

Watch Parents' Subconscious Cues About Eating

BY KATE JOHNSON
Montreal Bureau

MONTREAL — Parents of toddlers who refuse food or are picky eaters should not worry about this behavior affecting their child's health or weight, according to new research.

They should, however, be more concerned about the subconscious cues they give their children about body image and eating habits based on gender stereotypes, said Jill M. Denoma, principal investigator of the study, which was presented as a poster at an international conference sponsored by the Academy for Eating Disorders.

"Parents said their daughters ate enough, should stop eating so quickly, and should eat low-fat foods. But they said their sons didn't eat quite enough and were a little underweight, even though the boys and girls had essentially identical" body mass indexes (BMIs), she said in an interview.

"Parents probably have these ideas deeply ingrained, but they need to be aware of them and do what they can to avoid expressing them to their children," said Ms. Denoma, a clinical psychologist and Ph.D. candidate at Florida State Uni-

versity in Tallahassee. "Doctors can educate parents and help them become aware of these stereotyped attitudes."

The study included 93 mothers and their 3-year-olds (55 girls and 38 boys), plus 54 of the fathers. Eighty-three percent of the children were white, 8% were Hispanic, 3% were Native American, 2% were African American, and 2% were Asian.

Parents answered questions about their children's appetite, BMI, and dietary habits and completed a battery of psychological assessment tests that included the Children's Eating Behavior Inventory and the Bayley Scales of Infant Development.

A subset of 26 children was retested at age 4 years.

The study identified four main areas of parental concern about children's eating habits: pickiness, food refusal, struggle for control, and concerns about praising the child about food intake.

"Parents come to their [physicians] worried about these things, but we actually didn't find any links between these be-



Struggling for control over food was linked to more generalized behavioral problems.

haviors and being underweight or not thriving nutritionally, so they can relax," she said, adding that mothers' and fathers' opinions often differed about which eating habits were problematic. She suggested

that both parents be included in such discussions.

In fact, about 20% of the girls and 18% of the boys were overweight based on their BMI, yet none of the parents described their children as fat. Ten percent of the children were described as plump, 76% as average, and 13% as underweight, Ms. Denoma reported.

"Doctors should be candid with parents of overweight children to help them keep their children at healthy weights and decrease the risk of medical problems associated with being overweight, such as diabetes," she said.

The investigators found that one problematic eating habit—that of struggling for control over food—was linked to more generalized behavioral problems measured on the Child Behavior Checklist.

"Children who struggle for control with their parents during mealtimes are likely to exhibit troublesome behaviors in many areas of their life, such as acting out, aggression, and withdrawal," Ms. Denoma said, suggesting that children with this eating behavior could be targets for assessment and intervention. Otherwise, she said, parents should be advised to just be patient with pickiness. ■

Eating Disorders Are More Common in Diabetes Patients

BY KATE JOHNSON
Montreal Bureau

MONTREAL — Eating disorders occur twice as often in adolescent girls and young women with type 1 diabetes mellitus, compared with their nondiabetic peers, and prepubertal diabetic girls should be screened for these disorders routinely, experts said at an international conference sponsored by the Academy for Eating Disorders.

Studies show that full-syndrome eating disorders are present in 10%, and sub-threshold disorders in 14%, of adolescent girls with diabetes, compared with 4% and 8% respectively in healthy age-matched controls, said Patricia Colton, M.D., of the University of Toronto. Her own work in

diabetic girls aged 9-14 years found an 8% prevalence of subthreshold eating disorders, compared with 1% in nondiabetic controls (Diabetes Care 2004;27:1654-9).

Such disturbed eating has been linked with poor metabolic control and increased rates of diabetes-related complications—in particular, a threefold risk of diabetic retinopathy, she said. Thus, early detection and treatment of eating disorders can have long-term benefits.

It has been suggested that a collection of multiple, interacting factors contributes to the development of eating disorders in patients with diabetes, Dr. Colton said.

