

Eating Disorders

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1. Types of eating disorders and the difference between an eating disorder and disordered eating

Kia ora, I'm Sharon Tellick, I'm one of the family advisors here at Specialist Mental Health based at Hillmorton and one of the areas I cover is eating disorders. Kia ora, ko Heidi Braystoke-Wingler, my name's Heidi, I'm a registered social worker and adolescent family therapist with the Eating Disorders Service based at Princess Margaret Hospital in Christchurch. So we're going to be asking sort of a few questions in regard to eating disorders and disordered eating. So the first question I will put to you Heidi is what are some of the types of eating disorders and what is the difference between an eating disorder and disordered eating?

Good question. So there's lots of different types of eating disorders Sharon and I guess there's a lot online people can find out about so I'm not going to go in there. To a lot of detail, the main ones that people will be familiar with and that we treat are anorexia nervosa, bulimia nervosa, binge eating disorder, ARFID which is the avoidant restrictive food intake disorder and binge eating disorder. So the ARFID is going to be covered in another session so I'm not going to talk about that today. I wanted to highlight a couple of differences between the three of them and especially between anorexia and bulimia.

So as a lot of people will know anorexia is really about people that have lost weight and have distorted body image. They don't realize that they're underweight. It's not based on BMI anymore. So in the old days it used to be a criteria to have a certain BMI but they've

recognized that for adolescents in particular they might sit at what looks like a normal BMI but it's not for them. So it's now based more on not having grown as they should have or gained weight as they should have through the adolescent years. Additionally there is a subtype called anorexia nervosa binge purge subtype. So there's a restrictive subtype and a binge purge.

So that people might confuse with bulimia. And with anorexia it has the low body weight and it's actually quite a serious subtype of anorexia because they're both underweight and purging which can lead to a lot of abnormal physical parameters. Whereas bulimia nervosa someone is more or less in their healthy weight range or it's a little more hidden for that reason but just as serious can be it involves binge eating and purging. And that's usually by self-induced vomiting and perhaps by laxative use or exercise. So that's a key difference between those two and then the binge eating disorder has the binge eating but without the purging.

Right. Yeah. Right. So what would be the difference between those and then perhaps disordered eating? Yeah. Yeah. A lot of kids diet. Right. It's play with dieting. It's pretty terrible and it's serious and it shouldn't happen but there's a lot out there for adolescents that talk about healthy eating or getting healthy and so they might play around with cutting out sugar or trying to get fit and exercising a bit. But most kids they'll play with it a bit and then they all go out with their peers and pig out on chocolate biscuits at the movies or something. And it just comes and goes and it doesn't actually stick.

And similarly they might decide to get fit and go to the gym a few times but when it comes down to it if they have an invite out to a party they're going to go to that instead of go to the gym. Right. And it starts to tip over into an eating disorder when it's really impacting on their lives negatively in the sense that the restricting becomes regular and sort of perhaps weight loss starts to happen that the thinking changes and I'm going to talk some more about kind of warning signs in a bit but they also if they start purging and I think one big message here is purging is not normal. Like it can go through phases and schools of getting normalized and actually even vomiting once isn't normal.

You know. And so really starting to get onto it if that's happening and yeah similarly with the binge eating that it's starting to really impact on their lives. They're getting up late at night and they're restricting on their foods through the day. Right. Yeah and it just becomes a pattern. Right.

2. Early signs of an eating disorder - three areas to be aware of

So I suppose in regard to talking about some of the early signs, what would some of those early signs of an eating disorder be? And sort of around what sort of behaviours should family members be looking out for? Fair enough. Yeah, we kind of separated out into roughly three categories of kind of those physical changes that you see, some psychological changes that change in their thinking. And kind of behavioural changes, right? So physically, again, the most obvious is weight loss. But, you know, it can be really hidden. Eating disorders are very secretive. And so certainly don't beat yourself up if you've missed that.

It happens, you know, especially with school uniforms can be quite baggy and through the winter. And then suddenly you, I don't know, you're taking your child to get clothes and you're in the, you know, changing room and, oh, my God, they've lost weight. And so not beating yourself up about that. But certainly that's an early warning sign. And sometimes the, like the PE teachers pick up on it sooner than parents do. And that's normal too. There's other physical signs of losing, for girls and losing their menstrual period. And, again, there's some myths out there about that being normal, particularly in the sporting world.

But, in fact, it's not normal. Yes. Actually, in high-performance sports now, they want women menstruating. They recognize the impact on the bones if you're not menstruating. That's right. Yeah. So any irregular periods and certainly missed periods is a warning sign to query about. Things like feeling faint, low energy, feeling the cold more, those sort of signs. Yeah. And then kind of changing the thinking. They're starting to get more obsessive about food and weight. Issues, you know. They're starting to comment on feeling fat or, you know, and that kind of thing. They sort of, so in regard to that, would the changing in the thinking, what would a family, like what would a parent sort of, would it be a little bit more like some of the thinking about the cooking?

Yes, yes. Getting obsessive about some of the online baking. Absolutely. Watching cooking shows. And, you know, like a lot of kids, it can be an interest and they might have nutrition class. Yes, yes. But for others, it becomes that little bit more obsessive that, and they want to get into the kitchen and do the baking themselves. And they try and make them a bit healthier and cut out some oils or sugar. And then secondly, they don't eat it themselves. So that's a real warning sign. They bake the muffins, but then they refuse to eat them. Yes. You know, and that's another real sign of just cutting out certain foods.

