Eating Disorders in Preteens

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Introduction

Eating disorders are real, complex, and devastating conditions that can have serious consequences for health, productivity, and relationships. Eating disorders are serious, potentially life-threatening conditions that affect a person’s emotional and physical health (NEDA.org).
What is a Preteen?

Preteen is defined as “a boy or girl under the age of 13, especially one between the ages of 9 and 12” (Definition.com).
“Most people think of teenagers or young adults when they think of eating disorders, but they can affect young children as well” (Smith, 2018).
Eating disorders have been diagnosed in children as young as seven or eight years of age (NEDA.org)

Video: https://m.youtube.com/watch?v=WolXotybyvo
Etiology

- Biological factors: Inherited, Family history (NEDA.org)
- Environmental issues, like peer pressure, or psychological stressors, including trauma, can also increase a child’s susceptibility to developing an eating disorder (NEDA.org)
- Sociocultural influences (NEDA.org)
- Psychological traits (Neda.org)
Psychopathology

- Similar to adults with DSM-5
- Affects child cognitive function (NEDA.org)
- Negative impact on behavior and school performance (NEDA.org)
- Leads to deficiencies that affect memory & ability to concentrate (NEDA.org)
- Withdrawn (NEDA.org)
Pathophysiology

- Main focus on OSFED
  - Mild AN (Rosen 2010)
- Stunted Growth (Bould 2017)
- Compromised Immune System (NEDA.org)
Diagnosis

- Similar to other age groups suffering from ED
  - Biological and Environmental
  - Missing linear growth benchmarks*
- Changes from DSM-IV to DSM-V
  - Limiting Children Specific EDNOS to all age
    OSFED
    - ARFID
    - Expansion of ED/Variation of OSFED

(Kelly 2014)
Reminders

- PICA, RD, and ARFID from Childhood Disorders to OSFED
- AN: Removal of amenorrhea and inclusion of either fear of gaining weight or presence of continued habits stopping weight gain
- BN: Reduced frequency of purge episodes to 1x weekly
- BED: Now recognized as disorder, 1x weekly in at least 3 months
Treatment (Nutritional Rehabilitation)

- Nutritional rehabilitation options:
  - Inpatient hospitalization
  - Partial hospitalization
  - Residential programs
  - Outpatient treatment
- Pharmacotherapy

Treatment (Psychotherapy)

- Interpersonal Psychotherapy (ITP) (Kelly, Shank, Bakalar, & Tanofsky-Kraff, 2014).
- Cognitive Behavioral Therapy (CBT)
  - Focused on emotions and behaviors
  - Limited to BN and BED (Mairs and Nicholls, 2016)
- Family Based Therapy (FBT)
  - Family = support system
  - 3 phases: Physical, Behavioral, and Psychological
  - More protective against relapse
  - Limited to AN (Rosen, 2010)
Recovery

- Behavioral:
  - Normalized eating patterns

- Physical:
  - Pubertal progression
  - Full weight gain
  - Reversal of organ damage
  - Linear growth

- Psychological:
  - Increased self-esteem
  - Improved interpersonal and psychosocial relations
  - Self evaluation ≠ weight and body shape (Campbell and Peebles, 2014).


Conclusion

- A newly explored age group
- Changes in DSM-5 has generalized ED for the public to include more milder cases
  - An improvement for children because earlier intervention the better
- Family based therapy is not the only treatment for preteens, but shows the most promising results
Questions?


Image References


Image References (cont.)


Class Questions

1. What nutrient deficiency affects the memory and ability to concentrate?
2. Why is family based therapy one of the best forms of psychotherapy for children?
3. What physiological marker may be a sign of an eating disorder for pre-adolescent children?