

# FACTS *for* FAMILIES

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

## Definition of a Child and Adolescent Psychiatrist, “Facts for Families,” (5/08)

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

See also: *Your Child* (1998 Harper Collins) / *Your Adolescent* (1999 Harper Collins)

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The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 8,500 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.

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