

## 兒童及青少年精神科 飲食失調症診所 (父母篇)

### 厭食症簡介

厭食症是一種飲食失調症，發病時間多為十多二十歲。其病徵如下：

- ◆ 體重下降及BMI少於17.5
  - ◆ 刻意拒絕進食，增加運動，甚至扣喉嘔吐或使用瀉藥
  - ◆ 扭曲健康身體的形象—雖然消瘦但仍害怕體重增加
  - ◆ 內分泌失調，如女性會停經3個月或以上
- 目前學者仍未就厭食症的成因有一致定論——遺傳、社會風氣、心理狀況等因素均有影響。一個由多專業治療團隊制定的有系統行為治療計劃，以及家人的正面支持對治療至為重要。

### 是我們的錯嗎？

目前沒有確實證據證明家庭關係問題為厭食症的成因。

### 是我孩子的錯？

厭食症不只是一個心理問題，它是一個腦部功能異常所引致的問題，腦部掃描亦顯示出腦部結構異常。因此，不要責怪孩子，就如你不會責怪孩子得了感冒一樣！

### 為何孩子對食物失去興趣？

我們也沒有確實答案，腦掃描顯示患者腦部在負責食慾部分不太活躍，此是一個生理現象。另外，孩子對體形的不滿、外在的社會風氣和過往因體形而被取笑的經歷也會增加他對食物的厭惡。

### 吃得太少對他的身體有何影響？

厭食症是可以致命的，也會對身體各部分的機能有不同程度的影響，例如手腳冰冷、容易疲倦、

心跳減慢、腹部鼓漲（不是脂肪！）、頭髮變疏、皮膚變黃、女孩子會停經等等。患者心情也會受影響，例如出現情緒不穩以及想逃避家人朋友。嚴重時會出現心律不齊、脂肪肝、抽筋等致命併發症。

### 我如何判斷孩子是否患有厭食症？

常見的情況包括短期內消瘦5公斤或以上、皮膚變黃，避免食某類食物、在奇怪的時間進餐和避開跟家人進餐、暴食、扣喉及運動量不合比例地增多等等。

### 他會接受什麼評估和治療？

- ◆ 醫生面診  
兒童及青少年精神科醫生會會見你們及孩子，以了解其病歷及作出臨床評估和診斷。因應孩子的病情安排門診、覆診，日間醫院治療或入院治療。
- ◆ 日間醫院  
日間醫院提供膳食監督，以及定期舉行多專業個案會議。
- ◆ 「分甘同食」— 飲食失調症之家屬支援小組  
支援小組根據英國Maudsley family therapy理論，為你們在家中建立一個治療團隊，幫助你的孩子早日康復。
- ◆ 專業治療團隊  
除醫生護士以外，營養師、臨床心理學家、職業治療師、紅十字會醫院學校老師及社工均會參與治療。營養師會提供飲食建議，護士則負責監察飲食及支援，臨床心理學家會提供個人或家庭心理治療，職業治療師會提供有關提昇社交技巧及個人情緒管理的訓練，老師為孩子上課以減少住院對學習的影響；社工則負責聯絡學校提供支援。
- ◆ 治療過程  
一般分為三個部分，包括：
  - 為孩子制定治療目標（目標體重）及飲食餐單，教導孩子及你們有關適量飲食的正確知識，冀能逐步增加孩子體重至正常範圍。

- 由護士提供飲食監察及在進食時給予支持和鼓勵，以幫助孩子克服進食時的焦慮和恐懼，培養正常飲食習慣。
- 在門診提供個人或家庭心理治療，目的在處理個別厭食症的成因，協助孩子康復及減低復發機會。

### 何為家庭治療(Maudsley family therapy)?

這是一個密集式的治療，需要家人的積極參與。大致分為三個階段：第一階段——由家長負責督導患者的飲食份量，以達至正常體重。期間治療師會解釋何為厭食症及協助家長做好督導的工作。第二階段：當患者體重接近正常以及對正常進食的抗拒減低時，逐漸過渡至由患者自行控制食量。第三階段：因應患者的身心發展（多為青少年）而重整家庭關係。

