

## Helpful Information for Parents About Eating Disorders

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The prevalence of eating disorders in adolescents, and even children, has been increasing significantly and steadily since the 1950's. This problem is not just being seen primarily in teenage Caucasian girls anymore; males, minorities and children are now considered part of the problem. The American Academy of Pediatrics advocates early recognition and treatment in order to help prevent complications that can affect every organ system and ultimately become life threatening.

Eating disorders can be broken down into three categories:

1. Anorexia nervosa: characterized by refusal to maintain body weight above a minimally normal weight for age and height. In addition, there may be an intense fear of gaining weight or becoming fat even though underweight.
2. Bulimia nervosa: recurrent episodes of binge eating or inappropriate compensatory behavior to prevent weight gain such as self-induced vomiting, the use of laxatives, diuretics, enemas, or excessive exercise.
3. Eating disorder partial syndromes: disorders of eating that do not meet all the diagnostic criteria. These individuals are still at risk for medical complications in the future.

Current reports estimate 1 in 200 (0.5%) adolescent girls in the United States have anorexia nervosa and 1-2% struggle with bulimia nervosa. Five to 10% of all cases occur in males. The prevalence of partial anorexia or bulimia is anywhere from 0.8-14%. Young people who engage in activities where a lean body habitus is rewarded are at an increased risk.

These include gymnastics, running, wrestling, dance, and modeling. Another factor that has aided with the increasing incidence of eating disorders is the rising prevalence and severity of obesity, which is

accompanied by an emphasis on dieting and weight loss.

We all may be familiar with the common experience of adolescent females who are concerned about being overweight.

Many are worried about their weight and may not be overweight. In addition, many young people diet inappropriately. It is important to emphasize that most of these individuals do not have an eating disorder. This leaves us with the dilemma of sorting out who has an eating disorder and who does not. That is where a visit to see us, your pediatrician, many shed some light on this concern. Measurement and graphing of height, weight and body mass index are essential in screening for eating disorders. This is done with annual checkups or can be addressed whenever there is a concern. It is worth noting that when a parent, friend or school personnel raises a concern about this issue, it needs to be taken seriously. Often an individual with an eating disorder tries to hide his or her illness and may deny the problem. This denial should not prevent an evaluation.

What should a parent be looking for in regards to eating disorders? Symptoms can be subtle and easily missed. Feeling dizzy, fatigue and fainting can be due to starvation or electrolyte imbalance. A pale appearance or cold hands and feet may be present. Menstrual irregularities are very common with eating disorders in females. Since there is a genetic component, a family history of eating disorders is important to report. If the individual is involved with proanorexia (pro-ana) or probulimia (pro-mia) web sites, this is also a red flag.



## Prevention

We must promote healthy eating habits. Efforts at building self-esteem are protective against eating disorders. Self-esteem can be damaged by seemingly innocuous comments such as, "You could stand to lose a little weight." We are challenged by the conundrum of simultaneously trying to prevent eating disorders and obesity. We all need to work together toward these goals to improve the health and lives of young people now and in the future. Open, honest discussion regarding eating disorders is a critical first step. Please feel free to call upon us, your pediatrician, if you have a concern.

For more information about Esse Health, please visit us on-line at [www.essehealth.com](http://www.essehealth.com).

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