Topic 8: Eating disorders

Impact within a school setting

Young people influence each other, especially in the adolescent years. Outbreaks of dieting, teasing people for being fat, group exercising and in-depth analysis of each others' body shapes and appearance can unfortunately be standard fare in a school playground. But when someone actually stops eating almost completely and goes into a steady weight loss, anxiety grows among the young people, the teaching staff and parents/carers of other children. If they stop drinking as well, then it is only a matter of two or three days before medical intervention will be necessary.

The young person may work hard academically and be a model student in the daily life of the school. They are often sensitive, anxious, inward, perfectionist and non-expressive of what is troubling them. They may have difficulty concentrating but mostly effort will replace any short fall because of lack of ability or poor concentration. Others cannot understand why they do not just eat, or eat more normally.

It is difficult to understand why they feel fat and loathe their own body. As they fall into clinical anxiety, depression, obsessive concerns over shape and weight and even suicidal refusal to eat and drink, it can be easy to think this is just a silly teenager's prank, an over-indulged young person manufacturing a boutique illness. Anorexia nervosa has a steady and substantial death rate with approximately 5% mortality per decade of the illness. They have very poor quality of life and a great deal of disruption in their relationships and their schooling because of their illness.

Why does it happen?

Anorexia nervosa and bulimia nervosa both have strong genetic and biochemical components. Bulimia nervosa has many more treatments that have been shown to work than anorexia nervosa including a range of psychotherapies and medications.

Anorexia is still classed as one of the psychological malignancies. Even though treatments are available they are still largely symptomatic. There are excellent family programs to help parents and siblings know how to cope with a member of the family with anorexia nervosa and how to be helpful. These have been shown to help in treatment trials. This does not mean families cause their children to have anorexia nervosa but they can help in their recovery.

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Parts of the brain have been localised which have an impact on body image, self-disgust and emotional expression. The current evidence suggests that there is a cultural pressure that creates a drive for thinness. This has greatest impact on the children of those who are rapidly, upwardly socially mobile. Dieting behaviour under these circumstances is common and those who have a genetic predisposition and a personal history of adversity are more likely to feel better when dieting and worse when breaking the diet. A cascade of negative biochemical and psychological consequences flows from this and the anorexic vicious cycle is set up. The worse they feel the more they diet. The more they diet the worse they feel except for the brief time after achieving more weight loss. When they lose weight girls lose their periods. They begin to have a whole range of medical problems which ultimately threaten their hearts, their bones, their ovaries and their brains.

What can be done about it?

- *Opting out of the appearance game* – many well-meaning adults allow themselves to make personal comments about children's appearance. Whatever their appearance it is often unhelpful, except in the most general and positive terms, to make personal remarks, especially in public.
- *Identifying 'at risk' young people* – baggy clothing, rapid weight loss, increase in fine downy hair on arms and face, inability to sit still and very restricted eating should all lead to some increased enquiries and observations.
- *Reducing academic pressure and too many competing demands* – for someone with an eating disorder who finds it hard to say 'no'.
- *Alerting parents to their children's loss of weight* – that they may have failed to notice because it happened insidiously or because they have a similar disorder to their children.
- *Establishing thresholds for action as teachers* – if the child or young person faints the school should implement its usual first aid procedures and policies, including calling an ambulance where indicated.
- *Remain non-judgmental* – having anorexia nervosa is no more choice than having epilepsy or diabetes. It is not possible for affected young people to actively perceive their bodies as smaller or bigger.
- *Expect denial of illness* – 'I don't have a problem' is part of the illness.
- *Expect inability to express why they feel as they do* – they probably don't know either.

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- *15% of ideal body weight* – is a lot of weight to lose and for such a loss a general practitioner and psychological assessment should be sought.
- *Think family early* – try to involve family in the discussions of concern as soon as possible.

When should professional help be sought?

When the problem persists, when the young person stops drinking, when fellow students are becoming worried and when help is actively and persistently rejected, professional help must be sought. Hospital re-feeding, treatment of associated illnesses and family support and advice are all needed when these illnesses persist. Importantly, getting regular medical treatment for long-term growth, bone and gynaecological problems is essential, as well as preventing cardiac problems that may be fatal if not addressed.

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