Yes. And then sort of almost under that sort of guise of creativity or making something and it's sort of, oh, you know. Yes, yes, yes. It's very tricky. Eating disorders can be very sneaky like that. Yes. And certainly the behavioural changes then of starting to skip meals to say, you know, I'm running late. I don't have time for breakfast. Or, you know, I've eaten at my friend's for afternoon tea already. Or I'm not hungry at dinner. And so just a little red flag there and just start to be. Curious about that and maybe check that they did have afternoon tea at their friend's. Yeah, that's a good thing, that curiosity.

Yeah. Because, I mean, the thing is also too with teenagers. There's that, if they might sleep in. Yes, yes. But sometimes it's that, have you actually seen them having breakfast? Yes, yes. Suddenly you think, wait a minute, when did I last see them having breakfast? Yes, yes. Yes, good point. And then it's throwing a music bar to them or something. And then it's like, well, then after a while they may look in the school bag. Yes, yes. Looking in the school bag the odd time, cleaning out their room. Yes. If you're finding food in the bedroom and like food that's maybe been stored there for some time and going a bit rotten.

Yes. Or even worse still is finding, you know, bags of, the odd time, bags of vomit or something where people are hiding and sneaking that. Right, right. Yeah, but actually that restrictive behaviour, wanting to eat healthy. And I guess that's really. It's easy for parents to get drawn into that this day and age. There's a lot about healthy eating out there. But I think one of the biggest messages I want to give to parents is that adolescents are different. There are not many adults and their needs are different from adults. And so, you know, you as an adult might need to watch, you know, the amount of fat or sugar in your diet or something.

But adolescents need all the fats and sugars and oils to grow. They need really all the food groups. And regular eating, which we're going to talk about a little bit later as well. But.

3. Specific behaviours that may occur

And so in regard to, say, something like bulimia, what sort of signs should...

Yeah, and that's different again, of course, because that, you know, well, it's also that thing of getting up during a meal or straight away after a meal going to the loo, just starting to notice that they're nipping off to the loo straight after a meal, that they might be gone for a long time, that you hear the shower running or that they're having longer showers, so being a little suspicious of that, and of course, yeah, little signs like maybe the smell of vomit around the bathroom at certain times, or even the drains getting clogged a bit, so those are just like, hmm, you know, starting to put two and two together around that, and of course that can go with the restricting too, because with the, and then the binge eating is the other side of it, which can be either bulimia or binge eating disorder where you're starting to see flushing.

Yeah. Or the food going missing, and you come down in the morning and notice that the kitchen's a bit... Someone's been there. Yeah, yeah. Right. That the cupboards have, are a bit more bare, that the biscuits are all gone, or somebody's been into the ice cream, and that kind of late night eating, and again, often that goes with they've skipped a meal in the morning or through the day, and so they're hungrier at night. Right. And so that... Those signs. They're not getting those sort of, the energy levels sort of during the day. Yeah. Yeah. And sort of what, in regard to some of those behaviours, what about sort of maybe slightly more irritable, or angry?

Yes, definitely, that's right, the good old hangry, so again, it's hard, a lot of parents will think, oh, it's just teenage behaviour, you do get that, you get teenagers that are starting to get more irritable. Or, you know, pulling away from parents, and that's natural, and again, it's kind of looking at all the signs together, where not only are they irritable, but they have missed those meals, and, or they've been exercising that little bit more, and so it's not just normal adolescent irritability, it's starting to, and you notice it more around meal times, so they're getting more anxious at meal times, they might get more snappy, they get more snappy about comments about size and shape.

Yeah. And just that bit more sensitive, so you're combining those kind of adolescent behaviours that might be normalised with the food and body image issues starting to come together. So it's all sort of building a little bit of a picture, and I think you were sort of commenting about being curious, and just sort of being a little bit questioning. Yeah. Yeah. Yeah. And also, what about sort of, I suppose, the lying, and the sort of, the, you know, the slightly... That's right. I guess I, like you sort of mentioned that before, I eat at school, or... Yes. Yes. And again, that's sneaky. All of that.

The eating disorders have a way of turning these, you know, good kids, they're happy kids, they're good kids, they're often people pleasers, but suddenly they're just getting that little bit sneaky. Yes. And then they might get quite angry and irritable, but they might also be, yeah, you catch them out on those lies, you know, and they say they've eaten at school, or they've eaten at lunch. But then you go in later and check the lunch box, and everything's still there. Right. And, yeah, that you're just, again, trying to be a bit curious, put two and two together, and then gently just saying, I'm wondering if you're struggling a bit with food and weight issues.

Is that happening for you? And just getting alongside them a bit to question them. That's good. That's good. Because sometimes it's quite hard for a parent to actually say. Yes. Yes. Yes. Yes. Yes.

4. What are some of the causes

And so, what would be some of the causes of ARFID? So ARFID is a complex issue. It's multi-causal, so there's not one thing that causes it. What we do know is that often children with ARFID have got sensory issues related to food, so it's something to do with how the food smells, or tastes, or looks, or the texture of it that's impacting on them that they really have issues with. We also know that a lot of children with ARFID are called super-tasters, which means their taste is very, very sensitive to differences and change. But advanced sort of palates? Almost advanced palates, that they can taste any small changes in food or food that's so...

