Australian Paediatric Surveillance Unit
STUDY PROTOCOL

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Early Onset Eating Disorder (EOED)

BACKGROUND

Epidemiological studies suggest that the incidence of eating disorders, including anorexia nervosa, has been increasing in adolescents over the last 50 years.[1] Anorexia nervosa is a common chronic illness affecting adolescent females. It has been proposed that the age of onset of anorexia nervosa is decreasing.[1] However, there is wide variation in the few available estimates of incidence of eating disorders in children under 13 years of age. [2,3]

The recently published DSM 5 has some revisions in the criteria for anorexia nervosa and a new diagnosis of Avoidant/Restrictive Food Intake Disorder (ARFID).[4] These modifications will better reflect presentations in younger children where cognitions without weight or body image focus may still result in abnormal eating behaviours with significant physical consequences :

For example

- Young children may not report fear of weight gain while at a low weight but may do so only when weight has been restored to a more healthy level.
- Children may be unable to express distress in terms of body shape and self-perception but may instead describe somatic symptoms such as abdominal pain, discomfort or specific fears such as choking or swallowing.
- The previous requirement in anorexia nervosa for weight to be <85% of expected weight for height may have led to an underestimate of the severity of low weight in younger children in whom linear growth has also been affected.

Therefore, this study uses a deliberately broad definition of early onset eating disorder which is appropriate for young children. We hope this study will help us estimate the incidence and clinical features of early onset eating disorder in Australia and provide comparison with data collected in a previous similar study conducted in 2002-2005.[1]

STUDY OBJECTIVES

1. To determine the incidence of early onset eating disorders in children and young adolescents in Australia and compare this with previous data to determine changes in incidence over the past decade.
2. To describe the age, sex and family history of early onset eating disorders
3. To describe the range of clinical features at presentation including other psychiatric illness and describe changes in presentation over the past decade
4. To compare presentations of eating disorders in this population with new diagnostic schema (DSM 5)
5. To describe medical complications experienced by children with early onset eating disorders
6. To describe therapeutic interventions used in management

Please see over for case definition

CASE DEFINITION

Any child aged from 5 to 13 years inclusive with a newly diagnosed eating disorder defined as:

Determined food avoidance

AND

Weight loss or a significantly low body weight (less than minimally normal) in the context of age, gender, developmental trajectory and physical health.

INVESTIGATORS (*Principal Investigator)

Dr Sloane Madden* (NSW); Dr Anne Morris (NSW); Dr Jane Miskovic Wheatley (NSW); Dr Michael Kohn (NSW); Dr Sally Byrne (NSW), Prof Elizabeth Elliott (NSW), Prof David Forbes (WA), Dr Michelle Yeo (VIC), Dr Mandy Yiu (SA).

If you have any questions please contact:

Dr Anne Morris
Children's Hospital at Westmead
Ph: (02) 9845 2446
Fax: (02) 9845 3389
email: anne.morris@health.nsw.gov.au
Mail: Children's Hospital at Westmead Clinical School
The Children's Hospital at Westmead Locked Bag 4001 Westmead NSW 2145.

References

1. Madden, S., Morris, A., Zurynski, Y. A., Kohn, M. & Elliott, E. J. 2009. Burden of eating disorders in 5-13-year-old children in Australia. *Medical Journal of Australia,* 190**,** 410-4.

2. Nicholls, D. E., Lynn, R. & Viner, R. M. 2011. Childhood eating disorders: British national surveillance study. *British Journal of Psychiatry,* 198**,** 295-301.

3. Pinhas, L., Morris, A., Crosby, R. D. & Katzman, D. K. 2011. Incidence and age-specific presentation of restrictive eating disorders in children: a Canadian Paediatric Surveillance Program study. *Archives of Pediatrics & Adolescent Medicine,* 165**,** 895-9

4. http://dsm.psychiatryonline.org/doi/full/10.1176/appi.books.9780890425596.dsm10