TEENAGERS WITH EATING DISORDERS

In the United States, as many as 10 in 100 young women suffer from an eating disorder. Overeating related to tension, poor nutritional habits and food fads are relatively common eating problems for youngsters. In addition, two psychiatric eating disorders, anorexia nervosa and bulimia, are on the increase among teenage girls and young women and often run in families. These two eating disorders also occur in boys, but less often.

Parents frequently wonder how to identify symptoms of anorexia nervosa and bulimia. These disorders are characterized by a preoccupation with food and a distortion of body image. Unfortunately, many teenagers hide these serious and sometimes fatal disorders from their families and friends.

Symptoms and warning signs of anorexia nervosa and bulimia include the following:

- A teenager with anorexia nervosa is typically a perfectionist and a high achiever in school. At the same time, she suffers from low self-esteem, irrationally believing she is fat regardless of how thin she becomes. Desperately needing a feeling of mastery over her life, the teenager with anorexia nervosa experiences a sense of control only when she says "no" to the normal food demands of her body. In a relentless pursuit to be thin, the girl starves herself. This often reaches the point of serious damage to the body, and, in a small number of cases, may lead to death.

- The symptoms of bulimia are usually different from those of anorexia nervosa. The patient binges on huge quantities of high-caloric food and/or purges her body of dreaded calories by self-induced vomiting and often by using laxatives. These binges may alternate with severe diets, resulting in dramatic weight fluctuations. Teenagers may try to hide the signs of throwing up by running water while spending long periods of time in the bathroom. The purging of bulimia presents a serious threat to the patient's physical health, including dehydration, hormonal imbalance, the depletion of important minerals, and damage to vital organs.

With comprehensive treatment, most teenagers can be relieved of the symptoms or helped to control eating disorders. The child and adolescent psychiatrist is trained to evaluate, diagnose, and treat these psychiatric disorders. Treatment for eating disorders usually requires a team approach; including individual therapy, family therapy, working with a primary care physician, working with a nutritionist, and medication. Many adolescents also suffer from other problems; including depression, anxiety, and substance
Teenagers with Eating Disorders, “Facts for Families,” No. 2 (5/08)

abuse. It is important to recognize and get appropriate treatment for these problems as well.

Research shows that early identification and treatment leads to more favorable outcomes. Parents who notice symptoms of anorexia or bulimia in their teenagers should ask their family physician or pediatrician for a referral to a child and adolescent psychiatrist.

For additional information see Facts for Families:
#4 The Depressed Child
#79 Obesity in Children and Teens
#52 Comprehensive Psychiatric Evaluation
#60 Obsessive Compulsive Disorder.

# # #

If you find Facts for Families® helpful and would like to make good mental health a reality for all children, please consider donating to the Campaign for America’s Kids. Your support will help us continue to produce and distribute Facts for Families, as well as other vital mental health information, free of charge.

You may also mail in your contribution. Please make checks payable to the AACAP and send to Campaign for America’s Kids, P.O. Box 96106, Washington, DC 20090.

The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 7,000 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

Facts for Families® information sheets are developed, owned and distributed by the American Academy of Child and Adolescent Psychiatry (AACAP) and are supported by a grant from the Klingenstein Third Generation Foundation. Hard copies of Facts sheets may be reproduced for personal or educational use without written permission, but cannot be included in material presented for sale or profit. All Facts can be viewed and printed from the AACAP Web site (www.aacap.org). Facts sheets may not be reproduced, duplicated or posted on any other Internet Web site without written consent from AACAP. Organizations are permitted to create links to AACAP’s Web site and specific Facts sheets. To purchase complete sets of Facts for Families, please contact the AACAP’s Development and Communications Assistant at 800.333.7636, ext. 140.

Copyright © 2006 by the American Academy of Child and Adolescent Psychiatry