



New Trends
in Psychology

Beyond the Plate: Exploring Eating Disorders (EDs) in Children

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Abstract: The objective of this paper is to explore eating disorders in children in a narrative sense. Eating disorders in children are a growing concern, affecting their physical and mental health. These disorders, including anorexia nervosa, bulimia nervosa, pica, and binge eating, can have severe consequences if left untreated. Anorexia nervosa is characterized by restrictive eating, fear of gaining weight, and distorted body image. Bulimia nervosa involves binge eating followed by purging. Pica is the compulsive eating of non-food items, while binge eating involves excessive food consumption. Causes of eating disorders are complex, involving genetic, biological, environmental, and psychological factors. Prevention strategies include education, proper parental care, environmental interventions, and medical attention. Early detection and treatment are crucial to mitigate the effects of eating disorders. A comprehensive approach, addressing physical, emotional, and psychological needs, is essential for recovery.

Keywords: anorexia nervosa; bulimia nervosa; binge eating; eating disorders; education

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1. Introduction

Eating disorders (EDs) are typical examples of mental disorders that are famous for their disturbed eating pattern. Eating disorders include anorexia (an act or behavior of restricting eating to the extent of starvation), bulimia nervosa (intake of surplus or excess food materials), binge eating (out-of-control eating pattern), and others (such as pica) (Kilicheva & Klicheva, 2021). EDs can affect everyone, but it is important to note that, some of them usually begin at early ages (Kilicheva & Klicheva, 2021). The causes or determinants of EDs are multidimensional, including an interaction of social, biological, environmental, and relevant factors that connive to bring a cause (Keren, 2019).

EDs can be significantly difficult to combat if allowed to persist for longer time without intervention. They are also harmful to nutritional status and health generally at any level. However, the delay in taking measures against EDs is mostly caused by poor awareness (Barakat & McLean, 2023). Eating disorders in children are a serious concern, with severe physical and mental health consequences if left untreated. These disorders, including anorexia nervosa, bulimia nervosa, pica, and binge eating, can have long-lasting effects on a child's overall well-being (WHO (2025)). The causes of eating disorders are complex and multifaceted, involving genetic, biological, environmental, and psychological factors. Prevention strategies, such as education, proper parental care, and environmental interventions, are crucial in addressing eating disorders before they become severe (Nnam, n.d.). By promoting healthy eating habits, providing support, and encouraging open conversations, we can help children overcome eating disorders and lead healthy lives. Early detection and treatment are keys to mitigating the effects of these disorders (Stenesh, 1998; Keren, 2019; Kumar, 2022; Michigan WIC Program, 2022). The objective of this paper is to explore eating disorders in children in a narrative sense.

2. Anorexia Nervosa (AN)

Anorexia nervosa (AN) is a problematic eating pattern, a disorder that involves limiting the food you eat, because of extreme fear of being fat or overweight. Eeden et al. (2021) disclosed that there is about 4% and 0.3% prevalent in females and males respectively. Anorexia nervosa (AN) is an eating disorder that has the following features:

- Deliberate poor intake of food that significantly lead to low body weight;

- High fear of gaining weight or being fat;
- Lack of seriousness on poor weight (Keren, 2019; Manea, 2020).

Certainly, people or children with the problem of AN try to keep their weight very low; therefore, they try to achieve this by doing things such as too much exercise, engaging in poor eating or avoiding foods, consuming laxatives, and causing forced vomiting. The victims look much starved, albeit, they think they are fat or obese. However, the possible complications of this disorder include: fertility problems, poor sex derive (in adulthoods), osteoporosis, poor mental functioning, kidney or bowel problems, anemia, and poor immunity (Manea, 2020; Tan et al., 2022; Attia & Walsh, 2025). The types of AN include:

- Restrictive anorexia- This include limiting food severally or engaging in extreme exercise
- Bing-purge anorexia- This includes limiting food consumption and additionally episodes of binge eating and purging. Purging refers to vomiting with the aid of laxatives or overexercising (Keren, 2019; Kumar, 2022).

