

Does anorexia nervosa occur in the prepubertal years?

A nine-year-old girl, an only child, immigrated to Canada with her parents three months ago and adapted quite well to the move. In the past month, she mentioned that many children in her school were fat and expressed a fear that eating would make her fat, too. As a result, she started to cut back on her food intake and eventually was eating very little. Her parents could not convince her to eat more and took her to the family doctor. On physical examination, she was pale and frail-looking, with a height of 133 cm (50th percentile) and a weight of 22 kg (below the 10th percentile), which was significantly decreased from her previous weight of 29 kg three months earlier. Her blood pressure was normal, but

she had bradycardia (heart rate of 45 beats/min) and hypothermia (temperature of 35.9°C).

Her family doctor was concerned about her presentation. Although the girl was not a typical case, her doctor wondered if she had anorexia nervosa and referred her to a child and adolescent eating disorder program. Because her clinical signs and symptoms were consistent with an early-onset eating disorder (EOED), she was admitted to hospital. As part of her workup, medical and psychiatric causes of weight loss were ruled out. Her treatment lasted 18 months and included outpatient care and a second inpatient admission. As with most children and young adolescents, she made a full recovery.

LEARNING POINTS

- Recent epidemiological evidence has shown a decrease in the age of onset of eating disorders. During two years of surveillance, the Canadian Paediatric Surveillance Program study confirmed 138 cases of EOED in children five to 12 years of age, with a female to male ratio of 8:1.
- Children with EOED often displayed food avoidance, preoccupation with food and fear of gaining weight; however, greater than 50% denied their symptoms.
- Although most children had no psychiatric history, 44% had a positive psychiatric family history and 54% experienced changes in their social situation.
- Bradycardia was the most common medical complication, and the mean weight loss was 7.8 ± 5.4 kg – quite substantial considering that these are growing years.
- Developmentally sensitive diagnostic criteria are required because children younger than 12 years of age with EOED may present with signs and symptoms, such as failure to gain weight and primary amenorrhea, that do not meet the formal criteria of the *Diagnostic and Statistical Manual of Mental Disorders*.
- Without early aggressive medical and psychiatric treatment, this condition can be fatal. The earlier the diagnosis, the better the outcome.

The Canadian Paediatric Surveillance Program (CPSP) is a joint project of the Canadian Paediatric Society and Public Health Agency of Canada that undertakes the surveillance of rare diseases and conditions in children. For more information, visit our Web site at <www.cps.ca/cpsp> or <www.cps.ca/pcsp>.