

# What Parents need to know about Eating Disorders.

In summary, this sheet explains why eating disorders are dangerous and should be taken seriously. The main focus is on what you should look out for and what you can do if you suspect that a child close to you is developing an eating disorder.

## 1. Eating Disorders are dangerous.

All eating disorder can cause serious harm – in more than one way. The first type of harm is medically. Common biological problems within eating disorders include a slowed heart rate, a weak heart, cardiac arrhythmias and low blood pressure. Kids stop growing physically. Girls frequently get changes in menstruation and reproductive health. There can also be problems with bone density, dental problems oesophageal ulcers and tears, and changes to the brain. If not dealt with, the medical problems accumulate over time. People do die from the effects of eating disorders. Nearly all of these problems are reversible if the eating disorder is dealt with effectively and early.

A second type of harm is to the person's 'psychosocial development'. Eating disorders tend to arrest development in terms of their friendships, their self-assessment, and how kids learn to deal with emotional and social problems. Many kids get a positive kick from feeling in control of their body and their diet and some short-term positives, but as it takes over and distorts their mind, they end up hating aspects of themselves. They end up being over-controlled in some areas and lacking control in others. So, in terms of their personal psychological development and their growth socially, eating disorders are disastrous.

## 2. What does the term 'eating disorder mean'

In essence, an eating disorder is a condition defined by a set of behaviours and thinking within an individual such that they become unable to eat normally or accept their body reasonably. It often **starts as a choice** the individual makes (e.g. to eating healthier or exercise more) but **it becomes a mental health problem** where the person loses all perspective and loses the ability to control their thoughts and emotions about food and body perception.

The core cognitive (that means thinking, beliefs, attitudes, assumptions) feature of an eating disorder is an over-emphasis on controlling their body shape or their weight or their food intake. Now, nearly all teens become acutely aware of their physical appearance and would like to do something to change that. However, about 10% (that's quite a lot) will become overly obsessed with their appearance. If that person chooses to focus on altering their food intake in order to feel better about themselves, then that food focus can takeover.

Over time, the affected person loses sight of anything and everything, except the perceived need to control their weight or shape. That means they lose sight of the fact they did look okay to start with. When they get too thin to be healthy, they lose sight of that. They lose sight of what a normal meal looks like or what normal gastric sensations feel like.

Anorexia Nervosa is one eating disorder that is characterised by (a) preoccupation with a desire to avoid being fat and/or a drive for thinness, and (b) a very low weight for their age and height, with accompanying biological problems. They may or may not vomit. They may or may not be focused on excessive exercise. There is often a lot of secrecy about their weight, food consumption and exercise.

Bulimia Nervosa is another eating disorder and it is characterised by (a) preoccupation with a desire to avoid being fat and/or a drive for thinness, (b) fairly frequent large binges in which the person feels out of control, (c) efforts to get rid of the calories consumed in a binge, including laxatives, exercising, fasting, diet pills and vomiting.

About 50% of people with a serious eating disorder, do not quite meet the exact criteria for a diagnosis of anorexia or bulimia. Anyone who is underweight, vomiting, trying to skip meal or exercising secretly can have a serious problem with an eating disorder.

### **3. Do families cause an eating disorder?**

The short answer is “No, they don’t”. It is never as simple as that. When our child develops a serious problem, we often look back and wonder if our parenting could have contributed to it – and often we see things that we wish we had done differently. That does not mean we “caused” the problem. Most research points to the conclusion that there are no clear patterns of ‘bad parenting’ that cause eating disorders. Obviously, if a parent over-values thinness or physical appearance themselves, then the child will learn this and will be prone to an eating disorder. However, most kids that develop eating disorders have lovely, well-adjusted families.

Families do not necessarily cause an eating disorder. But they are responsible for the recovery. Kids can’t do it themselves. They lack the insight and conceptual or emotional control to do it.

### **4. How to recognise it if a child is starting to develop an eating disorder.**

It can be harder than you realise to detect the onset of an eating disorder – it is often gradual, starting with some relatively healthy behaviours before getting out of control. As described above, the signs of an eating disorder include reluctance or refusal to eat certain foods, efforts to skip meals (like discarding lunch at school), increased exercise, and visiting the bathroom after meals. The affected child will become more irritable and is likely to have problems with concentration. They might change what they wear. Also look out for new eating ‘rules’, like avoiding certain foods at certain times of day and eating certain foods in order.

### **5. What to do if your child appears to be developing an eating disorder.**

- Talk to others in the parenting team – your spouse, grandparents etc so that everyone is able to look out for signs and intervene when necessary.
- Talk to your child. Let them know that you are concerned and that, out of love and concern, you are going to insist on certain things.
- The things to insist on include (a) get a GP assessment as soon as possible, (b) parents have to know their child’s weight, and (c) increased supervision of meals and snacks and possibly also use of the bathroom after meals.
- Consider banning sport and dance activity until things are corrected.
- Minimise anger and blame. Speak with compassion and show love whenever possible. There may be conflict at meals times – but direct your frustration at “the eating disorder”, not the child. They have probably lost sight of what is going on. They just need you to calmly and strongly take over and start recovery.
- Visit a clinical psychologist, ensuring that they have post-graduate qualifications and experience in eating disorders.