International Conference on Treatment Modalities for Eating Disorders: Consensus and Controversy
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FOOD AVOIDANT EMOTIONAL DISORDERS (FAED)
Rose Geist, MD
Chief of Mental Health Programs - Trillium Health Partners
University of Toronto
Canada
Classification of Youth Eating Related Disturbances

• SELECTIVE EATING
• FAED
• FUNCTIONAL DYSPHAGIA
• PERVASIVE REFUSAL SYNDROME
### Anorexia Nervosa

- Determined weight loss (e.g., food avoidance, self-induced vomiting, excessive exercising, abuse of laxatives)
- Abnormal cognitions regarding weight and/or shape
- Morbid preoccupation with weight and/or shape

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### Food avoidance emotional disorder

<table>
<thead>
<tr>
<th>Food avoidance emotional disorder</th>
<th>Selective eating</th>
<th>Functional dysphagia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food avoidance not accounted for by primary affective disorder</strong></td>
<td>- Narrow range of foods for at least 2 years</td>
<td>- Food avoidance</td>
</tr>
<tr>
<td><strong>Weight loss</strong></td>
<td>- Unwillingness to try new foods</td>
<td>- Fear of swallowing, choking or vomiting</td>
</tr>
<tr>
<td><strong>Mood disturbance not meeting criteria for primary affective disorder</strong></td>
<td>- No abnormal cognitions regarding weight or shape</td>
<td>- No abnormal cognitions regarding weight or shape</td>
</tr>
<tr>
<td><strong>No abnormal cognitions regarding weight or shape</strong></td>
<td>- No fear of choking or vomiting</td>
<td>- No morbid preoccupation regarding weight or shape</td>
</tr>
<tr>
<td><strong>No morbid preoccupation regarding weight or shape</strong></td>
<td>- Weight may be low, normal, or high</td>
<td>- No organic brain disease or psychosis</td>
</tr>
<tr>
<td><strong>No organic brain disease or psychosis</strong></td>
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</tbody>
</table>

### Bulimia nervosa

- Recurrent binges and purges
- Sense of lack of control
- Morbid preoccupation with weight and shape

### Pervasive refusal syndrome

- Profound refusal to eat, drink, walk, talk, or self-care
- Determined resistance to efforts to help

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Higgs JF, Goodyear IM, Birch J 1989

Is AN in childhood the same as in Adults?

What are the differences between Food Avoidance and AN?
• Retrospective longitudinal study (UK) centre with inpatient child and adolescent mental health facilities
• 8051 records of youth over 26 years (1958-1984)
• AN cases - ED criteria modified for youth (pre-pubertal)

• For each case with AN: two psychiatric comparison groups were identified who were the same age at referral:

  Group 1 food avoidance-(not AN or organic causes)

  Group 2 emotion presenting complaint (anxiety fear and panic)

Follow up 5 yrs later; 35 subjects traced by their GP or Health Service Register
Follow up methodology

- Standard interview of 35 patient and parents
- Routine physical
- Mental and social factors (nutrition, menstruation, mental state, psychosexual development)
- General outcome—good, moderate, and poor (Morgan-Russell’s outcome subscales)
- Statistical significance evaluated
Table 1
Comparison of characteristics recorded in the casenotes of the clinical groups at the time of presentation to psychiatric services  *p<0.05; †p<0.001.

<table>
<thead>
<tr>
<th></th>
<th>No with anorexia nervosa (n=27)</th>
<th>No with eating difficulties (n=23)</th>
<th>No with emotional disorders (n=22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex F:M (%)</td>
<td>19:8 (70:30)</td>
<td>18:5 (78:22)</td>
<td>13:9 (59:41)</td>
</tr>
<tr>
<td>Mean age (range at onset (years))</td>
<td>12 (8–16)</td>
<td>10 (8–14)</td>
<td>10 (7–14)</td>
</tr>
<tr>
<td>No (%) below 80% expected body weight for height</td>
<td>19 (74) (15F:4M)</td>
<td>6 (32) (n=19)</td>
<td>0*</td>
</tr>
<tr>
<td>No (%) at 3rd centile or less for height and weight</td>
<td>3 (11) (n=19)</td>
<td>3 (16) (n=19)</td>
<td>0</td>
</tr>
<tr>
<td>No (%) ‘middle class’</td>
<td>14 (54)</td>
<td>5 (23)</td>
<td>4 (18)*</td>
</tr>
<tr>
<td>No (%) giving history of illness in the family</td>
<td>9 (38)</td>
<td>11 (52)</td>
<td>15 (68)*</td>
</tr>
<tr>
<td>No (%) giving history of one or more disruptive life events</td>
<td>13 (52)</td>
<td>8 (36)</td>
<td>5 (23)*</td>
</tr>
<tr>
<td>No (%) of children with history of obsessionality</td>
<td>16 (59)</td>
<td>4 (17)</td>
<td>2 †</td>
</tr>
</tbody>
</table>

