CHAPTER 1

Childhood and Adolescence

Looking at Eating Disorders When They Start

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Eating disorders typically first appear during childhood and adolescence. Despite this early age of onset, edited volumes on eating disorders have not focused on this age cohort. One of the primary purposes of this book is to redress this imbalance and target the unique issues that pertain to the development, assessment, and treatment of eating disorders in children and adolescents, which is a period of heightened vulnerability to the these disorders, as well as the potential damage they can cause. An esteemed group of colleagues have come together in this volume to articulate the unique perspective that should be considered in examining the vexing issues of etiology, diagnosis, and assessment of eating disorders in children and adolescents. Similarly, physical growth and cognitive and psychological maturation are considered when existing treatment efforts across the eating disorders spectrum are discussed for this young patient population. We also visit the ongoing challenge to understand the origins of these disorders in the context of prevention efforts in school-age children and adolescents. Parents and families are central to understanding and treating children. Consequently, just prior to the concluding chapter of this book, a parent's perspective is offered by a mother, who worked with her husband to support their teenage daughter in her struggle with anorexia nervosa (AN).

This book covers seven broad areas, and I introduce each of these separately: Etiology and Neurobiology (Chapters 2–4), Epidemiology and Course (Chapters 5 and 6), Diagnosis and Classification (Chapters 7 and 8), Medical Issues and Assessment (Chapters 9 and 10), Treatment (Chapters 11–21), Prevention (Chapters 22 and 23), and A Parent's Perspective (Chapter 24). My colleague and coeditor, James Lock, provides the concluding chapter to this volume (Chapter 25), with closing remarks and a look at future directions for the field of child and adolescent eating disorders.

Part I. Etiology and Neurobiology

During childhood and adolescence, critical changes take place in neural development, physical growth, and psychological maturity. Malnutrition and related medical consequences brought on by an eating disorder may in fact result in more severe and potentially

greater long-term costs if these occur during childhood and adolescence. The neurobiology of eating disorders is a relatively new field of inquiry, and understanding the intricate relationships among the neurobiological, physiological, and sociocultural determinants of these disorders, especially in young patients, is proving to be elusive, but is especially relevant given that eating disorders most often have their onset during childhood or adolescence. In Chapter 2, "Neurobiology of Anorexia Nervosa," Kaye outlines what is currently known about these issues. Racine, Root, Klump, and Bulik highlight the findings of twin studies in Chapter 3, "Environmental and Genetic Risk Factors for Eating Disorders: A Developmental Perspective," and in Chapter 4, "The Role of Family Environment in Etiology: A Neuroscience Perspective," Strober and Peris tackle another perplexing issue.

Part II. Epidemiology and Course

A recent epidemiological study of the prevalence and correlates of eating disorders in a large (N = 10,123) representative sample of adolescents (ages 13–18) in the United States showed the lifetime prevalence of AN, bulimia nervosa (BN), and binge-eating disorder (BED) was, respectively, 0.3%, 0.9%, and 1.6% (Swanson, Crow, Le Grange, Swendsen, & Merikangas, in press). In this study, an eating disorder diagnosis appeared to be often associated with other psychiatric disorders, suicidality in particular, as well as role impairment at home, in school/work, in the family, and in social life (e.g., unable to go to school or work or to carry out normal activities because of problems with eating or weight). A majority of adolescents with an eating disorder sought some form of treatment, although only a minority received treatment specifically for their eating or weight problems. Notwithstanding, high levels of service utilization underscore the severity of eating disorders, but the largely unmet treatment needs in the adolescent population highlight that these disorders represent a true public health concern. Norris, Bondy, and Pinhas provide a detailed summary in Chapter 5, "Epidemiology of Eating Disorders in Children and Adolescents," and in Chapter 6, "Course and Outcome," Steinhausen gives an account of the natural course of and effects of treatments on eating disorders in children and adolescents.

