

## COMMENTARY

# Care of the Adolescent and Detection of Behavioural Eating Disorders: We Have to Move Forward

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Eating behavioural disorders encompass a series of behavioural disturbances where the objective is the achievement, at all costs, of a very extreme state of thinness. The two most significant expressions are anorexia nervosa (AN), in which the main characteristic is the refusal of the subject to maintain a normal body weight, and bulimia nervosa (BN), characterised by recurrent episodes of food binges followed by inappropriate compensatory behaviour, such as self-induced vomiting, purges or taking diuretics. In the middle of the clinical spectrum of these 2 syndromes we find a large number of so-called “non-specific” disorders, that give rise to inappropriate behaviour that does not comply with the criteria of AN or BN, and are currently more common. Recently, a “binge disorder” has been described, which is characterised by recurrent food binges that provoke intense displeasure in the subject, but are not followed by inappropriate compensatory behaviour.<sup>1-5</sup>

Eating behavioural disorders mainly affect young women of a high socio-economic level (particularly AN), although lately increases in these figures have been reported in men and all social classes. Numerous factors of a biological nature are involved in their aetiology, as well as personality, family and socio-cultural characteristics.

Currently, the majority of authors agree they are probably of a socio-cultural nature, since eating behavioural disorders have only been reported in developed countries and the differences in clinical presentation and the increases in the levels of prevalence that have been observed in the last few years are closely linked to socio-cultural changes. Since these factors appear to have a major role, it seems logical that as health professionals we should do our best to look into this question in more detail, to clearly identify the risk groups and thus prepare suitable primary prevention programs. Despite the fact that we are all convinced of the need to prepare and establish these programs, we still have not done it in practice (or we have done it haphazardly), probably due to the difficulties involved in preparing a suitable and unequivocal message to

## Key Points

- Eating behavioural disorders encompass a series of eating behavioural disturbances changes that particularly affect young women and adolescents.
- Despite the need to create and execute prevention and early detection programs, these have not been carried out in practice or have been done haphazardly.
- However, there are protocols prepared by scientific societies and expert groups that might be able to help us in our daily practice.
- As health professionals we need to make the effort to achieve a climate of confidence with adolescents and so that we can look deeper into the detection of these and other disorders, since they are a very vulnerable group who rarely visit health centres.

such a vulnerable group as adolescents. The study by Gil García et al, on having the objective of finding out the socio-cultural differences between adolescents at risk of having an eating behavioural disorder and the rest of the young people of their population, makes an interesting contribution, since probably the only way to design suitable preventive programs is the previous study of the individual characteristics of each population group.

Another unresolved question for health professionals is the subject of early detection. Despite a young persons care service that recommends the early detection of eating behavioural disorders, being included in the list of primary care services, this detection is very difficult in practice

given that, on the one hand, the care of this population group is complicated. It is not easy to communicate with people who have now stopped being children but still have not become adults.

One of the tools that has been used most to detect patients at risk from having a eating behavioural disorder is the Eating Attitudes Scale (EAT) but, as with all measurement scales in the health field, it has its limitations, as this study has shown. In this sense, the questions guide, recommended in the Ministry of Health and Consumers Affairs Care Protocol for the detection of risks of eating behavioural disorders in children and adolescents using a direct interview of patients with eating disorders, as well as the recommended intervals for carrying it out.

In caring for adolescents we have to move forward and pay attention to the fact that, due to it being very difficult to reach them and due to having over-saturated clinics, we must make an effort, because they are the adults of tomorrow.

And to provide an integrated care, not just take blood pressure when indicated in a protocol and to ask some questions on the consumption of drugs and tobacco, or give them recommendations to prevent EBD.

We should be able to create an empathetic clinic based on mutual respect and confidentiality, in such a way that by

using semi-structured interviews, we might be able to detect and suitably treat eating behavioural disorders and other illnesses. Only in this way will we move forward from simply carrying out activities towards obtaining health results.

## References

1. American Psychiatric Association. Practice guideline for eating disorders. *Am J Psychiatry*. 1993;150:212-28.
2. INSALUD. Cartera de servicios de Atención primaria. Madrid: Ministerio de Sanidad y Consumo, Subdirección General de Atención Primaria; 2001.
3. Ministerio de Sanidad y Consumo. Protocolo de atención a pacientes con trastornos del comportamiento alimentario (TCA) dirigido a médicos de atención primaria. Madrid: Subsecretaría de Sanidad y Consumo; 2000.
4. Pérez Gaspar M, Gual P, de Irala Estévez J, Martínez González MA, Lahortiga F, Cervera S. Prevalencia de trastornos del comportamiento alimentario en una muestra de mujeres adolescentes de Navarra. *Med Clin (Barc)*. 2000;114:481-6.
5. Walsh BT. Trastornos de la conducta alimentaria. In: Kasper DL, Fauci A, Longo DL, Braunwald J, Hauser SL, Jameson JL, editors. *Harrison, principios de medicina interna*. 16.<sup>a</sup> ed. Madrid: McGraw Interamericana; 2005. p. 482-5.