

Understanding Eating Disorders in Children

Fussy eating vs eating disorders

A fussy eating stage can be a normal part of children's development. Children may dislike the taste, shape, colour, or texture of certain foods, or refuse to try new things. Appetites naturally go up and down depending on growth and activity. This is a normal way of exploring their environment and asserting independence.

Eating disorders are different. They are serious, complex mental illnesses affecting people of all ages, genders, ethnicities, and backgrounds. They can cause serious harm both physically and emotionally, and carry the highest mortality rate of any mental illness. Early signs can begin at age 8 or younger. Children can make a full and lasting recovery with the right help — but early diagnosis, intervention, and treatment is critical.

What causes eating disorders?

There is a complex range of factors, including genetics, biology, psychology, and environment. Eating disorders can be a way of coping with feelings or situations that are making a child unhappy, angry, depressed, stressed, or anxious. They may also co-occur with conditions such as OCD. Food becomes a problem when it is used to cope with painful situations or relieve stress — often without the child realising it. An eating disorder is frequently symptomatic of an underlying issue that needs to be identified and treated.

Signs to watch for

The most obvious sign is weight loss, but changes to physical appearance may not be apparent right away — many children with eating disorders look perfectly healthy. General signs associated with all eating disorders include:

- Low self-esteem; irritability and mood swings.
- Tiredness, feeling cold, poor concentration.
- Social withdrawal.
- Delay in sexual development.
- Feelings of shame, guilt, and anxiety.
- Obsession with appearance; wearing baggy clothes to hide their body.
- Preoccupation with food or secretive behaviour around eating.
- Self-consciousness when eating in front of others.

Other signs may include:

- Skipping lunch at school or claiming they've already eaten.
- Hiding food or food going missing from the fridge.
- Becoming more secretive or wanting to be alone.
- Going to the toilet immediately after meals.
- Making themselves sick.
- Self-harm or obsessive exercising.
- Loss of menstrual cycle.

Types of eating disorder

Anorexia nervosa

Children with anorexia tend to have a distorted view of their bodies and an intense fear of weight gain, and eat very little deliberately. Early signs include increased rigidity around eating — being more selective about food types or mealtimes, and laying down rules about what they can and cannot eat. Weight loss may not be visible until further down the line.

ARFID (Avoidant/Restrictive Food Intake Disorder)

ARFID describes clinically significant food avoidance where, unlike anorexia, concern about weight and shape is not a factor. Avoidance may be driven by sensitivity to taste or texture, a response to a distressing experience with food such as choking, or a general lack of interest in eating.

Bulimia nervosa

Bulimia involves episodes of overeating that become associated with shame and guilt. In more serious cases, the child feels a need to purge — for example by vomiting. Teasing about weight and self-consciousness about body size can be early risk factors.

Binge-eating disorder

Unlike bulimia, binge-eating does not involve purging. It is characterised by a sense of loss of control: eating faster than others, eating until uncomfortably full, or eating large amounts when not hungry. Food may offer temporary calm or comfort, but a binge can also cause anxiety, guilt, and distress.

OSFED (Other Specified Feeding and Eating Disorders)

There is often overlap between different types of eating disorders. If a child's symptoms do not exactly match those of anorexia, bulimia, or binge-eating disorder, they may be diagnosed with OSFED.

When and where to get help

Seek help as early as possible. Talk to your child and ask if they are OK and if there is anything they want to talk about. They may not feel able to open up, or may be in denial — but let them know you are there to help.

Start by contacting your GP, or speak to the SENCO at your child's school. Make notes about your main concerns before the appointment — your child may be in denial, so it helps if your concerns are clear and specific. Your child can then be assessed and referred for specialist help if needed.

There may currently be a long waiting list for specialist help in some areas. Do not let this deter you from seeking help promptly.

Treatment options

Treatment varies depending on the type of eating disorder and the child's symptoms, and may include family therapy, Cognitive Behavioural Therapy (CBT), personalised eating plans, and outpatient supervision. In serious cases — where a child has lost a dangerous amount of weight or other treatments have not been effective — hospital or specialist inpatient treatment may be required.

Further reading

- *Anorexia and Other Eating Disorders: how to help your child eat well and be well* — Eva Musby (anorexiafamily.com)
- *Boys Get Anorexia Too: coping with male eating disorders in the family* — Jenny Langley (boyanorexia.com)
- *Caring for a Loved One with an Eating Disorder: The New Maudsley Skills-Based Training Manual* — Langley, Treasure et al.
- *How to Help Someone with an Eating Disorder: A Practical Handbook* — Dr Pamela Macdonald