

Myths vs Realities of Eating Disorders

Eating disorders present differently in every teen. Teens who look and seem healthy may be secretly suffering from this biologically influenced illness. The Eating Disorder Clinic at Children's Mercy is fighting Anorexia, Bulimia and related disorders in children and teens using a multidisciplinary perspective by pediatric providers with expertise in treating eating disorders.

Listen in as Clinic Director Katheryn Pieper, PhD, expels some common misconceptions about the disease and discuss how to diagnose and treat it early. Learn how the Children's Mercy Eating Disorder clinic can help your patients with specialized pediatric providers for the medical, psychological, nutritional, psychiatric and family therapy care for this population.



Featured Speaker:

Kathryn Pieper, PhD

Kathryn Pieper, PhD is a clinical psychologist and the Director of the Eating Disorders Center at Children's Mercy Kansas City. She is an associate professor of pediatrics at the University of Missouri-Kansas City School of Medicine and adjunctive faculty at the University of Kansas Clinical Child Psychology Graduate Program. She received her degree from the University of Kansas and completed an internship in Clinical Psychology at the University of Oklahoma Health Sciences Center. She completed her fellowship in eating disorders at the University of Nebraska Medical Center.

[Learn more about Kathryn Pieper, PhD](#)

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Transcription:

Dr. Michael Smith (Host): So our topic today is Myths vs. Realities of Eating Disorders. My guest is Kathryn Pieper. She's a clinical psychologist and the Director of the Eating Disorder Center at Children's Mercy Kansas City. Dr. Pieper, welcome to the show.

Dr. Kathryn Pieper (Guest): Thank you so much.

Dr. Smith: You know this is obviously a very sensitive topic. But a very important one. So I wanted to first maybe start with talking a little bit about some of the common misconceptions of eating disorders. What are some of those?

Dr. Pieper: Sure. Well many people believe that to have an eating disorder you would appear to be very unhealthy. But the reality is that eating disorders can affect people of all weight and sometimes people may look healthy but be extremely ill.

Dr. Smith: So that's interesting, right? So when you're a general practitioner, you're in the community, you may be expecting a problem but the child or the teen looks good. So what are some of the things we can do to help practitioners to really identify an eating disorder?

Dr. Pieper: Practitioners can first of all observe have there been any precipitous weight changes? Any increases in weight or decreases in weight that has happened very rapidly? And in children and teens has there been a failure to gain either height or weight as expected. Because it is not normal for a child or teen to lose weight during a period of growth.

Dr. Smith: Do you often also when a practitioner is expecting an eating disorder, is there often a link to family history as well?

Dr. Pieper: Absolutely.

Dr. Smith: Tell us a little bit about that.

Dr. Pieper: Well we know that there are both biological and environmental factors which place patients at risk. Often our patients that do end up having eating disorders may have a family member that may have also suffered from an eating disorder. So the family history is going to be very important to get. The other thing is that eating disorders often are comorbid with other types of mental illness or psychological issues, such as anxiety and depression.

Dr. Smith: Right. How often does a parent or relative bring up in a visit with the pediatrician that there might be an eating disorder? Is that often how these kids are presented by a relative who's worried?

Dr. Pieper: That is frequently the case. Or it may be that the parent is not sure why the child may be losing weight or have a change in their weight. Sometimes they first admire if a child is losing weight and feel like they want to be healthier. But sometimes those patterns can become very rigid and extreme and then the parent typically becomes more alarmed. Often times also this is picked up on a routine pediatric exam where a practitioner may look at the growth curve and realize that a child's growth is falling off their own growth curve, which is to say that they're predicted increments in gain in height and weight are just not occurring as would be expected with their normal development.

Dr. Smith: Alright. When we learn about eating disorders, and even I think the lay community understands that there's for instance anorexia and then there's bulimia and then there's even some related ones, how often though do they really occur in silos like that? Do you really see a mix of things in one patient or is it really truly separated?