If Marmite... If Marmite, for instance, changes the recipe, that will be off the table often because it's a new taste, it's a different food, they can taste the difference, so there's that sensory element. Another causal factor could be to do with negative events that have happened. So we might see children who've got a history of something like gastric reflux, where they've experienced stomach pain and vomiting, and the association with food. Food from a very early age might be really negative because of the repeated association with those negative events. Or other children might have medical investigations that might have happened that cause them to have a negative association with food, mumps of tubes down the throat, or some children have had a choking experience and develop ARFID later on because they have a fear of swallowing, and then might restrict their diet because of that.

Right. Then there's other things like developmental issues. So children who are on the autism spectrum are often quite rigid and like things to be just so, and that can spread to food as well, where they're very particular about the food they will eat, the texture of the food, whether it's touching or another food or not, and so it slips very easily into becoming an issue in its own right because of that difficulty with new things and change, and that can roll over into food. There's things like anxiety. So dealing with new food is almost like an anxiety disorder. It's an anxiety around new tastes.

And so there's a very strong correlation between anxiety and ARFID. Right. And quite a lot of the kids that we see with ARFID have got some underlying anxiety. Not all, but there is a correlation. And there's a genetic element. Right. So we see some families where the parents have got restricted eating patterns, and it follows through into the children or the grandparents. So there is that sort of component. And we also know that parents with the very best of intentions can sometimes manage fussy eating in a way that pushes it more towards ARFID, just by some of the strategies they're using that are very helpful.

So, yeah, parents with the very best of intentions can really struggle to manage the fussy eating and may inadvertently push it over towards looking more like ARFID. And we will... I'll talk more about that later on. Another issue is the parallel between some disorders and ARFID. So there's a few disorders that they run together. And I've mentioned autism spectrum disorder, but there's also obsessive-compulsive disorder has a higher rate of ARFID, and generalised anxiety disorder and other anxiety disorders. So there's a few things that go together. And we see them together quite a lot. So when would a parent become concerned about that limit?

When should they start to become concerned about that limited food range? Yeah, that's a good question. I mean, we are concerned when children have fewer than 20 foods. And obviously, with that few foods, there's a risk of a child burning out on the food because they have so few foods. They eat it frequently. And then if you eat a food frequently, you can tire of that food and then lose that food from your diet. So it creates those sorts of risks. The most obvious one is when children aren't meeting their nutritional needs because they're not getting enough of a variety in their diet. And so some children do require supplements, and GPs need to monitor their bloods to check, or the paediatrician to check what deficiencies they might have to be able to boost them appropriately.

And so that has to be medically monitored if children are missing out on entire food groups, for instance. And also, we have to think about the level of distress that I mentioned previously. When are we concerned is when the child's having extreme distress when there's no food presented. Yes.

5. Involving the General Practice

So if I suspect that my child has an eating disorder, what is the next, what's the first step that I take? Absolutely a GP visit. Getting to the GP, having a full physical done, so everything from height and weight to blood pressure and pulse and full blood count. Be a little bit prepared, like it's useful to go in with a bit of a list of your concerns. That's a good idea. Yeah noting that down and saying this is what I'm seeing and this is why I'm concerned. Not all GPs are familiar with eating disorders, it's a big field and it's tricky and complex. So and they might also want to see an older adolescent by themselves, so try to insist on that's fine but I'd like to see you by myself as well.

So you get both in there because again like we talked about the eating disorder can be quite tricky and hoodwink the doctor even saying I'm fine, I'm fine and even with anorexia they can claim that I know I'm too thin, I'm trying kind of thing. So they might think okay not anorexia because they don't have a fear of weight gain, but in fact the fear of weight gain comes out as soon as you try to weight gain. So you want to work with the GP a bit but if your instincts are saying they're not getting it, get a second opinion. So if you did go

along to the GP and the GP happened to say something, in regard to sort of like you may look of normal weight but you know you're in yourself and your child is showing all of these sort of signs, would you just, what would you do in that situation?

Well I guess you know we have had parents that have by the time they get to us have said it's been a long journey and they've had to go back several times to the GP. You could try a second GP and say look this is you know one of the the most simple things if you can get any previous heights and weights that it's why we've moved away from BMI for adolescents that it's like the Plunkett book. We follow centaur charts now and so you if you have any previous heights and weights from age 8, 9, 10 that shows where they were tracking what we call pre-morbidly before becoming unwell and that shows they might have fallen off their centaur if they were normally on the 50th centaur but now they're on the 40th.

And and they can drop off very quickly you know and that's why we've changed the criteria around anorexia and that they they don't necessarily lose weight they just don't gain as they should have. So a young person, boys in particular, have to gain about 8 kgs between the ages of 11 and 12. The really steep growth curves right those big those big gains and same with girls that's it's about 6 kgs a year 11 to 12. So you're going to have to go back and look at that and you're going to imagine on those centaur charts they're just flat lines yes they don't drop but they don't gain as they should and suddenly in six months time they're three four kgs underweight which can be a lot for an adolescent because they're not kind of big people anyway.

So I think you're right that GPs don't always catch that somebody that is a BMI in equivalent of 21 can still meet criteria for anorexia if they're meant to be a BMI 23. Yes yes genetically and so it is going back to that. Yes well how would a GP if a GP recognises that perhaps this this young person does have an eating disorder what what would that happen there? Yes okay so I'd like to think for the younger adolescents at 12, 13, 14 it's straight a referral straight to our service or a specialist mental health service. For older adolescents again if the if they think no I know I've got a problem and I'm going to have anorexia I'm going to have anorexia I'm going to have anorexia I'm going to turn it around the GP might give them some time to turn around or the the parents to help them do that and I guess my only advice there would be to keep it really tight.

