



Eating Disorders in Kids: Warning Signs and Preemption Methods

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Food is important for growth and strength, especially for children. Food is a source of nutrients essential for our whole body to function well – including our muscles, bones, and organs. Eating disorders involve an unhealthy relationship with food that results in serious physical, emotional, social or mental health problems. A study by Rozzell and colleagues (2019) found that 1.4% of children had been diagnosed with an eating disorder.

What are some causes of eating disorders?

Anyone can develop an eating disorder no matter what their gender, age, race, and social status is. A combination of several factors – biological, social, and behavioral – may contribute to eating disorders in children.

1. Genetic. There is no specific cause for eating disorders; however, it was found that it can be hereditary. A child whose parent was diagnosed with an eating disorder is 7-12 times more likely to suffer from one.
2. Advertised beauty standards. Nowadays, the media has a massive impact on how children view themselves; youngsters look up to celebrities with their so-called “perfect” bodies. Upon seeing on television or on social media photos of people praised for being slim, children may conclude that being a certain weight will make them more likable and therefore will start dieting.
3. Peer pressure. Children who experience bullying regarding their body image – being called “fat” or “bony” – are at a higher risk of developing an ED.
4. Life transitions. Big changes like going to another school or moving to another place may trigger an eating disorder because of all the stress they entail.
5. Excessive limitations. When a child is put on a strict diet (for no medical reasons) and is not allowed to eat any candies, chips, sweet desserts etc., they are more likely to crave these types of food, which may, in turn, grow into an unhealthy relationship with food.



What types of eating disorders are there and how to recognize them?

There are different types of eating disorders, but the most common are:

Anorexia Nervosa. It is distinguished by an obsessive will to lose weight. Kids with anorexia have an intense fear of gaining weight despite them having normal or even low body weight. This disorder causes children to develop unhealthy eating habits such as avoiding certain foods or restricting them because they believe that it will make them gain weight. They will think a lot about the calories in their food and drink. Children with anorexia nervosa exhibit the following symptoms:

- Eating too little
- Constantly looking in the mirror; obsessing over their stomach, arms, legs, etc. (due to a distorted body image)
- Over-exercising
- Using laxatives, diuretics etc.
- Checking the calories of each product
- Perfectionism
- Rapid weight loss

A child with this disorder might not eat a normal amount of food but be highly active – running around, doing a lot of sports, etc. They may also try to avoid eating by all means coming up with excuses like “I am not hungry,” “I already ate with my friends,” or “I will

just eat later.” You would also hear your child constantly saying, “I am so fat,” “I hate my legs, stomach, etc.” even if being slim or have a normal weight.

Bulimia Nervosa. It is characterized by binge eating and then causing oneself to vomit or get rid of the consumed food in any other way. Children with bulimia may be of normal weight or overweight. You may notice their weight fluctuating. Kids with bulimia tend to show the following behavior:

- They will overeat and eat uncontrollably even after feeling full.
- They will feel guilty after eating, even if it’s been not a large amount of food.
- They will overcompensate after eating – by exercising a lot, purposely throwing up their food, using laxatives or diuretics, etc.
- They will have a distorted view of their body, too.
- They will constantly go to the restroom after eating
- They might have scars on their hands (caused by purposely throwing up).
- They might eat a lot but gain no or very little weight.

Binge Eating Disorder. This is a type of disorder wherein a person eats large amounts of food feeling out of control. They usually eat alone because they do not want others to see them. Unlike bulimic kids, children with binge eating disorder do not exercise, throw up, or use any weight control drinks or pills. The signs of the binge eating disorder are the following:

- Eating enormous amounts of food even when not hungry
- Hiding food/stacking food away for them to binge
- Feeling absolutely guilty after binge eating episodes
- Rapid weight gain



A child will eat a lot but will feel really guilty afterwards, they may say things like “I am so bad because I ate chocolates,” or “I should not have eaten this food.” They might get sulky or start crying alone in their room after a binge episode.

Avoidant/Restrictive Food Intake Disorder (ARFID). This is the most common type of ED in children. Kids with ARFID tend to avoid food because they do not like its texture, taste, smell, or color. Some might develop it after having a bad experience of eating a specific food – like vomiting, stomach pain, choking, etc. ARFID is characterized by:

- Avoiding specific types of food
- Not being afraid of weight gain
- Being underweight
- Being extremely picky with restaurants and fast-food chains

A typical example of ARFID is when a child avoids eating a certain type of food – like jellies (because of texture), nuts (fear of choking), etc. Although a lot might say that avoiding a certain type of food is normal, ARFID may lead to a lack of nutrients if the child refuses to eat foods essential for their health. Their reason for avoiding specific

food might be irrational or due to a traumatic experience from eating specific food or seeing someone vomiting or having stomach ache after they've eaten a specific food.

