



Information about **EATING DISORDERS**
in children and adolescents

WHAT IS EATING DISORDERS

in children and adolescents?

Eating disorders are characterised by a highly disturbed way of thinking and behaving when it comes to food, body and weight. Children and adolescents with eating disorders have great problems with food and a distorted view of how they look. They are often unhappy with their appearance and afraid of becoming overweight.

In general terms, eating disorders are divided into anorexia (a nervous loss of appetite) and bulimia (nervous bingeing).

Children and adolescents with anorexia starve themselves, and the illness manifests itself as an extreme weight loss. Their thoughts are constantly on food and calorie tables, they do huge amounts of exercise and can become aggressive and excessively irate when people interfere with their attempts to lose weight. Anorexia begins most commonly in the teenage years, but is also seen as early as at the age of eight to ten.

Children and adolescents with bulimia have eating binges and then force themselves to vomit, fast, do exaggerated amounts of exercise or take laxative tablets to avoid becoming overweight. Bulimia usually starts at the age of 16–18.

In the vast majority of cases, eating disorders are the result of a combination of hereditary, psychological and social causes.

Bulimia and, in particular, anorexia are serious mental illnesses that can develop and become chronic and very debilitating if not treated.

Fortunately, there are good opportunities for treating the disorders, and the vast majority of children and adolescents with eating disorders become well again. The sooner eating disorders are detected, the easier they are to treat.

HOW MANY PEOPLE HAVE THE EATING DISORDERS ANOREXIA AND BULIMIA?

- **Approximately 35,000 Danes – children, adolescents and adults – have an eating disorder: Approximately 5,000 have anorexia, approximately 30,000 have bulimia.**
 - **Half of those with an eating disorder are below the age of 18**
 - **Eating disorders are most common in girls. At the start of puberty, there are four times as many girls as boys with an eating disorder. Later during puberty, there are ten times as many girls as boys with an eating disorder.**
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HOW LONG DO EATING DISORDERS LAST?

For children or adolescents who receive treatment for their eating disorder, there is a good chance that their illness will disappear completely, or that they will be able to live a life in which the symptoms have very little impact on their everyday life. The sooner treatment starts, the better.

How long an eating disorder lasts varies individually from person to person. The duration of the illness can depend on the number and severity of the child's or adolescent's symptoms, as well as how he or she reacts to the treatment.

SYMPTOMS OF EATING DISORDERS

ANOREXIA (NERVOUS LOSS OF APPETITE)

Anorexia typically manifests itself as an excessive interest in the fat and calorie content of food. On the one hand, children and adolescents with anorexia have a great interest in food and may cook delicious meals for family and friends. On the other hand, they starve themselves, go on 'health regimes', exercise excessively and make themselves vomit or take laxatives – all in order to lose weight.

The lack of nutrition has consequences for both their physical and mental state. Children and adolescents with anorexia often lose interest in social interaction and, in many cases, develop low self-esteem and a distorted picture of themselves, how their body looks, and how much they should weigh.

Physically, the lack of food can have a serious effect on several organs. There may be pain and discomfort in the stomach, a build-up of fluid in the ankles and face, scaling of the skin, a bluish tinge in the hands and feet, sensitivity to cold, loss of hair on the scalp and increased growth of body hair to protect against the cold.

The physical damage caused by undernourishment may cause a delay to puberty, or it may mean that the person's physical development in terms of height and weight differs from that of people of the same age. In particularly serious cases, the undernourishment may have complications in adulthood. For example, it may cause brittle bones, reduced fertility, rapid ageing and – in the worst

case – the development of permanent brain damage or a weakening of the heart.

SYMPTOMS OF ANOREXIA

- **A weight loss of at least 15 per cent compared to normal weight (normal BMI)**
 - **A pronounced tendency to avoid fatty food**
 - **A distorted view of the body, with a feeling of being overweight mixed with the fear of becoming overweight**
 - **Hormonal disturbances that may damage the bones or brain and affect the natural sensation of feeling hungry**
 - **Shortage of salt and fluid**
 - **Delayed puberty and, in pubescent girls, cessation of menstruation**
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BULIMIA (NERVOUS BINGING)

Children and adolescents with bulimia are much preoccupied by weight, food and what their body looks like. Typically, bulimics miss meals, or eat very little. Later, however, when the hunger becomes overwhelming, they set off on solitary binges which end up with some of the food being vomited back.