2.1. Symptoms of Anorexia Nervosa (AN)

Some physical and behavioral symptoms of Anorexia nervosa (AN) include the followings:

- Extreme or significant weight loss;
- Dry, brittle hair and nails;
- Feeling cold most of the times;
- Fatigue or dizziness or low energy;
- Extreme exercising;
- Use of laxatives and diuretics;
- Disclosing that they are fat, albeit it is untrue;
- Lying about eating pattern;
- Losing social engagement deliberately (Keren, 2019; Manea, 2020).

2.2. Bulimia Nervosa (BN)

Parker (2022) argued that, “The current DSM-5 (APA, 2013) requires the presence of the following symptoms in order to meet criteria for bulimia nervosa (BN): (a) recurrent binge eating episodes (i.e., eating an objectively large amount of food within a short time frame, feeling out of control while eating), (b) the use of inappropriate compensatory behaviors to inhibit weight gain (e.g., purging, exercising, laxative use, fasting, etc.), (c) the bingeing and compensatory behaviors occur at least once per week on average, and for a minimum of three months, (d) reliance on body shape and size in evaluating self-worth, and (e) the criteria for anorexia nervosa are not met.” Bulimia nervosa (BN) is a problematic eating pattern or disorder that causes a person to eat large amounts of food materials at one time, and consequently get rid of it (purge). BN indeed involves eating large amount of food at a time (short time, a condition denoted as bingeing) and consequently gets rid of the food (a condition denoted as purging). The victims tried to curb this uncontrollable pattern of food eating by inducing vomiting (such as through the use of laxatives or intense exercise) (Keren, 2019; Manea, 2020). The common types of Bulimia nervosa (BN) are as follows:

- Purging- Purging is a pattern that involves the use of induced vomiting by taking laxatives or diuretics or other medicines
- Non-purging- Non-purging is a pattern that involves a situation whereby the person-involved try to compensate the extreme eating by engaging in excessive exercise or fasting (Keren, 2019; Kumar, 2022).

2.2.1. Symptoms of BN

The symptoms of BN include:

- Feeling guilt due to eating;
- Purging;
- Feeling fear of gaining weight;
- Engaging in excessive eating;
- Poor or low self-esteem;
- Facial swelling;

- Binging (eating large chunk of food at a time or sitting) (Keren, 2019; Kumar, 2022).

Additionally, other symptoms of BN are:

- Irregular menstrual periods;
- Fainting;
- Muscle weakness;
- Bloodshot eyes;
- Depression or anxiety;
- Drug abuse;
- Mood swinging.

2.2.2. Effects or Complications of BN

Possible complications of the BN disorder include the followings:

- Damaging intestines or stomach;
- Dental problems (such as decay, erosion);
- Inflammation of the esophagus;
- Heart failure;
- Malnutrition;
- Dehydration;
- Type 2 diabetes mellitus;
- Throat ulcers;
- Suicide risk;
- Irritable bowel syndrome;
- Abnormal heart rhythm (Keren, 2019; Kumar, 2022).

2.3. Pica (P)

Pica is a pattern of disorder characterized with compulsive urge to swallow non-food items. This is a disorder that is found in children and other people as well. Commonly, people (children) found to eat ash, chalk, charcoal, clay, dirt, soil, feces, hair, clothes, soap, detergents, skin, paint, paper, etc. However, swallowing non-food items or objects is hazardous, because it can lead to poisoning or injury. Sometimes the victims have to undergo surgery to remove the ingested object (Keren, 2019; Kumar, 2022).

2.3.1. Problems or Complications of Pica

The problems linked to pica include the followings:

- Anemia (because, the behavior prevent the victim from eating iron-sources or induce eating antinutrients);
- Constipation (may be due to poor nutritional balance);
- Ascariasis (intake of soil or contaminated objects lead to infection such as ascariasis);
- Electrolyte imbalance;
- Lead poisoning;
- Obstruction of GIT;
- Irregular heart beat (Keren, 2019; Kumar, 2022).

2.4. Binge Eating (BE)

BE is an unusual eating pattern that involves consumption of excessively large chunk of food in one sitting, and feeling unable to halt. Binge is practiced considerably or frequently or always and therefore considered problematic. This pattern is dissimilar to bulimia or anorexia, because, the victim tend to retain the food consumed (Feng et al., 2023; NICERT, 2024).

2.4.1. Symptoms of Binge Eating (BE)

The symptoms of Binge eating (BE) are summarized as follows:

- Eating up-to a point of discomfort;

- Eating food while satisfied;
- Eating as response to stress;
- Feeling guilt or shameful due to the pattern (Keren, 2019; Kumar, 2022).