So if the young person is motivated and they're scared and they want to get back to their sport or and so maybe they can with their parents help just get back on track and hopefully doing weekly weigh-ins with the GP and get that weight gain going. Would they The presentation of perhaps younger sometimes younger?

Absolutely absolutely we do you know they will present as early as eight and nine year olds but again that's not something that they can do for themselves I guess I'm distinguishing between young and so you have the young ones that you think really need to be referred straight away to services all the ones the GPs might give them a chance to turn around and do some weekly weigh-ins and if they're turning it around that's great but but keep it really tight and if you're if you're not seeing that happening you know in three to four weeks time go back to the GP and say no I want that referral please you know and and just really insisting on that and yeah once the referrals end then you still need to be followed by the GP right there may be a bit of a wait and so keep those weekly or fortnightly appointments happening and and hopefully the GP could give you some websites to go to to start some support yes getting some support while you're on the wait list.

Right okay okay that's good and then um so then the referral sort of happens um and sometimes I mean that can be quite a long wait just because of the pressure on the services and that sort of thing to actually see see somebody um and so during that time there would be that constant monitoring.

That's right the GPs responsible for that and following up um yeah and if the things get worse like I think that you know things continue to deteriorate over that time while they're on the waiting list the GP should have the kind of physical parameters for when a hospital admission is needed right hopefully they're amping up the weekly um visits visits and maybe even fortnightly or twice weekly right um and if if needed at admission to hospital and also helping you navigate that if your young person you know faints or you're worried about them on the weekend or evenings just go straight to the ED department the emergency department okay and and get them checked and there's always a psychiatric consultant there too so that can also help to put them into the system and they can be followed up by child and family emergency services whilst on the wait list if needed as well so they can have some um immediate support in the interim until they're being seen by special services.

Yeah that's yeah that's good that there's always a sort of a site consult there.

6. The starved brain

So, in regard to the situation worsening, how does that go into the next question that I'll ask you is, many people talk about the starved brain. What does that actually mean and how does it sort of present? There's been a lot of advancements over the last 30 odd years in both science and technology. We've learned a lot more about eating disorders than ever before and the biology and the genetics of eating disorders. For example, we now know really it's not just a physical illness, it's not just a psychological illness, but it's a

physiological illness. There's been studies done in Australia using MRI scans of people with anorexia looking in the mirror and healthy controls looking in the mirror.

It's shown that parts of the brain of the person with anorexia don't light up. What they've discovered is that the synapses in the brain, and I'm very layman's terms here, are covered in healthy fat. So when you lose weight, you lose those connections. So you're literally not thinking straight. So your brain's not sort of firing. That's right. Which is really helpful for parents to understand. These behaviors aren't based on them being bad. Yes. This is anorexia tricking them both because their brain's not functioning well and because with that, the eating disorder voice has a stronger, can get in more strongly because their brains aren't working well.

That's why we really try and get adolescents into treatment. Treating early has a better recovery rate. Parents are our best resource. They're the best ones to turn this around and they can be empathetic, but firm and say non-negotiable about treatment, whereas in adults, it's a lot harder to treat, as you can imagine, because they have that starved brain and they can't see that they need help. Right. Yeah. So adolescents, parents can make it happen. Right. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah.

7. Separating the child from the disorder

So what does it mean to separate the eating disorder from my child? Yeah, that's an interesting technique and it's been around for some years. It's originally from narrative therapy, a type of family therapy in the 70s that developed in the UK and overseas. But it's been adopted across lots of different disorders and people might have heard of the black dog and depression and seeing this externally to the person. So we use that a lot in eating disorders because for two reasons really. I guess it's really important that kids particularly don't take this on as part of their identity. We don't want to call them an anorexic or a bulimic.

They're somebody with anorexia, which means they can be somebody without anorexia. And if you do that gentle separation but distinctive, it's saying you can recover from this and you can kick anorexia out of the household. The second important part is that parents often come in at the end of their tether. They've been fighting with their adolescent for some time. It's really stressful. And when you externalize it and see it as something separate from them, you can all join together to kick anorexia out of the household. Yes, it becomes easier. Yes, and you name it and you explore with the young person.

And they sometimes think, I'm not crazy, I don't have a voice in my head. And I get that. But you can still see it. You might name it as anxiety, whatever anxious thoughts, or just thoughts and say, well, what thoughts do you have when you're trying to eat? Young people might be, whilst they might not like the idea of a voice in their head, they might be able to identify the thoughts. So you have, you know, they're able to say that the thoughts are when they're trying to eat, you know, I'm going to get fat or I'm a horrible person for eating. And so you can build on that and say, if you had to give that thought a name.

And I suppose as well for a parent, if you can actually, you sort of mentioned that before, but if you can identify that it's sort of the same sort of name, whether it's Voldemort or a name like that, then it just becomes so much easier to sort of be... Have that discussion. To have that discussion. Yes, yes. It's not, and it's... Yeah. It's sort of, you're doing it together. Yeah, that's right, that's right. And, you know, it looks like Voldemort's really at you today. Yes. You know, it really looks like Anna's having a good go at you today. And I'm sorry. Yes. And be empathetic around that. It's not the young person's fault.

