

Tsunami of Pediatric Eating Disorders

Pan-Northern Clinical
Rounds

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Disclosure

- ▶ Speaker: Dr Mélanie Breau, Consulting Pediatrician at NEO Kids in Sudbury Ontario
- ▶ Relationships with commercial interests:
 - ▶ Grant support/research supports: N/A
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 - ▶ Others: N/A

Learning Objectives

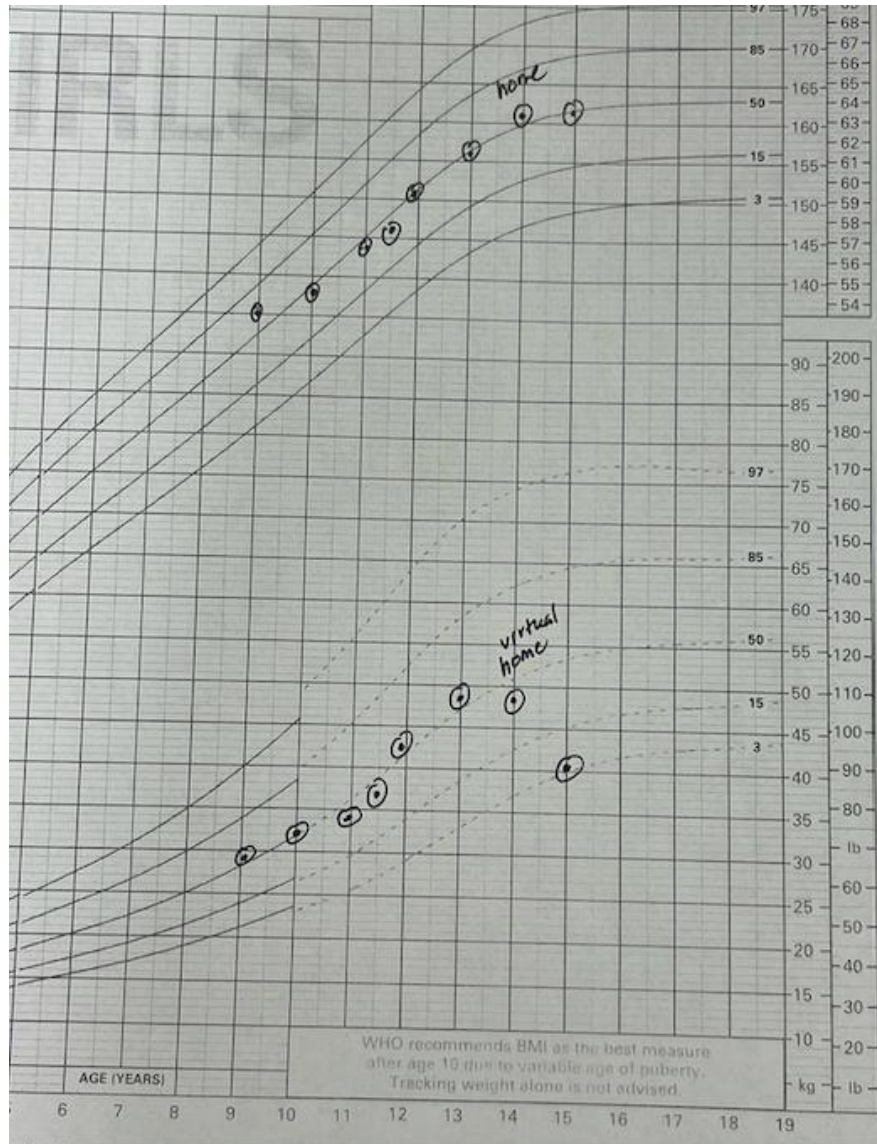
- ▶ Identify the signs of disordered eating
- ▶ Manage the initial workup and triage for a pediatric patient with a potential eating disorder

Case Presentation

- ▶ 15 yr old girl brought to your office by her mother
- ▶ Last saw her in office in February 2020
 - ▶ Had virtual appointment (phone) in October 2020
- ▶ During lockdowns - “bored”, irritable, kept to herself, spent more time in her room (doing “online schooling”, more use of social media to connect with friends)
- ▶ Increased exercising as a family to stay busy
- ▶ Focus on “healthy eating” - vegetarian... vegan... no carbs....
 - ▶ *Which her large French family does not understand (pâte de soeurs, pudding chômeur, poutine...)*



Picture - Acadie Nouvelle



Case Presentation



Paediatrics & Child Health, 2021, 1–2
doi: 10.1093/pch/pxab031
Surveillance Highlights

OXFORD

Surveillance Highlights

Anorexia nervosa: A paediatric health crisis during the COVID-19 pandemic

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Identifying disordered eating in the community

Individuals with eating disorders will present in a variety of ways



ONE SIZE DOES
NOT FIT ALL

iStock photo

Screening for ED in practice



**FOOD
CONCERNS**



**WEIGHT
CONCERNS**



**ACTIVITY
CONCERNS**



**SOCIAL
CONCERNS**

Potential findings on physical exam

General

- Changes in weight, cold intolerance, weakness, fatigue, dizziness, syncope

ENT

- Dental erosions, oral trauma/lacerations, parotid enlargement

CVS

- Arrhythmia, CP, SOB, palpitations, edema

GI

- GERD, pain, early satiety, constipation

Endo

- Amenorrhea / irregular menses, osteoporosis/low BMD

Derm

- Lanugo, hair loss, callus/scars on back of hand

Neuropsych

- Memory loss, poor concentration, insomnia, depression, anxiety, obsessive behaviours, self harm, SI

Initial medical workup

- ▶ Thorough history and physical exam (think of potential complications, affects every organ)
- ▶ Mental health assessment (screen for other potential psychiatric diagnoses)
- ▶ Bloodwork:
 - ▶ CBC, lytes, extended lytes, glucose, LFTs, thyroid function
 - ▶ If amenorrhea initial complaint: urine pregnancy test, prolactin, LH/FSH, estradiol, bone mineral density
- ▶ Electrocardiogram

Criteria for admission

- ▶ Severe malnutrition
- ▶ Dehydration
- ▶ Electrolyte disturbances (hypoK, hypoNa, hypoPO₄)
- ▶ Cardiac dysrhythmia
- ▶ Physiological instability
- ▶ Failure outpatient management
- ▶ Acute food refusal
- ▶ Acute medical complications of malnutrition (syncope, seizures, cardiac failure)



Image: clipart

Goals of admission

- ▶ Medical stabilization
- ▶ Nutritional rehabilitation
- ▶ Weight restoration
- ▶ Initiation of psychological treatment for ED



Practical tips to help



- ▶ Frequent medical check ups (weight, vitals)
- ▶ Empowering parents to take charge of their child's eating/exercise
- ▶ Anticipatory guidance to parents - refeeding will be HARD!!
- ▶ Guiding parents towards resources
 - ▶ www.maudsleyparents.org
 - ▶ www.canped.ca
 - ▶ Local mental health agencies

Thank you