



CHILD MENTAL HEALTH FOR PRIMARY CARE

Eating Disorders in Youth

Eating disorders are occurring in children that are younger and younger, especially since 2020. When the disorders typically develop between 11-13 years old, this is often related to both pubertal body changes and societal messaging about food and weight. These types of disorders are also co-morbid with diagnoses of anxiety or depression. Bias exists towards those who should be screened for eating disorders, basing decisions largely on body shape, size, and weight, leaving many seriously distressed adolescents undiagnosed and untreated. Warning signs of the development of an eating disorder include preoccupation with food or body, evidence of black and white thinking, rapid changes in weight, denial of hunger, avoiding food and social situations around food, excessive physical activity, developing food rituals, expressing need to lose weight to be attractive/good/worthy/connected to others and behavioral changes above and beyond typical adolescence.

Suggestions for Talking with Parents and Caregivers about Eating Disorders

Encourage caregivers to:

- ◆ Have early discussions about various foods that nourish our bodies, for example, carbohydrates for energy, protein to keep us full, and fats for a healthy brain. Make sure these discussions do not place judgment on foods, e.g., good foods vs. bad foods, so that morality does not become attached to nutrition. These discussions are best had before any concerns develop as they lay the foundation for how kids think about their relationship with food.
- ◆ Talk about messages from the media about body shape and appearance and to be critical consumers of what they see when it comes to posted images and curated content. Also, talk with caregivers about how they can talk with their children about their bodies and all they do for us, rather than focusing on appearance. For example, talking with a child about how fast their legs run, or how their hands are capable of so much, can shift the focus to include an appreciation for the function of their body.
- ◆ Think about what they say out loud about their own bodies and their own relationship with food and understand that children listen and learn from caregiver modeling.
- ◆ Explore the presence of eating disorders in their family since there seems to be a genetic link. The familial connection increases the likelihood more when the family members is a first-degree relative like a parent or a sibling.

Your role as a provider

- Share with parents that along with any other behavioral concerns, risk for developing an eating disorder can increase when there are external or environmental stressors. When external stressors increase, such as family discord, major family changes, increased expectations, social exclusion or bullying, adolescents are more likely to fall into a negative relationship with their body and food.
- Consider asking parents if they are open to conducting a more formal screening for their child/adolescent if they are concerned.
- Share with parents, caregivers, and your patients that once they are ready to seek treatment, it is important to make sure they feel comfortable with the therapist and that they are trained in the treatment of eating disorders.

Resources & References

[ANAD \(National Association for Anorexia Nervosa and Associated Disorders\) Eating Disorders Helpline](#)

[Mayo Clinic Help for Parents with Teens with Eating Disorders](#)

[UNC Center of Excellence for Eating Disorders](#)

[Duke Center for Eating Disorders](#)

[Veritas Collaborative - A Specialty Healthcare System for the Treatment of Eating Disorders](#)

Hudson, J. I., Hiripi, E., Pope Jr, H. G., & Kessler, R. C. (2007). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*, 61(3), 348-358.

EASTERN AHEC

PART OF NC AHEC