2.4.2. Complications or Problems of Binge Eating (BE)

The implications or problems of Binge eating (BE) disorder are as follows:

- Weight gain;
- Nausea;
- Obesity;
- Heart burn;
- Indigestion;
- High blood pressure;
- Metabolic problems;
- Worsening depression (Barth et al., 2021; Whiteland, 2023; Voelker; 2025; Sarkingobir, 2026).

2.5. Avoidant Restrictive Disorder

Avoidant/restrictive disorder (ARD) has been described as follows: “food intake disorder occurs when a young person’s eating becomes very problematic, for example, due to a lack of interest in food or eating, avoidance of food based on its sensory characteristics or concerns about negative consequences of eating. To meet diagnostic criteria, restrictions must also result in the child not meeting their energy and nutritional needs” (Schwartz et al., 2023). In other ways, ARD has been specified “as a disorder characterized by individuals who have developed some type of problem with eating (or for very young children, a problem with feeding). As a result of the eating problem, the person isn’t able to eat enough to get adequate calories or nutrition through their diet” (NSW Ministry of Health, 2018). Avoidant /restrictive food intake disorder (ARFID) is denoted as a condition that limits food intake of an individual or groups. It may be due negative self-image or stringent desire to change body weight. Likewise, fear of choking or other consequences of eating food may result in (ARFID) (Nicholls-Clow et al., 2024).

2.5.1. Sign and Symptoms of ARFID

The signs and symptoms in ARFID include the followings:

- Significant weight loss;
- Lethargy;
- Constipation;
- Dizziness or fainting;
- Abdominal cramp;
- Low body temperature;
- Muscle weakness;
- Behavior changes (such as limiting quantity of foods being consumed, poor attention, lack of appetite, overeating certain foods with certain treatment, fear of what will occur after eating) (Ellison et al., 2024; Nicholls-Clow et al., 2024).

2.5.2. Causes

Some major causes of ARFID are enumerated as follows:

- Fear;
- Anxiety;
- Trauma;
- Genetic changes;
- Culture or social environment (Pritysgol, & Bevan, 2023; Nicholls-Clow et al., 2024).

2.5.3. Complications of ARFID

There are certainly some specific problems or complications that may arise due to ARFID as denoted below:

- Malnutrition;
- Dehydration;
- Anemia;

- Delayed puberty;
- Low blood pressure;
- Osteoporosis;
- Poor growth (Di Cara et al., 2023).

2.5.4. Management of ARFID

Management interventions against ARFID include the followings:

- Behavior change counseling that uses efforts to convince the patients to engage in regular eating;
- Nutritional therapy involves guiding patients on what, how, when, and how much healthy foods to eat (Di Cara et al., 2023).

3. Major Causes of Eating Disorders

Some believed that the exact causes of eating disorders are difficult to be pointed-out, but some argued that eating disorders are caused by a mixture of factors, including the followings (Feng et al., 2023):

Genetics and biology. Some people have genetic basis that increase the chances of eating disorders, for instance, people with mental disorders history are more prone to eating disorders if the environment encourages. Mental health issues such as stress, distress, anoxia, personality disorder, trauma, etc encourage the risk of eating disorders (Keren, 2019; Voelker, 2025).

Poor eating. People who cultivate the habit of eating frequently may be of risk of falling into eating disorders. Similarly, people who are always starved may be of more risk to fall for eating disorders (Barth et al., 2021; Kumar et al., 2022; Tan et al., 2022).

Bullying and violence. People or children suffering from violence on bullying can fall into eating disorder as a compensation strategy. For instance, the children or adults suffering from serious problems (eg divorce, crime) may engage in eating disorders to compensate the problem (Voelker, 2025).

Environmental factors. An environment that allows unregulated eating and selling of junk foods or empty calories encourage eating of empty calories because they are

addictive in nature and that may serve as a prelude to eating disorders (Golden et al., 2003; UNICEF, 2024; Romigi, 2025).