Before their diagnosis, many diabetic girls tend to lose weight, which can often return to above baseline after treatment begins. Insulin therapy can cause weight

gain, particularly during puberty, and episodes of hypoglycemia, so common in diabetes, can trigger binge eating, which has been reported in 45%-80% of women with diabetes.

"Low blood sugar is an incredibly strong biological trigger to eat," she noted.

All these factors may contribute to feelings of body dissatisfaction and efforts to control weight, including one method unique to diabetes—the omission of insulin therapy, reported by 12%-40% of this population.

But overlying these concerns are such daily management concerns as self-monitoring, dietary restraint, and preoccupation with food, which can give rise to issues of control and rebellion, especially in the adolescent population, she said.

"Dealing with a chronic medical condition can have significant effects on the child and the family. Depression and anxiety disorders are doubled or tripled in individuals with diabetes," she said, adding that depressive symptoms have also been linked with hyperglycemia.

Established treatments for eating disorders appear effective in patients with diabetes, but tailoring these treatments more closely to diabetes-specific issues may enhance their value for this population, said Marion Olmsted, Ph.D., who is also with the University of Toronto and is director of ambulatory care for eating disorders at the University Health Network, Toronto General Hospital.

Psychoeducational interventions can improve weight and body-shape attitudes in teenaged girls who do not have full-blown eating disorders. Cognitive-behavioral strategies can be used to address issues such as blood sugar monitoring, insulin underdosing or omission, and eating pat-

terns. And psychotherapy can address issues of rebellion, control, anger, and depression. More intensive approaches, such as day hospital treatment, are required in some cases, she said. Just as family dysfunction is recognized as a risk factor for eating disorders in nondiabetic girls, this dynamic can be a powerful factor in the diabetic population, she explained.

Research by Dr. Olmsted and her colleagues at the University of Toronto has shown that diabetic girls with eating disturbances report less support, poorer communication, and less trust in their relationships with their parents than do diabetic girls without eating disturbances (J. Psychosom. Res. 1998;44:479-90).

In one study, mothers who were videotaped interacting with their daughters who had diabetes and eating disturbances showed less empathy, affective engagement, and support for their child's age-appropriate autonomy, compared with mothers of diabetic daughters without eating disturbances (J. Consult Clin. Psychol. 2001;69:950-8).

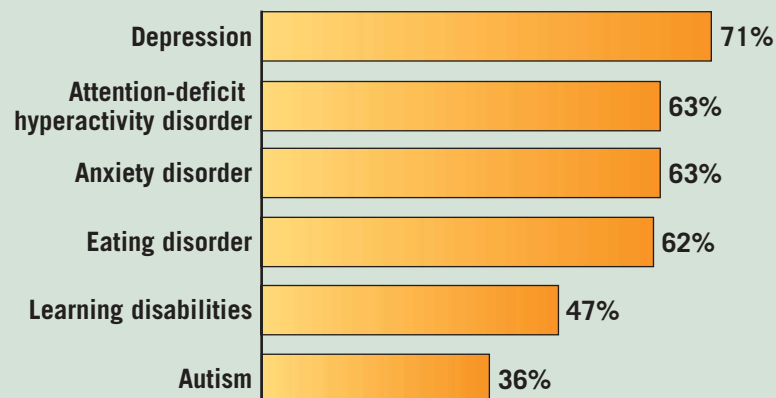
"Mothers of diabetic girls with eating disturbances appear to be less able to balance their teenage daughters' complementary needs for independence and supportive guidance," Dr. Olmsted and her associates said in a literature review (J. Psychosom. Res. 2002;53:943-9).

Evidence shows that as adolescence progresses, behaviors such as insulin omission and binge eating become more common in young women, they reported.

"Indeed, [these behaviors] may account for the increased frequency of diabetic ketoacidosis and hospitalization for this complication in teenage girls, compared to teenage boys with diabetes," they said in the review. ■

DATA WATCH

Percentage of Adults Who Perceive Selected Disorders as 'More Common' in Children, Teens Than 10 Years Ago



Note: Based on a nationwide survey of 2,102 adults conducted on April 26-28, 2005.
Sources: Wall Street Journal Online, Harris Interactive