Guest Editorial

New Developments in Child and Adolescent Eating Disorders

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Eating disorders are highly prevalent among adolescents and have serious long-term consequences. Patients with Anorexia Nervosa (AN) characteristically present with low body weight, intense fear of weight gain, body image distortion, denial of the seriousness of their illness, and amenorrhea, whereas patients with Bulimia Nervosa (BN) are typically of average body weight, and have binge eating and purging behaviours. Recent estimates suggest that the prevalence of AN is 0.3% and that of BN is 1%, although many more adolescents present with clinically significant eating disorders that do not meet full DSM-IV-TR criteria for AN or BN. These adolescents receive a diagnosis of Eating Disorder Not Otherwise Specified, which is the most commonly diagnosed eating disorder. Only one third of those meeting diagnostic criteria for AN actually receive treatment in a mental health setting, and only 6% of those with BN receive such treatment (Hoek 2006). Both AN and BN affect social relationships, school functioning, and perhaps most importantly in young patients, family relationships.

The medical and psychological consequences of eating disorders may persist throughout life if patients remain chronically ill. The mortality rate from AN is estimated to increase by 5% every decade a patient remains ill (Sullivan 1995; Steinhausen 2002). Although the mortality rate from BN is thought to be lower, it has not been well studied. Serious medical complications occur with both illnesses with cardiac complications being most dangerous. In AN deaths are due to medical complications in about 50% of cases, whereas about 30% of deaths are from suicide, and the remaining 20% from unknown causes. Studies in the adult population suggest that only about 50% of patients with AN recover (Steinhausen 2002), whereas in the adolescent population approximately 70% recover (Strober, Freeman et al 1997; Herpertz-Dahlmann, Muller et al 2001). The reason for the better prognosis in adolescents is unknown, but perhaps it is due to the support provided by families in securing help for the young patient.

This special issue of the *Journal of the Canadian Academy of Child and Adolescent Psychiatry* on children and adolescents with eating disorders contains several important papers covering a wide variety of topics within this field. The issue begins with a review of the available literature on psychotherapeutic interventions for this population. Although the literature on treatment for eating disorders in children and adolescents is rather scant, there have recently been some promising findings in the field of family therapy for AN (Lock, Agras et al 2005; Lock, Couturier et al 2006). In addition, family therapy for adolescent BN appears to be gaining some support (le Grange, Crosby et al 2007).

Following this review, Bucholz et al present a novel paper on what they describe as self-silencing in female adolescents with eating disorders. The authors have found an association between social anxiety and body dissatisfaction, a link that may be very important clinically in the prevention and treatment of eating disorders. Cairns et al then report their study on meal support training for parents and caregivers. Their study helps clinicians to remember to focus on parents as a resource at meals when working with this population. Norris et al then discuss obstacles to conducting psychopharmacology trials in this patient population. High dropout rates, along with low incidence rates have been previously reported in the literature as having a negative impact on research in the field of adult eating disorders (Halmi, Agras et al 2005). Add to these factors the parental concerns about the side effects of medication, and patient's concerns about weight gain as reported by Norris et al, and recruitment for research studies within the

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child and adolescent population becomes even more complex.

The special issue concludes with a review on medication treatments for children and adolescents with eating disorders. Due to the many obstacles cited by Norris et al, studies on medication treatments for children and adolescents are limited in number. Most of the literature is restricted to case reports and case series. For this reason, most experts in the field agree that medications should only be recommended for co-morbid conditions that clearly precede the onset of the eating disorder. However, Selective Serotonin Reuptake Inhibitors show promise for adolescent BN, and Atypical Antipsychotics may be promising for adolescent AN. All require further study in child and adolescent populations, but have gathered some evidence base in adults.

Due to the many difficulties in studying this patient population as identified throughout this issue, there is a dearth of literature in the field of child and adolescent eating disorders. Due to this lack of information, standardized, evidence-based practice is not yet available or possible. This may be one of the key reasons that treatment approaches for these disorders tend to differ between centers. Having acknowledged this, however, one must pay attention to the recent encouraging findings in the literature that suggest that involving families in assessment and treatment of young people with eating disorders is important, and perhaps critical. We know that adolescents have a better prognosis than adults, perhaps due to parental involvement, and that interventions that involve parents are efficacious. Parents play a key role in accessing treatment for their children and ensuring that they remain in treatment. Early family intervention may prevent long-term morbidity and mortality of eating disorders in the child and adolescent population, and thus, research should focus further on involving families in treatment.

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