VOICES FROM THE FIELD -
A Perspective from a Treatment Program for Children with Eating Disorders

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Policy perspective

Eating behaviours and feeding disorders are important topics in child development. Policies relating to these issues have broad social implications. Of particular interest is Black's paper on helping children develop healthy eating habits, which outlines factors that are important in the development of healthy eating. Most useful is how the environment and the eating relationship affect the acquisition of healthy eating habits.[1] It is important that policies are developed to make this information available and easy to implement. This research not only has the potential to prevent feeding difficulties, but can also help us as a society to optimize the growth and development of our children.

Reading the expert reviews on feeding disorders, I am struck by a number of issues.[1,2,4] Foremost is how little we understand about a human behaviour that is universal and which carries with it social and cultural significance. While empirically supported treatments exist, they all rely on a behavioural model.[2,3] What about the children or families who cannot make use of this model? Why are there so few validated treatment options? It may be that, as Benoit states, despite how commonplace they are, the complexity of feeding and eating problems in childhood is partly responsible.[4] Policy is required that supports the development of a wider range of treatment options and furthers our understanding of who will benefit from which treatment models.

Even in subject areas where a lot of information exists, we struggle to see that this information is disseminated in both professional and public arenas. For example, we know a great deal about normal growth and development and how to monitor these over time. We have standardized growth curves that are easily available and yet, in my experience, are rarely used. Very few community physicians keep growth curves on their patients. In our eating disorder treatment program, we ask for growth curves on every child referred and are not surprised to notice that less than a quarter of the patients we see have had their growth and development charted on a growth curve – the easiest and cheapest way to detect abnormalities in weight and height. This is of particular concern in light of the discussion in the expert articles, which argue for a simple screening tool for feeding difficulties.[1,2,4] Clearly, we need to explore ways of motivating health-care providers to implement existing tools as well as working on developing new ones.

In the public arena, particularly among parents, disseminating information about healthy eating and the feeding relationship is paramount. While public-health agencies work hard to inform and educate families, our society is constantly battered by misinformation. We are surrounded by "experts" who write books about the "right" way to eat, and all of a sudden "right" means low-carbohydrate or low-fat. How does this misinformation affect parents' choices when feeding their children? At our clinic, it is not uncommon to see this misinformation in action. Most parents initially believe that their child's weight loss is healthy, that being thin is good; they have absorbed a message our society sends out clearly, "*you can never be too thin."* This can delay detection of serious eating problems and as a result may affect a child's long-term outcome.

As a society, we also need more than just information. We need to consider how we live our daily lives. In North America, in a time of dual-income families, where everyone is harried, fast food may be irresistible. Is there no way to make fast food a healthy option? Policy-makers should consider social structures that need to be influenced to allow parents the time and the options that allow for healthy eating.

We also need to consider whether the line between feeding disorders and eating disorders is blurring. Children as young as five and six years old – an age group that traditionally would only have seen feeding disorders – are being diagnosed with disordered eating (such as anorexia nervosa and bulimia)[5]. Can a child with a feeding disorder become a child with an eating disorder[6] if they are rewarded with admiration for their slender physique? Disordered eating behaviours have over time become quite common in adolescents and older children. Is it only a matter of time before they become common in younger children as well? The research in the overlap of disorders in this age range is sparse. We need to support research in this area and allow it to inform policy development so that we can protect our children from the onslaught of eating disorders.

Finally, when developing policy, we will have to be careful as a society that our attempts to prevent or address one condition do not support the development of another. For example, when focusing on informing the public on the "dangers of obesity," a state that comes with no scientifically proven solution and that for some is a healthy state, we risk creating a cultural obsession with thinness that confuses parents and children alike and influences our relationships with food in an unhelpful way. Will panic over the alleged obesity epidemic bring about a feeding disorder or an eating disorder epidemic? We require policy that explores these issues and helps us develop effective, sensitive policy that does not carry with it unwanted side effects.

In conclusion, the expert articles are helpful in summarizing what we know about how to develop healthy eating habits in children. However, they also highlight the large gaps that exist in research, treatment development and policy. [1,2,4] Our initial steps should support research and then move to a coherent, validated prevention and treatment implementation model. I am optimistic that moving forward in a careful and gradual fashion will get us to the desired outcome.

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