These binges often take place in secret and are accompanied by shame and self-reproach.

It is easy to overlook bulimia, as children and adolescents with the disorder are often of normal weight, seem to be managing well and appear smiling and welcoming. However, this positive

exterior masks the time-consuming overeating, low self-worth and feeling of not being worthy to be loved.

Physically, the frequent vomiting can affect the digestive system, and the gastric acid in the mouth erodes the enamel of the teeth. The acid can also overstimulate and enlarge the saliva glands in the mouth, so people with bulimia can appear round-cheeked. This, too, can make the person appear healthier than is really the case.

SYMPTOMS OF BULIMIA

- **Binge eating**
- **A distorted view of one's appearance and a fear of becoming overweight**
- **Attempts to avoid putting on weight, for example by:**
 - **Vomiting**
 - **Using laxatives**
 - **Fasting**
 - **Using slimming pills, diuretics or substances that can increase the body's metabolism**

HOW CAN A PERSON GET HELP?

If it is suspected that the child or adolescent has an eating disorder, it is important to talk to his or her GP about it. The doctor can help to clarify whether it is an eating disorder and which treatment will be most helpful. The doctor can also refer the child or adolescent for other treatment, if this is necessary.

If your child needs emergency psychiatric help, contact the 24-hour Psychiatric Emergency Department for children and adolescents in Glostrup.

For more information, visit www.psykiatri-regionh.dk/akut or the Akuthjælp app.



TREATMENT OF EATING DISORDERS

The treatment is given either by a GP, by a privately practising specialist or by the doctor at Mental Health Centre for Child and Adolescent Psychiatry, depending on the severity of the eating disorder in question.

Within Mental Health Services – Capital Region of Denmark, the treatment begins with a thorough discussion to clarify whether it is an eating disorder and what type of treatment is required.

If an eating disorder is suspected in a child below the age of 15, the discussions will always be held with the child and the child's parents. In the same way, it is also recommended that adolescents over the age of 15 should involve their parents in the treatment of an eating disorder. This requires the consent of the adolescent.

Treatment and examination of children and adolescents with an eating disorder almost always occur on an outpatient basis. By this, we mean that the child or adolescent is not admitted to hospital, but rather continually attends consultations with the doctor responsible for his or her treatment. The doctor will monitor the weight progress, and agreements regarding the goals of treatment will be reached in consultation with the parents of the child or adolescent.

Within Mental Health Services – Capital Region of Denmark, the doctor will always draw up a plan of treatment together with the parents, the child/adolescent and other staff to ensure there is

agreement as to what will happen. The treatment plan will be approved by a consultant.

The family and other close relatives and friends can be a very important resource in the treatment of eating disorders. They know the child or adolescent well and can contribute important knowledge that can help to enhance the efforts at treatment. At the same time, the family and the rest of the child's or adolescent's close network can provide valuable support along the way during treatment.

Treatment at Mental Health Centre for Child and Adolescent Psychiatry takes place as a collaboration between several different professional groups. In other words, doctors, psychologists, nurses, dieticians, physiotherapists and others all contribute to the treatment. Treatment takes place as a collaboration between the relatives and other relevant parties from the school and municipality.

TALK THERAPY

The treatment of anorexia and bulimia consists primarily of therapeutic talks. The aim is to provide guidance on food, so that meals, weight and the child's or adolescent's relationship with food and his or her body return to normal. This is done in close partnership with the child or the adolescent and the parents.

Talk therapy consists of talks with a therapist, often a doctor or psychologist. These talks can be held either one-to-one or in groups, and the method is effective in treating eating disorders.

In family therapy, the whole family is involved in the treatment. This is done in order to help the family to break the deadlock of roles and behaviour patterns that otherwise can contribute to maintaining the problems of the eating disorder in the child or adolescent. This form of talk therapy can also be done with several families at the same time.

