IS THIS AN EATING DISORDER? IDENTIFYING DETECTION PRIORITIES WITH CHILDREN AND ADOLESCENTS

Clinicians may be approached by parents or carers for advice on how to determine what is an eating disorder and what is ‘normative’ adolescent dieting behaviour.

Dieting and eating behaviours

- Reports by the young person, of parent or carer of extreme dieting (dieting is the single biggest predictor of the onset of an eating disorder in adolescents)
- Report by the young person, parent or carer of episodes of gorging or binging on food
- Denying that they are on a diet – dieters usually talk about their diet frequently, including how much they have lost and the sense of achievement they feel from their losses.
- Changes in food rules – for example, “stripping” dairy products and meat from the diet without appropriate replacement, becoming vegetarian.
- Increased interest in food – particularly cooking for others, scouring recipe books, supermarket shelf gazing and calorie counting.
- Denial of hunger and craving – claims of needing to eat less than others, or only very small portions.
- Eating very slowly, with small mouthfuls.

Social aspects

- Avoiding eating with others, e.g. the excuse of having eaten already or eaten elsewhere.
- Becoming socially isolated and low in mood.
- Repeated conversations about being fat with parents and peers
- A previously outgoing assertive young person who becomes withdrawn, less expressive and more preoccupied with food and school work

Activity & Behaviour

- Significant increases in exercising (including incidental activity) or a new exercise routine which is strict, rigid and gruelling.
- Covering up weight loss by wearing baggy clothing, coupled with a reluctance to be physically examined, or perversely exhibiting slimness and bonyness with revealing or tight fitting clothing
- Frequently disappearing to the bathroom – during and after meals. The smell of vomit or excessive use of air fresheners about the house.

Obsessive Behaviour

- Spending long hours studying with academic perfectionism
- Behaviour becoming more compulsive and ritualised – cleaning, tidying, organising, washing etc.
Physical signs

- Sudden weight loss of greater than 3 kgs in a month or a steady pattern of loss of weight over a 6 – 12 month period
- Amenorrhoea in those who have already attained menarche
- Physical effects of purging similar to those observed in adults; enlarged parotid glands, cracked and irritated skin around mouth, calloused on the knuckles, reduced levels of potassium
- Slow pulse < 60/minute
- Recurrent infections - where low weight seems to be giving rise to infection rather than vice versa
- Failure to recover from a viral or other medical illness where weight loss is prominent
- Large eyes, non-expressive face and a “small voice” (i.e. low volume and sounds younger than stated age). The large eyes are actually due to decreased facial and peri orbital fat.