# The New Food Fight



It was a moment Karen B will never forget. She, along with four medical staff at Princess Margaret Hospital (PMH), was helping to hold down her twelve-year-old child, to reinsert the gastric nasal feeding tube needed to save her life. For a number of weeks Georgia* had refused to eat or drink and scared, abusive and panicked that the doctors were trying to make her fat, was now pulling out her feeding tube claiming she wanted to die.

"She was dangerously low in blood sugar levels and was declining very quickly," says Karen. "She called me a bitch and said she wanted to kill me – it was horrible. This was not like Georgia. It was as if my daughter had left and there was this other person coming out and being externalized."

Alarm bells had been quietly ringing for a while. Karen had subconsciously registered Georgia's uncharacteristic exhaustion during the netball games she loved to play and her frequent comments about other girl's body types and looks. It was a niggling intuition that led her to check the toilet bowl after Georgia had ordered a super healthy meal while eating out and gone to the toilet when they had returned home. There was vomit residue in the bowl.

Her bright, active and seemingly confident daughter admitted that for the past two weeks she had been throwing up after eating. Karen discussed how dangerous that was but that night Georgia refused all food and water.

"When she couldn't use the bingeing and purging as a coping mechanism - it seemed as if her mind had shut down," says Karen. It was the start of a long journey. Within days Georgia was blacking out and was admitted to the eating disorder program at PMH where she remained for four months.

"I don't think it really hit me about what it would hold for us as a family until a month or so down the track," says Karen. "I thought it would be a matter of going to the hospital and getting the experts to treat her and then in three or four weeks she would be out but that doesn't happen with eating disorders – the average journey can be years."

The eating disorder program at PMH is a specialized inpatient and outpatient service for children and adolescents up to 16 years which offers a multi disciplinary approach including medical, psychological and educational care.

Says PMH Specialist Clinical Psychologist, Julie McCormack "as with any chronic illness with a child, working through the family is the most important approach. We do a lot of work with parents and families as well as the child and that is very much the key to the young person getting better."

They are currently seeing around 80 new patients a year at an average age of 14 but younger children like Georgia are presenting. A recently opened facility offers a day program to kids who are at a certain stage in their treatment. It includes school work so that they won't fall behind.

For a sufferer, food becomes the focus but experts agree that the disease is about fear not food. Eating disorders have been recognized for hundreds of years and identified as a complex mix of psychological vulnerabilities and external triggers that are not easy to treat and often require long term management.

It can hit vulnerable people at vulnerable times and most frequently this means adolescent girls who are beginning to internalize messages about who they are and how they measure up. The gender bias towards females is almost 80 to 90 per cent. What is new about eating disorders is an apparent increased prevalence and alarming evidence that younger children are falling prey to it.

A recent study headed by Dr Sloane Madden, a child and adolescent psychiatrist at Sydney's Westmead Children's Hospital said data collected Australia wide over the last three years confirms that anorexia and starvation are becoming increasingly common among children with a third of cases seen in under 18s now occurring in kids under 13. Of the 101 cases of early onset eating disorders among five to 13-year-olds that he identified, most were aged 10 and 11 but several were six-year-olds.

Every parent knows that children can be fussy with food and have strong likes and dislikes but eating disorders are a step beyond involving a significant psychological disturbance normally associated with body awareness. This perception is something we usually associate with teens and beyond - the question is do children have the cognitive awareness to develop these distressing conditions?

McCormack says that children under ten will rarely have full blown eating disorders but can develop issues with food as a way of coping with feelings of anxiety and depression. Dr Kristy Johnstone, Clinical Psychologist in child and adolescent health and lecturer at the School of Psychology at Murdoch University agrees that it is uncommon to see children pre puberty developing anorexia nervosa although it does happen.

"The main issue underlying that type of eating disorder is a fear of gaining weight and then a refusal to maintain body weight," she says. "It is fear driven behaviour and in a sense, a person of any age can feel fear. Once the brain makes that association between gaining weight and fear then, yes, a young child can actually experience that."

Dr Sue Byrnes, Senior Research Fellow at the University of Western Australia School of Psychology and the Telethon Institute for Child Health Research identifies the average age of onset of anorexia to be 12 to 14 years and 16 to 18 for bulimia but says that the ever increasing pressure in western societies to achieve an ideal body shape may be reaching down to younger and younger children.

And when children do develop eating disorders the consequences can be frightening. “Often when younger children develop problems with eating they do so in quite an acute way,” says McCormack. “They are a little different to adults because of their developmental level and can get themselves unwell really quickly whereas many adults with eating disorders can be treated as outpatients because of the body’s adaption to malnutrition over time.”

What leaves children open to getting an eating disorder and how can parents reduce the risk? Current research says Dr Johnstone links a tendency towards perfectionism with low self esteem and body dissatisfaction. She stresses that it is not any of these factors individually but the interaction of the three that increases risk.

“What some researchers have found is that you can have high levels of perfectionism, you can have high levels of body dissatisfaction but if you have good levels of self esteem your risk of developing an eating disorder is much less,” she says. “Self esteem buffers the effects of body dissatisfaction and perfectionism. It can be a protective factor.”

“We have a culture that emphasises that attractiveness means being thin,” she adds, “so parents should be aware of that and focus on achievements in other areas to help a young person feel good about themselves regardless of how they look.”

Karen says Georgia was a child who seemed to do well in all arenas. To an outsider she appeared to have everything going for her but it later became clear that she was struggling to live up to her own expectations. Somewhere along the line those expectations became focused on her looks.

“I don’t think the media and the constant bombardment of womens bodies is to blame but it certainly doesn’t help,” says Karen. If their bodies don’t fit that image which, of course, most of ours don’t, then their self esteem declines and it all becomes about their body instead of their inner spirit.”

McCormack says that typically a young person will be anxious and depressed for a while and then something will happen and they will be triggered to go on a diet. “kids with those predisposed vulnerabilities may then develop a full blown eating disorder whereas other kids will go on diets and then let it go a little bit later,” she says.

Her advice to parents is to watch out for things clustering together. “They might have a young person showing some anxiety or withdrawing from peers or family life, low in mood and irritable and having problems with food either by skipping meals or becoming secretive about the eating,” she says. “If those things start to cluster together then it is worthwhile getting an assessment about what is happening.”

The good news says Dr Byrne is that one of the best prognostic factors for treatment is getting it early. “If you can get people into treatment within six months of developing the

disorder they are much more likely to have a good outcome and if they are young and recent onset there is also an increased chance of success."

Georgia is now 16 and becoming a happy and healthy young woman. Always a high achiever, she is doing well at school and one day wants to study overseas. Two years ago Georgia was instrumental in forming an organization called The Bridges which is a group of WA carers, ex sufferers and professionals who aim to improve services for eating disorders and promote a healthy body image for boys and girls.

She still sees a therapist from PMH and has a good understanding of the disease that can still beckon in low times. Says her mother Karen "Relapse is always possible – I think it is part of the recovery journey. Even now, every day she will ask 'Mum, am I fat?' and she will list all the things that she has eaten that day and ask if that is o.k.

"It doesn't worry me because at least it is out there. In high stress moments she can still grab hold of the food thing as a coping mechanism but as a parent I can't change her or make her eat because it is not about food - it is about inner issues and insecurities. I can only be there for her and let her know that she always has the security of home and family."

*Name has been changed

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