key points

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Early recognition, referral and treatment are essential to achieve good outcomes for children and adolescents with eating disorders. Eating disorders have the highest mortality of all psychiatric conditions. However, provided there is access to early and evidence-based treatment, the majority of patients who are diagnosed with an eating disorder before the age of 18 will make a full recovery. Overall, outcomes in this age group are better than in adults.

Anorexia and bulimia have several shared and overlapping features. Thought content is dominated by weight and body shape, which then unduly influence self-evaluation. Associated behaviours such as food intake restriction, over-exercising, vomiting, binging or laxative use stem from the desire to lose or maintain weight, and may occur in either condition. Percentage median BMI (%mBMI) is a better measure of underweight in children and adolescents, as it takes into account both gender and age. A %mBMI below 70% is considered high risk. For many, 85% mBMI or less may be considered significantly underweight; however, for some constitutionally smaller individuals it may not be.

In the 15-19 age group, 1.6 per 1,000 females and 0.17 per 1,000 males are newly diagnosed with an eating disorder each year in the UK. Incidence rates for anorexia and bulimia are approximately equal in this age group at 26 cases/100,000/year. Although most patients are female, it is important that GPs consider the possibility of eating disorders in males, who often present for treatment at specialist services relatively late. Eating disorders rarely present alone and other mental health disorders such as anxiety, depression, obsessive compulsive disorder, autistic spectrum disorders, and self-harm frequently co-exist.

In primary care it is important to prioritise identification of risk indicators and include as much of this information as possible in the referral. Junior MARSIPAN (Management of Really Sick Patients with Anorexia Nervosa), is a very useful guide to the evaluation of physical risk in children and adolescents with eating disorders and is available online.

All children and adolescents with a possible eating disorder should be referred to their local specialist community-based eating disorder service for children and young people (CEDS-CYP) as soon as possible. Treatment is provided by a multidisciplinary team and consists of a mixture of psychological interventions, nutritional support and physical monitoring. Treatment may be offered in a mixture of individual, family and group formats. Some young people with co-existing conditions may require psychotropic medication.