

Preventing Obesity and Eating Disorders in Adolescents
New recommendations from the American Academy of Pediatrics
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The American Academy of Pediatrics (AAP) has just released new guidelines for the prevention of obesity and eating disorders in adolescents. These guidelines are a departure from the previous 2007 weight-focused guidelines, which encouraged physicians to use the term “obese” (despite awareness of increased stigmatization) and suggested interventions including commercial weight loss programs, weight loss medications, very low calorie diets, and weight loss surgery for patients with BMIs in the severely obese category. The new guidelines were created with the recognition that obesity prevention must be considered in concert with eating disorder prevention.

Since the “War on Obesity” began in 1996 and obesity prevention programs became widespread, the rates of eating disorders in certain subgroups have risen. From 1999-2006, hospitalizations for eating disorders in children under 12 years old increased 119%, diagnoses of anorexia nervosa increased in girls ages 15- to 19-years old, and eating disorder rates rose overall amongst males and minority youth. Eating disorders often begin when adolescents and/or their parents misinterpret obesity prevention messages and start trying to “eat healthy” by eliminating foods that they consider to be “bad.” Adolescents classified as “overweight” or “obese” may be particularly at risk. One study revealed that 36.7% of adolescents seeking eating disorder treatment had a previous weight greater than the 85th percentile. Weight loss is often praised and rewarded in overweight and obese children and “healthy” behaviors can quickly spiral into an eating disorder when adolescents become fixated on weight loss by any means necessary. Unfortunately, eating disorders in overweight and obese children often go undiagnosed-- or are even inadvertently encouraged-- by pediatricians who have been trained to encourage weight loss in these patients without assessing for eating disorders.

The 2016 AAP guidelines outline the following 5 factors associated with both obesity and eating disorders:

1. **Dieting**—Dieting (defined as caloric restriction with the goal of weight loss) is a risk factor for both obesity and eating disorders. One study found that teens who diet are 2-3xs more likely to become overweight and 1.5xs more likely to develop binge-eating disorder than teens who don’t diet. Dieting has emerged as the most important predictor to developing an eating disorder. One study showed that teens who severely restricted their caloric intake and skipped meals were 18xs more likely to develop an eating disorder than non-dieters; more moderate dieters were 5xs more likely to develop an eating disorder.
2. **Family Meals**—Regularly eating family meals together protects against both obesity and eating disorders. Some reasons for these benefits include parents choosing healthier foods than adolescents would choose on their own,

- parents modeling healthy food choices, more interaction between parents and teens, and parents being able to more closely monitor their child's eating and address eating related issues earlier if they do arise.
3. **Weight Talk**—Weight talk (defined as comments made by family members about their own weight or comments made to the child by parents to encourage weight loss) is associated with increased risk of both overweight and eating disorders. In contrast, families that focused the conversation on health instead of weight were less likely to diet and use unhealthy weight-control behaviors.
 4. **Weight Teasing**—In overweight adolescents, weight-based teasing by family members and/or peers is common (one study reported 40% of early adolescent girls). Teasing by family members predicts development of overweight, binge eating, and extreme weight-control behaviors in both boys and girls. Adolescent girls who were teased about their weight were twice as likely to be overweight 5 years later.
 5. **Healthy Body Image**—1/2 of all teenage girls and 1/4 of all teenage boys are dissatisfied with their body; the stats are even higher for overweight teens. Body dissatisfaction is a well-known risk factor for eating disorders, unhealthy weight-control behaviors, and reduced physical activity. Families that focused on eating and exercising for health (rather than weight-loss) were more likely to raise adolescents who were more satisfied with their bodies.

The guidelines go on to recommend particular strategies for pediatricians to use in addressing weight-related issues. They focus on motivational interviewing (MI), which they define as a “collaborative, goal-oriented style of communication with particular attention paid to the language of change” and family based treatments. Pediatricians should assess for eating disorder behaviors using a list of high-risk eating and activity behaviors/clinical findings of concern. Included on the list is “rapid weight loss” which means that anyone quickly losing weight, even adolescents who meet BMI criteria for “obese” or “overweight,” should be assessed for disordered eating; this is an important step in diagnosing a population that is often under diagnosed. Physicians are encouraged to focus less on weight and more on healthy family-based lifestyle modifications.

These guidelines largely target parents as the agents of change. Parents should be healthy role models who provide easy accessibility to healthy foods and limit the availability of sweetened beverages (both sugar-sweetened and artificially sweetened). Parents should provide “home-prepared” family meals with little distractions and fewer discussions about weight and dieting. Parents should actively discourage dieting in their children. The article concludes with the following 6 guidelines for pediatrician to follow in the prevention of obesity and eating disorders in adolescents:

1. Discourage dieting, skipping meals, and diet pills. Encourage healthy eating and physical activity that can be maintained in the long-run. Focus on healthy living and healthy habits rather than on weight.

2. Promote a positive body image. Do not focus on body dissatisfaction as a reason for dieting.
3. Encourage frequent family meals
4. Encourage families not to talk about weight. Instead discuss healthy eating and being active to stay healthy. Facilitate healthy eating and physical activity at home.
5. Inquire about history of teasing and bullying in overweight and obese teenagers and address the issue with their parents
6. Carefully monitor weight loss in an adolescent who needs to lose weight to ensure that the adolescent does not develop the medical complications of semistarvation.

While these guidelines were developed for pediatricians, I think they are important for professionals of all disciplines working with children and parents.

Reference: Golden N, Schneider M, Wood C (2016). Preventing Obesity and Eating Disorders in Adolescents. *Pediatrics*: published online August 22, 2016.