Talk therapy often includes cognitive behavioural therapy, where there is a discussion about how the illness is being perceived and attempts are made to help the child to change his or her thoughts, feelings, actions and body reactions. Agreements are made as to the goal of the treatment, and on how to achieve the desired improvement.

EDUCATION ABOUT MENTAL ILLNESS (PSYCHOEDUCATION)

As with talk therapy, psychoeducation is about talking in detail about the illness and treatment with the parents and the child or adolescent. The aim is to create a good understanding of the symptoms, illness and treatment, thus alleviating the symptoms and reducing the risk of a recurrence. A good understanding of, and collaboration with, the treatment can make it easier for the child or adolescent to complete the course of treatment.

Education about mental illness is also called psychoeducation, and it forms part of the vast majority of courses of treatment under Mental Health Services – Capital Region of Denmark. The family and other close relatives can also benefit greatly from taking part in this education.

You can ask the staff at the centre about the possibilities to participate in psychoeducation.

MEDICINAL TREATMENT

In cases of anorexia, there are often also symptoms of depression and anxiety. These symptoms may disappear of their own accord as the child or the adolescent gradually gains weight. If the symptoms are severe, or do not disappear when the child's or adolescent's weight returns to normal, there may be a need to provide treatment with anti-depressants.

In cases of bulimia, anti-depressants can be used in the treatment to reduce the bingeing and vomiting.

The medication can help to alleviate the symptoms so that the child or adolescent is able to benefit from talk therapy. Medication is never used as the sole treatment for eating disorders; rather, it is always combined with talk therapy.

When medicinal treatment begins, the doctor will explain about the expected effect and side-effects. anti-depressants begins to work after a few weeks. However, the full effect of the medication will often not be noticed until after four to six weeks.

Some people experience side effects in connection with the medication. These can include nausea, sleep disorders, a tendency to sweat and headaches. These side effects often subside after a short time, and they are not harmful. If side effects occur, it may be necessary to speak to the doctor about changing to a different type of medication.

If medicinal treatment is stopped, this must be done gradually and by agreement with the doctor.

WHAT CAN RELATIVES DO TO HELP?

The most important task for relatives is to ensure that the child or adolescent receives professional help. With children or adolescents, it can be difficult to distinguish between whether they are simply a bit more interested in food than usual, and whether an eating disorder is present. It is for the doctor to decide.

The relative of a child or adolescent undergoing treatment is best able to provide support by listening, being there for them, and making everyday life easier for the child or adolescent. Children and adolescents with eating disorders need someone – usually their parents – will take responsibility for the treatment and ensure that they keep to their eating plan and gain weight. Many children and adolescents with eating disorders have difficulty acknowledging that they have an illness, and they thus need close backup and support in completing the treatment.

It is also extremely helpful to support the child or adolescent in conjunction with social and leisure activities, to help arrange visits with friends or to help with homework, and generally speaking to try to find activities that support the child or adolescent in living a normal social life.

Education about mental illness can help to make parents more aware of their child's condition, the symptoms and the pattern of the illness. A knowledge of eating disorders and guidance on how to recognise the symptoms will help parents to support the child or adolescent in living a life of healthy eating and exercising habits and in returning to an everyday life of normal activities at school and with friends and family.

There are associations for families living with, or who have had, eating disorders in the family. They enable people to meet others in the same position as themselves, get information, and talk to other people about their experiences of recovering following an eating disorder. Information about these associations can be found at www.psykiatri-regionh.dk/patientinfo.

Mental Health Services – Capital Region of Denmark has published a leaflet containing information about the role of relatives, the involvement of relatives in the treatment and the potential for help and support for relatives. Please feel free to contact the staff at the Mental Health Department for Child and Adolescent Psychiatry or find the leaflet at www.psykiatri-regionh.dk/patientinfo.