Part III. Diagnosis and Classification

The text revision of the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR; American Psychiatric Association, 2000) presents significant challenges in terms of both the rather broad definition of eating disorder not otherwise specified (EDNOS) and its lack of sensitivity and specificity in the diagnosis of children and adolescents (Loeb et al., in press). An international workgroup of experts on the diagnosis and treatment of children and adolescents with eating disorders hopes to engineer improvements in the upcoming DSM-5 (Workgroup for Classification of Eating Disorders in Children and Adolescents [WCEDCA], 2010). The WCEDCA advocates an approach to diagnosis that is developmentally tailored toward this age group and takes diagnostic fluidity into consideration. It proposes (1) the use of lower and more developmentally sensitive thresholds of symptom severity as diagnostic boundaries for children

and adolescents, (2) consideration of behavioral indicators in the absence of self-reported psychological features of eating disorder symptoms, and (3) utilization of informants such as parents to ascertain symptom profiles. Authors from the WCEDCA address an often neglected subject in "Diagnosis and Classification of Disordered Eating in Childhood" (Bryant-Waugh & Nicholls, Chapter 7) and in "Diagnosis and Classification of Eating Disorders in Adolescence" (Eddy, Herzog, & Zucker, Chapter 8). Both these chapters bring to light the importance of EDNOS and how to address this broad diagnostic group in younger patients, especially with an eye toward DSM-5.

Part IV. Medical Issues and Assessment

In addition to addressing the diagnostic dilemmas confronting clinicians and researchers working with children and adolescents, the recommendations by WCEDCA (2010) should also facilitate more accurate and earlier identification of eating disorders in these age groups. However, improved classification of eating disorders alone is not sufficient to facilitate accurate assessment of the medical status and cardinal psychological features of eating disorders. Many medical issues concerning eating disorders are unique in children and adolescents, such as slowed physical development, pubertal delay or interruption, and peak bone mass reduction at a time when peak bone mass should be achieved (Rome & Ammerman, 2003). Some of these deficits can be reversed with treatment. However, what makes the onset of an eating disorder particularly critical for children and adolescents is that height, for instance, can be stunted, a condition that may not be reversible even if healthy weight is achieved outside the period of maximum growth during adolescence, as discussed in Chapter 9, "Medical Issues Unique to Children and Adolescents," by Katzman and Findlay. Similarly, several psychological features of an eating disorder may not be easily articulated by children or adolescents. For example, adult sufferers of AN may describe a disturbance in the way in which one's body weight or shape is experienced, or emphasize that self-evaluation is unduly influenced by body shape, or deny the seriousness of the current low body weight, all of which helps clinicians better understand their patients' psychological characterization. Incorporating parents or other corroborating adults in the formal assessment of an eating disorder in younger patients can become an indispensable part in this complex process of evaluation and establishing diagnosis. Loeb and her colleagues provide an expansive review of all assessment measures typically employed in eating disorders and specifically how best to engage the parents in this process in Chapter 10, "Assessment of Eating Disorders in Children and Adolescents." Recognizing these distinctive medical and psychological features and challenges is essential for any professional involved in a comprehensive assessment clinic, which, in turn, has implications for early intervention, long considered to confer significant prognostic advantage (Deter & Herzog, 1994; Ratnasuriya, Eisler, & Szmukler, 1991; Schoemaker, 1997).

Part V. Treatment of Eating Disorders

We can all probably agree that early treatment is essential, yet several challenges remain to better ascertain which children and adolescents are appropriate candidates for early

intervention or for one treatment versus another, as discussed in Chapter 18, "Early Treatment for Eating Disorders," by Loeb and colleagues. Numerous factors or obstacles, such as a low base rate, lack of diagnostic clarity, or the egosyntonic nature of most eating disorders, continue to beset the field of inquiry into treatment development, testing, and implementation across the spectrum of eating disorders. Despite these challenges, or perhaps because of them, inpatient treatment, an indispensable intervention for many patients, remains all too frequently the only and repeated form of management for many young patients, but with unpredictable long-term results (Gowers et al., 2007). Tantillo and Kreipe appreciate this dilemma and address the issue in Chapter 11, "Improving Connections for Adolescents across High-Intensity Settings for the Treatment of Eating Disorders."