Eating disorders are not always visible, which means that your child may appear healthy when developing one. There are children that may go from one eating disorder to another – from binge eating to bulimia nervosa to anorexia nervosa, then after some time of self-imposed restrictions they might start having strong cravings and to go back to binge eating or bulimia nervosa.

Watch out for your child's mental and emotional well-being as this has a considerable influence on the development of eating disorders. Although different EDs have their own warning signs as mentioned above, it is best to be vigilant and pay attention to these signs common to different types of ED:

Physical signs*:

- Changes in weight – both gaining and losing it.
- Feeling tired or lethargic easily
- Getting dizzy most of the time
- Cold sensitivity (in those who get underweight)
- Changes in bowel movements*

*However, make sure that your child does not have an existing medical problem that may be causing these.

Behavioral signs:

- Changes in eating pattern – eating too much or too little, avoiding certain food or being too specific about what food they eat
- Being irritable or having trouble focusing
- Avoiding meals with other people
- Exercising too much
- Wearing baggy clothes
- Constantly checking themselves in the mirror
- Constantly weighing themselves
- Hiding food away and eating it all at once
- Being overly preoccupied with how their body looks and how it's perceived by others
- Obsessing with food – watching too many mukbang [videos](#) (showing people who eat enormous amounts of food), cooking shows, etc.
- Obsessively checking the nutrition facts of the food before eating
- Showing unusual eating habits – eating too slowly or too fast, cutting food into tiny pieces, etc.
- Restricting certain groups of foods e.g., carbs, fats, meat, etc.

- Causing mental health concerns including depression and anxiety. Children with mental health concerns are much more likely to have an eating disorder because they may try to control their stress through eating or avoid food.

Eating disorders are a critical concern since they may affect a child's health causing such as heart problems, low blood iron (anemia), stomach pain, bloating, hormonal changes, weak bones, and diabetes.

How to help a child that's having an ED?

1. Talk to them. Some kids may become withdrawn and refuse to accept that they have a problem. It is best not to pressure them into talking but to make them feel understood. Stay calm when communicating with your child and do not present yourself as someone who knows everything. Avoid talking about appearance but rather discuss emotions and let them know that you are worried about them.
2. Learn about different eating disorders. It's important because it'll help you better understand what your child is going through and how to help them during mealtimes.
3. Think of strategies. Mealtime strategies can be useful. For instance, if you suspect your child has bulimia, it is best to eat together and try to have conversations with them after mealtime to distract them from purposely throwing up. Talking about how delicious the food is preferable to saying preachy things like "this is healthy" or "this is better than cakes." Try to have a positive conversation that does not go much about healthy food, weight, or appearance.
4. Be a role model. Eat healthy yourself and keep away from junk food. Avoid dieting at home because this will influence your child. Do not give comments about your own or anyone else's appearance. Avoid saying things like "I look so fat" or "This dress makes my arms look big."
5. Support your child. Do not talk about anything that may trigger them – weight, calories, portion sizes, etc. Let them know that you love them and will always be there no matter what. Be honest about your feelings and accepting of theirs – to make them comfortable sharing if something bothering them.
6. Build their confidence. Praise them – not for their appearance, but for the things they do great. Some encouraging statements can be, "You are awesome being so kind!" or "Thank you for being a great listener."

7. Ask for professional advice. If you know that your child has an eating disorder, it is best to seek professional help. Support your child's recovery, work with their doctors and be patient because eating disorders may relapse – so it is best to stay attentive.

Early diagnosis and treatment of ED helps to prevent medical complications and mental health issues in children and youth. Eating disorders are not easy for kids to deal with, and recovery can take a lot of time, but there are all chances for a child to overcome them with due help and support from their caretakers

Find support by visiting the [National Eating Disorders Association \(NEDA\)](#).

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Links and references:

1. Rozzell K, Moon DY, Klimek P, Brown T, Blashill AJ. Prevalence of Eating Disorders Among US Children Aged 9 to 10 Years: Data From the Adolescent Brain Cognitive Development (ABCD) Study. *JAMA Pediatr.* 2019;173(1):100–101. doi:10.1001/jamapediatrics.2018.3678
2. https://www.rch.org.au/kidsinfo/fact_sheets/Eating_disorders/
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