Yeah, that's really, I think it's really important to do that. And it also means the parents have something to get angry at, not the young person. You get angry at Voldemort. I'm so sick of this eating disorder. Yeah. But it's not the young person. You're, you know, I can't wait to get Ruby back. Yes. You know. Yeah. Mark is going to be well at the end of this. Yeah. Or whoever. So, yeah, that actually, it gives a focus for their anger. Yeah. It's really helpful. Yeah.

8. The importance of eating regularly

So, in regard to that sort of like the, for the next question, it would be in regard to all of those behaviours and the starved brain and this, you know, how would we, how important is eating regularly? Absolutely key, absolutely key. For a couple of, a couple of important reasons, the first one is really that adolescents are growing, and again, I, I mentioned before about them being different to adults, and the research has shown that adolescents need to eat every two to three hours through the day. Right. They're, they're growing and they're using their brains at school, brains take a lot of energy, and so they're going to be at their best if they eat every two to three hours.

And so not only... In this case, are they trying to grow normally, they're also trying to make up for lost time, right, they're behind the eight ball now, they've lost a bit of weight, so for somebody with anorexia, and I'll explain about bulimia too, but for somebody trying to weight gain, those three meals and three snacks, both will help them function and their brain function better, but it also will help them get back on track with the weight gain because they do need a lot more food. Boys in particular. They need an extraordinary amount of

food, you know, those, those, those big gains they're trying to do in growth need a lot of food, and then when you're trying to gain weight, it's additional, so if you just try and do it with three meals, it would be far too much that they would, the young person would be too full to get through that much.

Yeah, even with calorie dense foods, it still would be a lot, so breaking it up into three main meals and three snacks, and having desserts in there, it both gives you the opportunity to get all that calorie taken. Mm-hmm. Intake in through the day. Mm-hmm. Um, we want to normalize the sweet food, so getting those desserts back in and normalizing that. Mm-hmm. Um, and then lastly, it's really important with breaking that eating disorder cycle for people with bulimia or binge eating disorder, that often, that whole cycle starts with restricting in the morning, and it's, it's very easy to restrict in the morning.

Oh, yes. You know, they call it breakfast because. Yes. Yes. Yes. Because they eat a lot of food overnight, and the metabolism is slowed down, so it's the easiest meal to skip, and so they don't eat breakfast, and then they don't eat morning tea, and they might start eating at lunchtime, but then their body, all day, is craving for all those. For what they've lost. They've missed, yeah. Right. And so by afternoon, they're starving, and they come home and pig out, or, um, or then in the evening, binge eat, and so all those horrible feelings of guilt and shame kick in afterwards. Mm-hmm. Mm-hmm.

And so if they're, if they're binge eating disorder, they just say, next, tomorrow I'm going to do better, and restrict more. Right. You know, and you're just on the cycle. Just on that sort of cycle. And same with if they're, if they're driven to purge, there might be initial relief, but then pretty quickly afterwards is, you know, the physical stuff of a sore tummy and sore throat, but also the guilt and shame around it. Yeah. You know, and that, that's a horrible thing to be doing. Yeah. Yeah. So I'm going to restrict more next time. Yeah. Yeah. So it's a constant cycle. Yeah. So that's, breaking that cycle starts with regular eating.

Right. And, and breaking the fast in the morning, having that, it is the most important meal of the day. Right. To break that fast, get the metabolism going, and then you're hungry by morning tea. Yes. You know, which is what you need. Yes. And what your body's needing. Right. So it's, it's really important for, for all those reasons. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah.

9. Compensatory behaviours

So this sort of leads on to the next question that I wanted to ask in regard to if somebody is feeling those sort of shame feelings about perhaps they, what would some of those compensatory behaviours? Yes, people talk about compensatory behaviours, it's a hard thing to understand. What does that mean? Compensating, yeah. It's really about literally compensating for eating. So, you know, as I mentioned, the feelings of anxiety and guilt after a meal can be really high, and I think the eating sort of voice is strong, I can't believe you did that, how did you eat, you know, even if the parents have made them eat afterwards, you know, they might get through the meal, but afterwards the feelings of guilt and anxiety really amp up, and the eating sort of voice gets stronger.

And so, for some people, that then results in accomplishment. Compensatory behaviour of either purging by vomiting, it might be going for a run and exercising, it might be laxative use. So something to try and get rid of the calorie intake. None of them actually work that well, you know, in fact, you know, vomiting a lot of times is just water loss, and certainly we know laxatives don't work. So as those feelings of anxiety increase and they end up purging. It's... Or exercising, it's taking a bit of an empathetic approach to that and not punitive, as a parent, understanding that the anxiety levels, we call it a safety behaviour sometimes, because the anxiety has gone so high that the only way they feel they can bring it down is by purging or exercising.

And so, it takes time to reverse that, it takes time to say with the purging, we ask parents to do post-meal support, so sit with the young person after a meal, and it might be that they can do, you know, 10 minutes for a start, and then they rush to the loo. And it's like, that's all right, you know, we'll move to a quarter of an hour tomorrow, you know, and then move it out gently, 20 minutes, half an hour, 45 minutes. And during that time, you're trying to distract them, trying to do it. Yeah, I was about to say that. Would you do something like maybe have like a TV program on or something?

Yeah, TV programs, video games, or a game that the family can do. And... Distract, distract, distract, you know, and to try and calm that voice, challenge that voice, and... Because some of the anxiety may sort of drop a little bit after. Dropped up a little bit, helping them ride that wave of anxiety, you know, that it does come down. Yeah. But it can also take time, and so... Okay. Yeah.

