't meet criteria for AN/BN (DSM V changes partly to increase AN/BN diagnoses and decrease EDNOS diagnosis)
- eg All AN criteria but hasn't yet reached 85% of expected weight (started higher) may be difficult to be sure if significant in early stages

PHYSICAL COMPLICATIONS

- ✓ Haemodynamic (see guidelines for admission)
- ✓ Osteoporosis
- ✓ Growth
- ✓ Fertility
- ✓ Brain "pseudotrophy"
- ✓ Teeth
- ✓ Blood cells
- ✓ Electrolyte abnormality

DECIDING IF EATING ABNORMALITY IS A PROBLEM

- ✓ Degree of weight loss
- ✓ Level of concern of parents (compared to level of concern of patient)
- ✓ Degree of thought disturbance (has "number" in mind to get to/ sees self or bits of self as fat when is thin/ degree of preoccupation/ pervasiveness of behaviors)
- ✓ Ability to change behaviors over time (ie see weekly and review)

MANAGEMENT

- ✓ If AN needs specialist care from multidisciplinary team (if possible)
- ✓ If BN needs specialist care (?psychologist for CBT/ ?dietician/ medical review/ ?medication)
- ✓ If unsure suggest psychoeducation and dietician referral/ weekly review with weight measurement and weight increase expectation (0.5 kg/ week if underweight)

MANAGEMENT- ADMISSION

- AN if "medically unstable" but definition varies- 75% body weight?/ BP in adolescent < 80/50 or HR < 50
- Otherwise admission initially only if at risk from self harm
- In-patient treatment focused on weight increasing strategies

MANAGEMENT

- No good evidence for any effective treatment except for:
 - Family Based Therapy ("Maudsley") for AN (? For BN)
 - CBT for BN
 - SSRI's for BN
- (NICE guidelines)

TREATMENTS "OUT THERE"

- CBT
- Cognitive Analytic Therapy
- Interpersonal therapy
- DBT
- Psychodynamic
- Mandometer
- Dietician
- Self-help manuals
- Rehabilitation models
- medications

PRINCIPLES OF MAUDSLEY FBT

- ✓ Illness is externalised
- ✓ Anxiety is increased
- ✓ All family involved in weekly sessions
- ✓ Parents take control
- ✓ Focus on weight gain
- ✓ Different phases
- ✓ Individual work only when AN treatment completed
- ✓ 6-12 months

MEDICATION for AN

- ✓ SSRI's (depression/ no evidence for anything else- fluoxetine was thought to be helpful for relapse prevention, no longer)
- ✓ Antipsychotics (Olanzapine? Quetiapine?- rationale and evidence)
- ✓ Treating medical comorbidities such as constipation

MEDICATION- BN



- ✓ Evidence for effectiveness of SSRI's
- ✓ Need higher doses than for depression (eg 60 mg fluoxetine)
- ✓ Need to ensure that it is not purged

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MANAGEMENT OF EDNOS

- v Treat the significant variant ie
 - if AN use FBT (to specialist service)
 - if BN use CBT +/- SSRI
 - if not sure then ? dietician and monitor

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NAVIGATING SERVICES

- v PUBLIC is regionalised
 - RCH- North West (Stephanie Campbell tel 9345 5890)
 - Austin- Eastern (Karen Stewart Mon-Wed and Cathy Versace Thu-Fri on 9496 5000 /pager 5515)
 - Monash- Southern (Michelle Caughey 0427 845 623)
- v Private (paediatricians/dieticians/psychologists)
 - <http://humanservicesdirectory.vic.gov.au>
- v Eating Disorder Foundation (www.eatingdisorders.org.au)
- v Butterfly Foundation (www.butterflyfoundation.org.au)
- v Victorian Centre of Excellence in Eating Disorders (CEED)

www.rch.org.au/ceed


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Practical Paediatrics Program

The Practical Paediatrics Program is an RACGP CPD-accredited upskilling program for GPs, provided through an alliance between Divisions of General Practice and the Royal Children's Hospital, in partnership with Nicepak (distributors of baby products, creams and medications).



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