Dr. Pieper: That's an excellent question. Actually we often see a mix of symptoms. Although we sometimes do see children and teens that have anorexia or bulimia and they're only with those set of symptoms, many times what a patient may present initially with anorexia and then over time may engage in bingeing and purging behavior which is more of a bulimic pattern. That mix of symptoms is quite frequently seen.

Dr. Smith: In your expert opinion, are we seeing more and more cases of eating disorders? Is it pretty much flat in terms of new cases? What's happening out there?

Dr. Pieper: No, the incidence of eating disorders, the prevalence, is increasing. It is important to realize that eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weight. What is traditionally been thought of as a young female disease is actually a disease that's involving

more and more men, more and more children and teens of color. It's not as narrow as people once thought.

Dr. Smith: Do you have any opinion on why we're seeing the increase in the number of cases?

Dr. Pieper: I think there are a lot of cultural factors that figure in, there's a very unrealistic, thin, beauty ideal where all of our models and many of our actors and actresses may present as very tall and thin, which is not typically seen in the general population. I think that's part of it. There's a very diet focused culture. One of the huge risk factors about developing and eating disorders is having a history of dieting and that dieting going into all or none approach in trying to lose weight in a use of extreme.

Dr. Smith: Right. Out in the community a lot of health care practitioners, your general practitioners, nurse practitioners, they're at the front lines, right? So what advice can you give them for when it's time to maybe send a patient to a clinic like at Children's Mercy?

Dr. Pieper: I think during their routine exams and their relationship with the patient, if they see evidence of those weight changes and they ask, really important to ask, about why those changes are occurring, that get a description of what the intake is in a particular day, and if they are having a loss of menses or changes in the lab values that might be suggestive of eating disorders. It is really important to send them over to a specialist team to evaluate the patient. Because it is not unusual, even for very experienced clinicians, to miss some of the medical complications or consequences of eating disorders.

Dr. Smith: Right. So Dr. Pieper, you are the Director of the Eating Disorder Center at Children's Mercy Kansas City. Why don't you tell us a little bit about your clinic and maybe how it stands out compared to some other clinics?

Dr. Pieper: Certainly. We're the only eating disorders program in the region that is geared toward teens and adolescents. We have practitioners that specialize in not only eating disorders and treating children within a family based and developmentally appropriate manner. The psychologist that we employed are all clinical child psychologists, the physicians are child orientated that are trained in adolescent medicine, our psychiatric are child and adolescent boarded. We have all these practitioners in one place, including nursing and social work, to team to together and really support the family in the recovery of their child.

Dr. Smith: In a typical visit, Dr. Pieper, does that mean patient and the family will see in one visit all the necessary people they need to see so it kind of cuts down on the number of visits, is that kind of how it works?

Dr. Pieper: They actually will see practitioners for separate visits and sometimes they will see the team together as well. During the initial evaluation they'll see a physician, nutritionist, and a social worker together so that it's a very efficient way to gather the history and target the specific areas of information we need to know about a patient. Then from there a patient is kind of matched with one of two outpatient tracks that we offer. We offer family based therapy track, which is ideal for the younger adolescent, it's really geared to help the family explore and support the patient in their recovery so the family is very actively involved. Our providers coach the parent in how to support their patient in the recovery in terms of refeeding consequences and reinforcement for progressing and treatment. Then

the other outpatient track is the standard of care with eating disorders it's a multidisciplinary team-based care where they have separate visits with the psychologists, adolescent medicine physician, and dietician. Those might be in different frequencies depending on the needs of the patient, but all of those elements come together to work on the various things the patient needs to recover.

Dr. Smith: It makes sense, right? When I hear of the multidisciplinary approach. And a lot of the different clinics at Children's Mercy, it makes sense. I'm sure it's been successful and it will continue to be very successful for you. Dr. Pieper thank you for coming on the show today and to thank you for all the work that you are doing at Children's Mercy. You're listening to Transformation Pediatrics from Children's Mercy Kanas City. For more information, go to ChildrensMercy.org. I'm Dr. Mike Smith, thanks for listening.

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