Many clinical researchers have often argued that inpatient treatment for adolescents should be avoided if possible, and that instead, parents should be called upon to help bring about recovery on an outpatient basis (Dare & Eisler, 1997). Treatment in a hospital setting not only removes the patient from his or her regular environment, but often is experienced by the adolescent as traumatizing and disempowers parents. Compelling data now show that treatment should encourage parents in their efforts to support their child in an attempt to overcome their offspring's starvation or binge eating and purging (Le Grange, Crosby, Rathouz, & Leventhal, 2007; Lock et al., 2010). Family-based treatment for AN is described in Chapter 12 (Lock), and for BN in Chapter 15 (Le Grange). Evaluations of different forms of parental involvement, such as multifamily treatment (Chapter 13, "Multifamily Therapy for Adolescent Anorexia Nervosa," by Fairbairn and colleagues), and parent groups (Chapter 19, "Parent Groups in the Treatment of Eating Disorders," by Zucker and colleagues) are discussed in regard to possible new strategies to help families overcome eating disorders. Other individual psychotherapies, such as those that are adolescent focused (Chapter 14, by Moye and colleagues), cognitive-behavioral therapy (Chapter 16, by Campbell and Schmidt), or supportive psychotherapy (Chapter 17, by Hoste and Celio Doyle), are being investigated and are helpful, although perhaps not to the same degree alone as when parents are involved in treatment. There is also an urgent need to better understand the etiology and treatment of overeating in children. Given the current high rates of obesity in children and adolescents (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010), targeting aberrant eating patterns for overweight in this patient population is also imperative, as discussed in Chapter 20 by Boutelle and Tanofsky-Kraff.

The collective efforts of those in our field to find effective treatments for children and adolescents with eating disorders have generally shied away from the use of pharmacotherapy. Although there is little empirical support for the use of medication in children and adolescents with eating disorders, pharmacotherapy is nevertheless common in clinical practice, and Chapter 21, "Pharmacotherapy for Eating Disorders in Children and Adolescents," by Couturier and Spettigue provides a helpful review of this subject. As is the case with other treatments for eating disorders, much more systematic inquiry into the use of medications in eating disorders is needed.

Part VI. Prevention

Eating disorder prevention in children and adolescents is one of the least understood and least researched domains in the field of eating disorders. Without a clearer idea of the

etiological factors involved in these disorders, designing effective prevention efforts is a formidable challenge. Yet several efforts at better understanding the prevention of eating disorders have been undertaken. Eating disorder prevention efforts involve the identification, reduction, or elimination of critical modifiable risk factors for these disorders and at the same time involve the promotion of factors that are protective against eating disorders. These efforts are typically aimed at several audiences: individual, family, group, institutional, community, or the larger society. Neumark-Sztainer addresses these issues in Chapter 22, "Prevention of Eating Disorders in Children and Adolescents." Over the past two decades, innovative approaches to prevention (and intervention), such as the use of the Internet, have grown exponentially and are now beginning to reach the vast majority of people in developed nations, as reviewed in Chapter 23 by Celio Doyle and colleagues. The Internet no doubt is an impressive platform to provide programs to prevent and treat eating and weight disorders in children and adolescents.

Part VII. The Role of Parents

In the end, parents and families are seen to play a central role throughout the preceding six parts of this book, as children and adolescents are obviously firmly ensconced within their families. Whether we attempt to better understand the gene–environment interaction, appreciate the prevalence of eating disorders and the impact of these disorders on families and on service delivery, figure out how best to engage parents in the treatment of their offspring, or embark on efforts to improve our understanding at preventing these disorders, the parents' perspective on the well-being of their children should not be sidelined. Harriet Brown underscores these thoughts in Chapter 24 by providing a look at many of the dilemmas highlighted in this book. Professionals ought to join with patients and families and together promote awareness, encourage treatment, support research, and decrease stigma as we take a collective step forward in the field (see Brown, 2010).

In order to provide a comprehensive and focused discussion of eating disorders in younger populations, this cadre of outstanding clinicians and researchers, all of whom are devoting most of their careers to the field of child and adolescent eating disorder have contributed their expertise to this handbook. This is by no means an exhaustive treatment of this topic area, to be sure, but instead it is a focused guide that is both comprehensive and scholarly and should be useful to clinicians and researchers alike.

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