4. Prevention of Eating Disorders

Prevention includes interventions to address eating disorders before and after occurrence. The prevention interventions are summarized as follows:

Education

Educating the children at school and home, group feeding, will help to inform the children their problems of eating disorders (eating too much or too less). It is beneficial to inform the children on healthy foods, unhealthy foods, and methods getting foods, preparing healthy foods, and tips to avoid unhealthy foods (Dymytrenko, 2009; UNICEF, 2019; UNICEF, 2021). It is significant to educate the children and young people on how to deal with life issues and resolve problems without resorting to crime or unhealthy behavior (such as violence, bullying, starvation, adultery, overfeeding, etc.) (Keren, 2019; Fisie, 2025; Romigi, 2025).

Proper Parental Care

Parents have to regularly provide healthy foods at home and schools to their wards; and also ensure healthy foods preparation for the family, instead of relying on unhealthy foods (fast foods, empty calories, and junk foods) (Raingruber, 2010; Bashar, 2025). Similarly, families should keep an eye on their wards and wives pertaining what they eat, and how they eat foods (Dymytrenko, 2009; Kumar, 2022).

Environmental Intervention

Environment encourages or discourages what humans eat. Government and schools should help in banning selling and buying of unhealthy foods at school zones, and residential areas. They should also make frantic efforts to encourage healthy food environments and food justice for all, especially at schools and homes. Establishment of mobile and permanent fruits, vegetable markets and other healthy foods markets at working distances in schools and residential areas is important. Additionally, the establishment of school garden, school healthy markets (restaurants) urban farms, and backyard gardens or farms, are among the viable options for encouraging healthy eating (United States Department of Agriculture, 2015; Abera et al., 2017; Vitalyts Health Foundation, 2024; Bashar, 2025).

Medical Attention

Children that are severely sick due to eating disorders are taken to hospitals for medical care. Public health nutritionists, psychological therapy, and other initiatives are accorded to children urgently (Keren, 2019; Kumar, 2022; Voelker, 2025). Some specific severe situations are treated using drugs to curb disorder or drugs are utilized to counteract the malnutrition spurred (World Health Organization, 2025).

Family-Based Intervention in Eating Disorders (FBI)

FBI is a type of therapy that consists of phases to be disclosed here. Basically, in this therapy, parents are accorded the responsibility of bringing regular eating pattern and resolving disorders (such as in binge eating, purging, etc.). Parents are assigned to make eating decisions for their ward (child affected by eating disorder) and regulate physical activity. This control of child's food and exercise is ensured till the eating disorder has been neutralized, and the child reverts to normal regarding shape, food, eating, and body weight. The FBI can be done in three phases, namely, phase I (whereby the parents and child collaborate to bring a healthy eating policy that correct eating disorders), phase II (the children are allowed to practice the healthy eating by "self." And phase III (whereby the assessment of level of compliance of child is ensured) (Rienecke & Le Grange, 2022; Vanderlinden, 2026).

Enhanced Cognitive Behavior Therapy (CBT-E)

Enhanced cognitive behavior therapy (CBT-E) involves initial assessment appointments, then 20 treatment appointments within 20 weeks (lasting for 50 minutes each). Enhanced cognitive behavior therapy (CBT-E) occurs in stages as follows:

Stage 1- Focusing on understanding the person's eating problem and assisting him to modify and stabilized. Health education and counseling on weight are carried out.

Stage 2- Systematically reviewing the interventions progress, and plans are made for major treatment.

Stage 3- Consists of weekly sessions that address the processes maintaining the persons eating problem and addressing challenges or concern about eating, shape, and mood.

Stage 4- Focusing on ways to tackling setback and maintaining the obtained changes (Agras & Bohon, 2021).

5. Conclusion

Nutrition is an essential aspect of human health. Good nutrition in children is more prominent than anything. This paper explored various eating disorders in children. Eating disorders in children are a pressing concern, with severe physical and mental health consequences if left untreated. Anorexia nervosa, bulimia nervosa, pica, and binge eating are common types of eating disorders affecting children. These disorders are caused by a complex interplay of genetic, biological, environmental, and psychological factors. Prevention strategies to be championed include education, proper parental care, environmental interventions, and medical attention. Early detection and treatment are crucial to mitigate the effects of eating disorders. A comprehensive approach addressing physical, emotional, and psychological needs is essential for recovery. By promoting healthy eating habits and providing support, we can help children overcome eating disorders and lead healthy lives.

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