schubert center for child studies

Issue Brief
A Series of Research and Policy Publications of
The Schubert Center for Child Studies
APRIL 2011

Toward an Understanding of Girls with Eating Disorders

Many girls and women develop harmful eating patterns during adolescence and early adulthood, with most cases of anorexia nervosa developing between ages 15 and 19 and most cases of bulimia nervosa developing between ages 20 and 24.[1] Younger girls are also at risk for developing patterns of disordered eating. A recent population-based study of U.S. adolescents found that 0.3% of teens suffer from anorexia nervosa, 0.9% suffer from bulimia nervosa, and 1.6% suffer from binge eating disorder.[2] More teens suffer from harmful, or disordered, eating patterns that may not meet the diagnostic criteria for an eating disorder but have negative effects on health and well-being. For example, a 2010 study found that 13.4 percent of girls ages 9 to 14 displayed disordered eating behavior.[3] Although males can also develop eating disorders, females account for between 90 and 95 percent of people with eating disorders.[4]

In the state of Ohio in 2007, 30.1 percent of high school students and 35.7 percent of high school girls thought they were slightly or very overweight, compared to 33.8 percent and 46.2 percent in 1993.5 The same study found that 62.5 percent of Ohio female high school students were trying to lose weight. Results showed that 69.6 percent of girls reported exercising to lose weight or to keep from gaining weight, 57.7 percent reported dieting, 14.2 percent fasted, 6 percent vomited or used laxatives, and 8.1 percent used diet pills.[7] On the positive side, all of these numbers have decreased since 1999.[7]

Causes and Consequences of Eating Disorders

Eating disorders have been linked to a variety of other health and mental health consequences, including death. Anorexia nervosa has the highest mortality rate of any psychiatric disorder with up to 20 percent of patients dying from anorexia or related complications, although treatment can greatly reduce this number.[6] All eating disorders have been associated with higher rates of suicidality.[2] Electrolyte imbalances caused by vomiting, depressed heart

older adolescents. Antidepressants are sometimes used by adults with bulimia, especially when psychological therapy is unavailable, but they may not be recommended for adolescents because of increased suicide risk.[3] Dialectical behavior therapy (DBT), an approach originally designed for use with adults with borderline personality disorder, has been successfully applied to the treatment of eating disorders in adults.[15] This treatment approach focuses on issues which may be particularly important for patients with eating disorders, such as acceptance, relationship deficits and emotion-regulation. In addition, DBT has been shown to be effective for patients with multiple problems, which is especially useful given the high rates of co-morbidity often seen in patients with eating disorders.

Access to treatment is also a significant issue. Treatments are only effective if patients and their families are able to afford them. Although the 2009 Mental Health Parity and Addiction Equity Act requires group health plans that offer mental health and substance abuse treatment to provide that coverage with no greater cost or treatment limitations than medical and surgical care, it does not require all group health plans to offer mental health and substance abuse coverage.[16] The severe medical complications and the chronic nature of eating disorders show the importance of providing comprehensive treatment coverage early in the disorder. In addition to access, family support is another major consideration, particularly as most treatments rely on significant parent involvement to effectively treat the child.

Selected Additional Resources Regarding Eating Disorders

The following is a list of suggested further reading on eating disorders. These articles provide epidemiological, sociocultural and clinical perspectives on disordered eating, with an emphasis on children and adolescents.

Anderson-Fye, E. and Becker, A. 2003. "Sociocultural Aspects of Eating Disorders." *The Handbook of Eating Disorders and Obesity,* Chapter 27, pp. 565-589. Wiley Press.

This chapter provides an overview of various sociocultural factors regarding eating pathologies and changing patterns of eating pathologies linked to processes of modernization and Westernization. The authors note different patterns of eating disorders in non-Western contexts, such as non-fat phobic anorexia nervosa in East Asia,

Findlay, S., Pinzon, J., Taddeo, D., & Katzman D. (2010). Family-based treatment of children and adolescents with anorexia nervosa: Guidelines for the community physician. *Journal of Pediatrics and Child Health,* 15(1), 31-35.

This article gives an overview of the family-based treatment (FBT) model, which evidence suggests is the most effective treatment for anorexia nervosa in children and teenagers. FBT allows young people suffering from eating disorders to remain at home and gives parents the responsibility for ensuring adequate nutrition and weight normalization, through direct supervision of all meals and snacks, exercise restriction and the use of traditional behavioral modification strategies. The article emphasizes the value of implementing the FBT approach through primary care physicians, either alone or while waiting for more specialized services, if needed.

Merikangas, K.R., He, J.P., Burstein, M., Swendsen, J., Avenevoli, S., Case, B., et al. (2011). Service utilization for lifetime mental disorders in U.S. adolescents: results of the National Comorbidity Survey-Adolescent Supplement (NCS-A). *Journal of American Academy of Child and Adolescent Psychiatry,* 50(1), 32-45.

The National Comorbidity Survey–Adolescent Supplement was analyzed to study patterns and correlates of lifetime mental health service use by severity, type and number of disorders as defined by *DSM-IV.* The study found that only 12.8% of adolescents and 17% of girls meeting the diagnostic criteria for an eating disorder had ever received disorder-specific treatment. The study also found that sex, race/ethnicity and urban/rural residence were related to likelihood of treatment for a variety of disorders.

National Institute of Mental Health. (2010). Eating Disorders. Retrieved January 25, 2011, from http://www.nimh.nih.gov/health/publications/eating-disorders/complete-index.shtml

The National Institute of Mental Health's website provides an overview of the definition of eating disorders, as well as several different types of eating disorders, including anorexia nervosa, bulimia nervosa and eating disorders not otherwise specified (EDNOS). The website also includes a variety of treatment options and areas of current research regarding eating disorders.

Rome, E.S., Ammerman S., Rosen D.S., Keller R.J., Lock J., Mammel K.A. et al. (2003). Children and adolescents with eating disorders: the state of the art. *Pediatrics,* 111(1), 98-108.

This article provides a review of current literature on eating disorders in order to determine the current state of the art, including pathogenesis and etiology, prevention and screening, risk factors, nutritional issues, and various issues regarding treatment and care. Of particular note are the role of primary care physicians in recognizing early symptoms of eating disorders, a set of clinical guidelines for treatment based upon the severity of eating disorder, and the importance of insurance companies for proper eating disorder care.

Rosen D.S. & the Committee on Adolescence. (2010). Identification and Management of Eating Disorders in Children and Adolescents. *Pediatrics,* 126, 1240-1253.

This article provides a review of eating disorders for pediatricians, with an emphasis on the importance of evaluating patients and managing treatment or referring patients diagnosed with an eating disorder, given rising incidence and prevalence of

Current Research on Eating Disorders at Case Western Reserve University

Case Western Reserve University has a number of current faculty members, includ-