Table 2
Number (%) of patients with anorexia nervosa (n=23) and food avoidance emotional disorders (n=18) who had good, intermediate, or poor outcomes at follow up according to the Morgan-Russell general outcome scale

<table>
<thead>
<tr>
<th></th>
<th>Good outcome</th>
<th>Intermediate outcome</th>
<th>Poor outcome</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Anorexia Nervosa (n=7)</td>
<td>Food avoidance emotional disorders (n=11)</td>
<td>Anorexia Nervosa (n=7)</td>
<td>Food avoidance emotional disorders (n=4)</td>
</tr>
<tr>
<td>Boys</td>
<td>2 (29)</td>
<td>3 (27)</td>
<td>4 (57)</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 (11)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Girls</td>
<td>5 (71)</td>
<td>8 (73)</td>
<td>3 (43)</td>
<td>4 (100)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8 (89)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3 (100)</td>
</tr>
</tbody>
</table>

FAED

- Fear and avoidance of food and eating
- Often prepubertal
- Determined refusal behaviour
- Weight Loss
FAED
ANTICIPATORY
FEARS

A) FOOD

1. Contamination
2. Feeling of fullness

B) PROCESS OF EATING

1. Pain
2. Choking
3. Vomiting
4. Nausea
Refusal Behaviours

I WON’T
• ANGER
• THE DEVELOPMENT OF IDENTITY AND AUTONOMY
• EXPECTATIONS
• RELATIONSHIPS- POWER AND CONTROL STRUGGLE

I CAN’T
• ANXIETY
• EXPECTATIONS

• SCHOOL REFUSAL
• TOILETING REFUSAL
• REFUSAL TO GO TO BED AT NIGHT
• PERVASIVE REFUSAL
• FOOD REFUSAL
FAED

1. No eating disorder psychopathology
2. Determined refusal to eat
3. Significant weight loss
4. Comorbid anxiety and depressive disorder
5. Parents overwhelmed
Initial Family meeting (Individual in the Family meeting)

Individual Assessment
- Medical and nutritional status
- Psychiatric evaluation

Family psychiatric history of
- eating and affective disorders, stress
- Family communication/relationship patterns re autonomy power control
FAED

MANAGEMENT PRINCIPLES

(1) Parents as therapeutic allies
(2) Medical/nutritional rehab
(3) Comorbid psychiatric disorder
(4) Family Support
Case summaries

• 10 yr old girl
• Admitted to inpatient pediatric department with 5 months of dramatic weight loss secondary to nutritional restriction and excessive exercise
• 70% ABW bradycardia and slight ventricular conduction delay
• Denied pursuit of thinness fears of fat body shape and weight concerns B/P or use of diet pills or laxatives.
• Main fear- related to maturity
Case summaries

• 14 yr old girl
• Referred by pediatrician for poor growth since age 6
• BMI 12.7, 67 % ABW
• Since age 6 restricted intake because of fear of vomiting associated with eating
• Poor school attendance for 3 years
• Chronic epigastric pain primary amenorrhea
• Denied fears of fat, body weight or shape preoccupations B/P excessive exercise or use of medications
• Sad because of fears of pain and vomiting
• Parents worried about food allergies
Summary

FAED Management Principles

• Comprise a significant proportion of youth (usually pre-pubertal) who present with determined food avoidance and weight loss
• Males are not uncommon
• Nutritional rehabilitation and mental health treatment and support
• Family based therapy
• Individual: high achievers, co-morbid anxiety, depression and perfectionism
• Many become eating disorders
Thank you.