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# Eating Disorders in Adolescents

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According to International Classification of Diseases by World Health Organization, eating disorders are behavioural syndromes associated with physiological disturbances [1]. Eating disorders include anorexia nervosa, atypical anorexia nervosa, bulimia nervosa, atypical bulimia nervosa, overeating associated with other psychological disturbances and vomiting associated with other psychological disturbances [1]. Maladaptive eating pattern and inadequate physical activity are seen in adolescents with eating disorders and obesity [2]. Those with comorbid eating disorder and obesity have a poorer prognosis and are at higher risk for future medical problems.

## Prevalence

Eating disorders are more prevalent in adolescent girls [3]. Lifetime prevalence for anorexia nervosa is between 0.6% to 4% and bulimia nervosa is between 1.2% and 5.9% among females [4]. In a study on adolescents in Spain, the overall prevalence of eating disorders was found to be 4.11%. 5.46% of girls and 2.55% of boys had eating disorder. 0.19 % of adolescents had anorexia nervosa and 0.57% had bulimia nervosa [5].

## Risk factors

Young females with a tendency for dieting are at increased risk for developing eating disorders [6]. Television viewing time is an important risk factor for development of eating disorders [7]. Adolescent who watch television for more than one hour a day have significantly higher risk for eating disorders irrespective of their initial weight. Bullying increases the risk for eating disorders [8]. Victims of bullying are at high risk of developing symptoms of anorexia. Bully-victims have more risk for binge eating and can develop vomiting as a compensatory behaviour. But bullys are more prone to develop symptoms of bulimia [8].

## Clinical features

### *Anorexia Nervosa*

Adolescents with anorexia nervosa have a restrictive eating pattern which leads to severe weight loss. They have distorted perception of body image. For a definitive diagnosis of anorexia nervosa,

the body weight should be at least 15% below the expected weight for age. Weight loss is caused by self induced vomiting, self induced purging, excessive exercise or by the use of appetite suppressants. They also avoid fattening foods. Anorexia nervosa can lead to widespread endocrine problems and in adolescent girls it can lead to amenorrhea. If the onset of symptoms is prepubertal, the pubertal events can be delayed or even arrested. If not intervened in the early stage, anorexia nervosa can lead to severe malnutrition. They usually have anxiety and low self esteem.

### *Bulimia Nervosa*

Adolescents with bulimia nervosa have overvalued ideas related to body weight and shape. Because of morbid fear of fattness, these patients set a weight threshold well below the optimal weight for age. They have disinhibited eating patterns. There is persisent preoccupation with eating and have irrestible craving for food. Binge eating is commonly seen in bulimia nervosa [9]. They counteract the fattening effects of food by self induced vomiting or self induced purging. Emotional disorders are often associated with bulimia nervosa.

## Management of eating disorders

Once fully established, eating disorders are very difficult to treat [6]. Significant emotional and physical burden is associated with eating disorders in adolescents [10]. Hence it is important to prevent eating disorders [11]. Individual adolescent focussed therapy should be started at the onset of symptoms. Family based treatment is found to be effective in the management of adolescents with anorexia nervosa [12,13,14]. It helps the families to actively work to cure the affected family member with eating disorder. Cognitive behavioural interventions are effective in the management of eating disorders [15]. Cognitive behaviour therapy has got long term effect in reducing the core sympoms of bulimia nervosa [16].

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