10. Responding to _why are you trying to make me fat_ _

So in regard to that, so if they're having this sort of anxiety and sometimes what you hear is, oh, I don't have a problem. Why are you always trying to make me fat? Classic. So it's a fairly sort of common occurrence that perhaps a child will talk to you. So what would you do as a parent in that sort of situation? Yeah, and, you know, we've talked about the starved brain and how the thinking is irrational,

but you don't want to just discount it straight away. What they feel is real, right, and you want to acknowledge that and validate that and say, look, I can see it's hard and I can see that you're really anxious, that's normal and it's not going to be like that forever.

That that's the eating disorder tricking you. If you've externalized that, keep using that externalizing language about the eating disorder tricking you, come and do this distracting activity. It will try and draw you in. You know, they can be at you and at you and at you and say, but, but, but, but this or but that, you know, and gently just bringing it back. Yeah, I hear what you're saying and I know this is really hard and I'm sorry it's so hard. It won't be like this. Come on. That's just the eating disorder voice. Yeah, we know it. So just keep on bringing it back. Just keep bringing it back and moving on.

And being constant. Not getting drawn in. Yeah, not getting drawn in to that, to that argument because you never win. Yes. You can't win with somebody who's irrational. No. So it's acknowledging it, validate the feelings and then distract really and move on. And I guess a bit of a word about the use of the word fat and I'm going to get fat, right? Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. And I think it's so easy. To say, no, we're not, we're not going to make you fat, which is kind of buying into our society's fat phobia. Yes. You know, it, it, you don't, you don't really think about it in the moment, but think about your language use if you can.

Yes. And saying, and, and move, trying to defer from saying, no, no, you're not. It's saying, look, you're going to, you're going to be well for you. You're going to get, we're going to get to the weight that's right for you. Yes. You know, this is the eating disorder tricking you and threatening you. But we're getting you well and we just trust the process and again, just defer, but not getting drawn into this fat phobic kind of narrative. Yes. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah.

11. What to say when others make comments

So, sometimes because these moments can be a little bit sort of fraught, would you ever have, would it be a good idea to have an idea of what to say if someone was to say something like that? In terms of if... A comment, say if you're at the school gate, in that sort of situation, so it might be somebody that's, that you don't feel comfortable enough sharing with them, like how, if someone approached you and said, I've noticed that, you know, so-and-so is looking particularly thin, are they okay? Yeah, and say, oh, thanks for your concern. Yeah, we've got... We've got this covered. Yeah, we're getting, you know, if you want, again, you keep it short if it's not somebody that you want to engage with.

Yes. It's like, I think you've got to acknowledge, you know, it's good that they're approaching you in a way, you know, and saying, I'm worried about your child and have you noticed this? And, you know, we have this analogy where we know that, we call it the boiling frog analogy, where, you know, things can, if you put, it's a terrible analogy, but if you put, put a frog in boiling water, it leaps out again, but if you put it in water and turn it up slowly, it will boil to death. And it's kind of this idea that things can happen in the household that you don't see. We've talked about how secretive eating disorders are, and so, you know, you don't always see what's right in front of you.

Yes, yes. And so, I kind of appreciate if somebody's coming up and saying, is your kid okay? Mm-hmm. It's like, yeah, and I think that's good on them for bringing it up, because they want to make sure. That you do know, and that you have seen it, and so maybe you might have an initial flare of anger, how dare you say that about my child, but if you can flip it around a bit and say, yeah, thank you for your concern, we're getting help, and yeah, thank you for raising that with me. And I think it's probably good as well to be a little bit, sort of, to have sometimes those sort of ideas in your head that when you may not be prepared for something.

Yes, yes. And just. Just eases that sort of. That's right, being prepared. I think for both parents and young people, having things to say. Absolutely. Have some phrase, brainstorm some phrases, what are you going to say when that person next to you at school is dieting, you know, and is starting to restrict their eating when you, and they do say, I'm eating so much more than everybody else. And it's like, yep, and that's what you need for recovery. Acknowledge, I know it's hard, and I know you're eating more than others, but it's what your body needs right now. Yeah. And then help them find. And if people are commenting, things to say back, and just say, yep, this is what I have to do right now, it's just what I need to get back to my sport, or, you know, this is.

And so finding ways to defer. Yeah, yeah. Yeah.

12. High performance sport

Yeah, I mean, in regard to that as well, some of these, what do parents do if their young person is sort of involved in high performance sport? Yeah, that's a big thing, isn't it? Yeah, yeah, like the expectations of the team, of coaching. That's right, that's right. And again, it's one of those things that it can be a real trigger in the first instance of the eating disorder because the young person thinks, if I just lose a bit of weight, I'll run that much faster. Or if I eat more healthily, I'm going to be that much better. And in fact, their performance gets worse because they're lower in energy and they don't.

And so there's actually a category called reduced energy deficiency syndrome. And it's separate from anorexia. I do have some suspicions that it's just another. I don't want to term it for anorexia, but I think in the first instance, it is about recognizing for athletes, they can fall off that healthy weight range quite quickly without trying. They didn't go into it to lose weight. They're just trying to be healthy or they're just trying to, and they just didn't eat enough for the amount of output they're doing. There was a great article in the Christchurch Press some time ago about the New Zealand rowers, the international team.