TIPS FOR RELATIVES

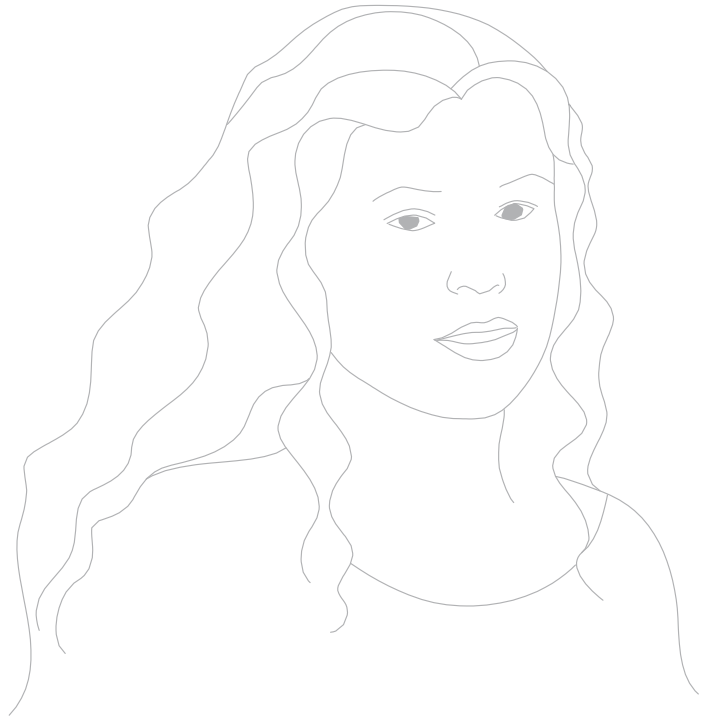
- Take the illness seriously.
 - Find out what eating disorders are
 - Help the child or adolescent in getting professional help.
 - Plan 'ready-made' activities that take the disorder and its symptoms into consideration.
 - Provide comfort, e.g. by saying: "Remember, you will get better. You have an illness, which you can get treatment for".
 - Spare the child/adolescent from pieces of advice such as: "If I were you, I would..." or "Pull yourself together". It is not possible for a child or adolescent with an eating disorder to control his or her compulsion to think about food, weight loss and appearance.
 - Avoid reproaches and have patience. It takes time to treat an eating disorder.
 - Don't start long discussions about why the child or adolescent has become ill.
 - Seek help for yourself if you have questions, lack support or need assistance in your everyday life.
 - Remember that eating disorders are not anyone's fault.
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FURTHER INFORMATION

www.psykiatri-regionh.dk

You also have the opportunity to consult with PsykInfo for further information, advice and guidance on mental illness. PsykInfo is a psychiatric information centre, located in central Copenhagen, which caters to all citizens who seek knowledge about mental illness. See www.psykinfo-regionh.dk.



This booklet is for you who is a patient at Mental Health Services – Capital Region of Denmark and your relatives. With this booklet, we want to help you and your family experience a good and comprehensive course of treatment – and good cooperation with the staff at Mental Health Services – Capital Region of Denmark.

It is you and your immediate family, who live with the illness and is most aware of how you feel and how your illness is affecting your life.

We place great emphasis on keeping you well informed about the treatment throughout the course of treatment, and you are always welcome to ask questions.

THE PATIENT AT THE CENTRE

The treatment at Mental Health Services – Capital Region of Denmark often consists of a combination of a number of therapies and is always based on the patient's individual and immediate needs. Therefore, no courses of treatment are alike.

The mental health staff has professional insight into how mental illnesses can develop and be treated. We want to hear how you experience your illness and what your treatment goal is. We use both as a basis when we plan the treatment together.

The goal is for the treatment to heal you or make you considerably better. It varies when and how much people with mental illness recover. But with the right treatment, anyone can develop and create or resume daily life.

REGION HOVEDSTADENS PSYKIATRI (MENTAL HEALTH SERVICES – CAPITAL REGION OF DENMARK)

Many people encounter a mental illness during the course of their lifetime. At Mental Health Services – Capital Region of Denmark, every year we treat approx. 41,000 children and adults for a variety of mental illnesses. The treatment is done on an outpatient basis by visiting teams and, where necessary, by Mental Health Services – Capital Region of Denmark.

Mental Health Services – Capital Region of Denmark

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