

## **The Importance of Early Intervention on Your Child's Health**

We often think of eating disorders/disordered eating as an adolescent or adult problem, but they can occur in young children, too, and the health complications can be quite harmful. Studies have shown the age at which children have been concerned about their body size and body image has been declining. Also children of any age may overeat in our society of fast and processed food, and children of any age may use eating as emotional comfort or as a means to exert control. Thus even elementary school children can need help with disordered eating. The following symptoms are associated with food restriction (which can result in malnourishment and affect healthy development), or over-eating and binge-eating. Physical symptoms include weight loss, weight gain and obesity, intolerance to hot or cold temperatures, dehydration, amenorrhea (irregular or absent menstruation), lanugo (fine layer of hair-like "peach fuzz"- growing over arms, chest, face, and back in order to insulate the body), electrolyte imbalance, calluses on hands, dizziness, fatigue, sore throat, tooth decay, mouth ulcers, and tension headaches. Chronic emotional distress, lower self-esteem, anhedonia (loss of pleasure in activities), anxiety, and peer victimization are common psychological factors that both underweight and overweight children and adolescents often experience.

### **Potential difficulties that require early intervention:**

1. Eating habits tend to be secretive as they are associated with guilt and shame.
2. Lack of resources (i.e. time, money) to obtain nutritious foods.
3. In comparison to adults, children and adolescents are not as likely to view their eating behaviors as problematic; they are also less aware of the short and long term health effects of disordered eating/eating disorders.
4. Children and adolescents are less likely to ask for help because they view their behaviors as either necessary or even helpful.
5. With regards to food restriction, adults may think that the child or adolescent is merely going through a passing stage and believe it is best not to intervene.
6. Adults are not sure how to intervene and are often criticized or treated with hostility by their child if they do try to intervene.

### **What to look for:**

1. Restricted food intake.
2. Eating excessive amounts of food past the point of fullness (either following a period of restriction or following a period of normal eating).
3. Secretive eating.
4. Engaging in food rituals (i.e. taking an excessively long time to eat food because time is spent cutting up food into tiny pieces, rearranging the food on the plate, hoarding foods, chewing food but then spitting it out).
5. Cooking for others and not eating the food.
6. Excessive time spent reading cook books and dieting tips.
7. Increased irritability, sadness, or distress around mealtimes.
8. Drenching foods in fat free/low calorie condiments (i.e. mustard, vinegar).
9. Frequent weighing of oneself.
10. Excessive exercise.
11. Wearing extremely tight fitting clothes to show off body or wearing extremely baggy clothes to hide body.
12. Going to the bathroom after most meals.
13. Increasingly isolated behaviors.
14. Denial of hunger despite severe food restriction.
15. Expressions of guilt or shame after eating.

**What you can do:** The earlier the intervention, the greater likelihood of establishing healthy and adaptive eating habits.

1. Work together as a family by trying to approach the problem with a team effort.
2. Don't blame yourself or your child; disordered eating and eating disorders have many causes and parents are often paralyzed by fears that they "did something to cause the problem."
3. Take care of yourself and reflect on your own values, beliefs, views regarding food and body image.
4. If necessary, create a treatment team (child, parents, therapist, dietician, personal trainer, etc.).
5. Try not to label foods as "bad" or "good" and encourage your child to try a variety of foods that can "fuel" his or her body.
6. If your child either over exercises in isolation or is resistant to all exercise, take a group approach. Encourage your child to participate in exercise activities with others (i.e. a family hike, joining a team sport, etc.).