Right. And how they ate. They ate their way to the top and they realized how much more calorie into, I think it was something like 8,000 calories they were eating a day. Right. To get to, and they just smashed it. You know, and so recognizing that in the red syndrome that can happen is for girls in particular, they lose their periods and then there's a huge impact on their bones and it can lead to low bone density and osteoporosis. So this is what's really amped up. The research around this and the recognition of this of they don't have any fear of weight gain. They don't have the cognitions of anorexia, but they've lost weight.

They've lost a period and now they're at risk of a serious physical health disorder and an impact on their sport because they have an increase in like stress fractures. You know, the impact on their bones of not being healthy enough and that reduced bone density. So there is more. There's more material out there and people can look up more about that, but in terms of at school, if it is still can be anorexia within the sporting environment and so still approaching the coach needs to know this. The PE teacher needs to know and they need to know the importance of both the amount of energy they need, but also they often need to take a break, which is really hard.

Yes, they need to gain to keep exercising. Whilst gaining weight, you have to eat a huge amount of food and we already talked about the fact that these kids, their bodies are trying to grow. Yes, anyway, so they need a certain amount of food. Then you're trying to weight gain. They need more food and then they're trying to exercise. They need more food. Yes, and so that and if they're physically compromised, they do need to stop and they need to stop all exercise. And. I think again, helping the young person manage the anxiety around that manage the oh my God, one of my teams was my team going to do without me that kind of thing and say, look, actually, you might have to let go of social pressure, let go of this year.

You've got next year. Yeah, you know, or let go of this month and we'll come back to it next month. Yeah, and so it is still prioritizing health. The other sad thing is that if the if that there's some sports, you know, things like rowing. Where you have for the Cox, where you have to be a certain weight or wrestling for boys where, you know, there's weight categories and they're trying to keep their weight unnaturally in an area that doesn't, you know, they've grown, they don't fit that category anymore, and if they're trying to pull their weight down, they're never going to get well, they can't get well within that sport, and that's really hard and it's like the sport they become unwell in can be triggered.

Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. It's like going forward every time they go back, and sometimes it's about letting go of that dream, which can be really hard, and just saying every time they go back, they get triggered, those either the thoughts get triggered or, you know, gymnastics, wearing leotards, looking in the mirror, ballet, those things that can be really hard to get well and go back to, and so sometimes it's about letting go. Right. Yeah. I don't know.

13. How do we manage the impact of an eating disorder on our family and our lives_

So this sort of gets on to sort of the last sort of question that we're sort of covering is how do we manage the impacts of the eating disorder on our lives, on family members, school, other siblings, that sort of thing? Wow, it's a huge impact on families, you know, and it impacts on each individual in the family as well as relationships in the family. And so when it comes to school, again, we've talked about confidentiality and we really encourage parents to let somebody know at school, let the head of year or at least have one or two people know at school about what they're going through. Counselor.

Counselor maybe, but also mainly just that you might be missing. Sure. Some classes, you know, for appointments. And it's really important that they not only know that your young person is getting treatment, but also the importance of the regular eating that we talked about and how important it is that they have time and space for morning tea and lunch. And if the young person is able to eat at school, that there is a space that they can go to to eat. And sometimes that needs. It needs to be separate from the other kids if they are struggling, and maybe that can be arranged with the school nurse or maybe even the counselor, just some space, some place quiet to eat.

But for other kids, they're able to eat with their peers, but they say things like, oh, but I don't have time because of music practice or I have this, you know, committee meeting. And so. Lots of commitments. Oh, it's just crazy busy. And so really pulling back again, prioritizing eating and going to your school and saying. Wouldn't it be better for all the kids if the first 15 minutes of lunch, there was never a meeting scheduled, that actually you're prioritizing 15, 20 minutes for eating, and then the second half can be for those other activities. So I think that's a really good message that parents can take to schools as a bigger thing for all kids, really, and the importance of that.

I think we, you know, as parents, we can get caught up in school being super important, right? And, you know, kids, a lot of these kids are high achievers, they want to do well, and so I can't possibly miss that class or I have to have that assessment. And so a good message to give is that, yeah, it's important, but actually health comes first. Yes. So really in your own mind, kind of working through what if this gets really hard, what if she or he has to miss more school and take time off, and what if they get behind? And kind of working through letting. And letting it go in your own mind, because we do, we all have hopes and expectations for our kids.

That's right. Even if we're not putting pressure on them, they're going to feel it on some level. Absolutely. And they push themselves. Yes. So really important to offset that with, you know, this is a year for getting well. Yes. You know, if you have to do some summer papers to make up, that's fine. Older adolescents, if you have to take a gap year, that's okay. Sure. It's just planting those seeds early so that there's no pressure. You're taking the pressure off. You're taking the pressure off on the school, and you're prioritizing health and getting well. What would you do in regard to, say, eating at lunchtime?

Yeah, yeah. And I think, you know, often we're saying to family, it's hard to eat at school in the first instance. And so if you can juggle your work schedule to go into school and have lunch with them in the car. Right. Which, of course, kids hate. Yes. And so for most kids, it's a trial and error. So with, you know, with our service and our treatment, it involves regular weight gain each week. So if you are wanting to trial eating at school, you know, you might give the kid, the young person a chance. Again, the older adolescents, all right, let's give it one week. And if you're eating at school and promise me you're eating at school and you get that weight gain, then that's fine.

Yes. But if next week we don't get a weight gain. I'm going to start coming in. Right. So they have a bit of time to step up. Yeah. But if the eating disorder is really strong and they can't get that, then it is saying, I'm sorry, just for a while, you know. Even some kids have to come out of school and just do half days for a while, come home for lunch. So again, it's prioritizing treatment, prioritizing that weight gain and doing whatever it takes to do that. But, of course, the impact of that is huge. The stress on parents of an eating disorder. On their relationship, on siblings and on sibling relationships.

Yes. Really is huge. And so I think what we talk a lot about is not burning out as a couple or if you're a single parent. For couples, it's as much as possible tag teaming and maybe, you know, really trying to get, you know, both parents home at dinner time. Or one parent doing breakfast and the other doing dinner and the other going in at lunch. You know, one going in at lunchtime and one. Doing dessert. So you're kind of sharing the load. There is often one that has to work more. And so the other one might be sharing, doing the lion's share. But on the weekend, the other one steps up and does more of the meal support.

So you're trying to share the load. You're trying to look after your own mental health and know when you're stressed and know when you've hit your limit. And saying, walk away. I need to, you know, I need to take time out here. Yes. Yes. And look at how you recharge. Look at how you fill your own cup. Can you take that five minutes at lunchtime and go for a walk? Can you, you know, make that friend for a coffee and debrief a bit? Or how do you recharge as an individual, each of you? How do you recharge as a couple? So this is where we're really encouraging extended family to get involved if possible.

Come in and, you know, have a date. Yeah. You know. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. I think in regard to that as well, it's probably quite helpful for the young person to see not to be so riddled with shame and guilt and to realize that there is aspects that, oh, okay, I'm not, I'm not so, you know, the mom and dad are able still to go out. Yeah. Yeah. That's right. That's right. And even if, you know, the eating is sort of strong that night and they don't eat well with grandma, it's just one night. It's more important that the parents have a break. Yeah. And the bigger picture. And so let it go.

Yes. And, you know, you're back on track next week. And so you're balancing. Yes. And that. Yeah. And getting that break. And don't be afraid to call on friends. So, so particularly for siblings. Okay. So siblings are really, you know, siblings can get quite resentful. Yeah. And they can feel a little bit like. Yeah. No one's paying attention to me. Yeah. Yeah. Yeah. Yeah. There can be the younger ones that are feeling the effects of not having as much attention. Yeah. There can be the older ones that are feeling the impacts of the family don't go out as often. They didn't, you know, we don't get takeaways anymore.

Or, you know, I can't have friends over because he or she is so upset all the time. And so they, it really impacts on their day-to-day life. Yes. And so having a look at how you could, again, maybe tag team if there's two parents, you know, that one parent takes a sibling out on the weekend for some one-to-one time. Or doing that activity together. If it's a single parent, you might organize the neighbor to go out with them or that aunt or uncle. Say, look, can you just take, you know, take the sibling out for the afternoon on the weekend just for some, something fun. And then lastly, trying to do what we call non-ED time, trying to, just a family time that's kind of hard to not to do with food.

So you're trying to find activity like pop-up golf or something, you know, mini golf. Or something that's not too energizing, but, you know, that is fun for the whole family and provides that time away from the eating disorder where you can all connect a bit. And so, and I know bringing in, you know, we talked about the stigma stuff and not being afraid to educate people and bring extended family and

friends in. And I think as well that resilience is often, we use them. It's a metaphor sometimes of a spider web, a spider in a web that has lots of connections can survive a storm much better than a spider in a web with just a few.

Yes. And so we talk about the crossover actually of young people needing people around them, those connections to help them stay strong through this time. And parents needing that connection around them to survive the storm and really thinking about. How it's role modeling, asking for help. It's okay to ask for help. And it's being a good role model to your kids to say, A, mental health things happen and that's okay. And B, it's okay to ask for help and get support and that you're stronger for it. Yeah. Well, that's, that's great. Yeah. And I, and I think that it's that it's sort of during this sort of whole sort of process.

It's. Yeah. It's like that, the building of the trust and connection between, between everybody and, and, and particularly the, you know, the, the young person to build those sort of lines of, of, of connection and. Which, which can, can, can be a rough ride, you know. Yeah, it can be. And, and, and, you know, it, we really do hit up against adolescent rebellion. Yes. At the same time, sometimes as an eating disorder coming into the household. And so eating disorder uses, uses it for itself a bit. And, and, you know. It can be pretty rough and pretty hard. Yeah. But underneath it all, those bound, those tight boundaries are really key.

And it's like, yes, I, I understand you have an eating disorder and your anxiety is high, but it's not okay to be violent or it's not okay to swear and having those tight. Yeah. Boundaries within families. Yeah. Yeah. But if you can get alongside your young person and have those quiet times too. Yeah. And say, you know, you're off, it's classic with teenagers that. If you're doing something, going for a drive or, you know, going for a walk in the gardens, you just gently say, look, it's, it's been pretty rough, eh, you know, it's this hard, eh, how you, how you're coping. So try and find those moments of connection.

Yeah. They might be fleeting, but, and even if they blow you off and say, I'm fine, I'm fine. And they're a bit twitchy about it. Do it again. They know that you care. They know that you care and do it again a week or two later. Yeah. You know, just keep. Yeah. Quietly being there for them. Yeah. And saying. I'm still here for you. Yeah. I still love you. Yep. And we're going to get through this. Well, that's great. Oh, thank you. Yeah. Thank you, Heidi. Thank you. Yeah.