### 我的孩子會康復嗎？

根據現有數據顯示，有一半的女性患者會完全康復，另有20—30%的患者會有明顯進步。只有20%患者會變成長期病患。

就青少年而言，有九成患者在完成家庭治療之後能完全康復。

### 還會復發嗎？

約三分之一的病人會在出院後有復發的機會，而高峰期為出院後半年至年半內。若患者能保持正常體重，復發機會就會較低。

### 請謹記：

- ◆ 康復是首要目標！
- ◆ 食物就是良藥。
- ◆ 孩子的任務就是要食得其所，家人的支持也至為重要。
- ◆ 厭食症不是孩子或家人的錯。

以上資料由瑪麗醫院精神提供。



瑪麗醫院  
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兒童及青少年精神科  
DEPARTMENT OF PSYCHIATRY  
CHILD AND ADOLESCENT  
PSYCHIATRIC SERVICE

飲食失調症診所 (父母篇)  
Eating Disorder Clinic  
(Parent)

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**DEPARTMENT OF PSYCHIATRY  
CHILD AND ADOLESCENT  
PSYCHIATRIC SERVICE  
EATING DISORDER CLINIC (PARENT)**

## What is Anorexia Nervosa?

Anorexia Nervosa (AN) is an eating disorder with underlying biological and genetic basis. The onset is often during teen years or early adulthood. It is characterised by:

- ◆ Weight loss and a BMI lower than 17.5;
- ◆ Food restriction with possible self-induced vomiting or abuse of laxatives, and increased exercise;
- ◆ Distorted body image with a desire of becoming thin and
- ◆ Endocrine disorder (such as stop of the menstrual in female).

The cause is still unknown. Anorexia Nervosa is a complicated disorder which genetic, biological, psychological and socio-cultural factors all have their contributions.

As a positive family environment is protective against psychopathology and enhancing relationships is essential for effective treatment of eating disorders, your role in cure of the disorder is of utmost importance.

## Is it my fault?

Research has not confirmed that family functioning is a specific risk factor for eating disorders.

## Is my kid to be blamed?

AN is not merely psychological. It is a brain disorder, evidenced by its heritability (as high as 50-83%). Studies show that genes play a major role in eating disorders.

Brain imaging also shows altered activity in insula (a part of our brains) in AN patients.

## Why does my kid lose interests in food?

We are not entirely sure about this. There are some hints though. Brain imaging studies show a decrease of activity in patients' insula (a part of the brain) when they are taking food. This is what happens biologically. There are other contributing factors, including body dissatisfaction, higher weight, adoption of the socially endorsed thin body ideal as a personal standard, being bullied due to appearance.

## What happens to my kid's body when he or she eats less?

AN can be fatal. It destroys health in many aspects. For girls, menses may stop. For both girls and boys, their hair will be brittle and their skin becomes yellow.

They may complain about being cold all the time and their body temperature may be low. Their hearts may beat slower and tummy may become distended-not filled with fat but with fluid. It also affects their mood; they may feel 'down', or have rapid mood swings. They may want to avoid friends and family in fear of being criticised on body figure. Fatal complications include irregular heartbeat, fatty liver and seizures.

## How can I know if my kid is developing Anorexia Nervosa?

Physically, you should look for a weight loss more than 5 kg, fragile hair or even hair loss, and yellow skin without yellow tinge to sclera. You can also look for strange eating habits such as avoiding eating with family, eating at odd hours, self-induced vomiting, and marked increase in exercise.

## What assessment and treatment will my child undergo?

- ◆ Medical consultation  
You and your kid will be seen by a child and adolescent psychiatrist for initial history taking and clinical assessment. Your kid may be hospitalised or regularly followed up in day-hospital or out-patient setting based on the

severity of the disorder.

- ◆ Day hospital  
Meal supervision and multi-disciplinary meetings are carried out in day hospital.
- ◆ Eating-disorder carers support group  
Based on Maudsley family therapy, the group unites the family as a team which battles together against a personified enemy--the eating disorder that has taken your kid hostage. Family is the resource to aid in his or her recovery. Poor family communications is the consequence, but not the root, of the illness.
- ◆ Multi-disciplinary Team  
Apart from doctors and nurses, dietitians, clinical psychologists, occupational therapists, Hong Kong Red Cross Hospital School teachers and medical social workers are all involved in the treatment. While dietitians provide dietary advice and set up a meal plan, nurses help to supervise meal taking and provide emotional support during mealtime. Clinical Psychologist provide individual or family-based psychotherapy. Occupational therapists help brush up social skills and emotional control skills, and to establish a work-leisure balance. Teachers help patients keep up with school work during in-patient stay, and social workers help to liaise with your child's school and family for support and supervision arrangement.
- ◆ Treatment process  
In general, the treatment process is divided into 3 different stages:
  - Setting up of a healthy body weight and meal plan with dietitian. Discussion with you and your child on calorie intake, nutritional content and weight gain progress. The target is to achieve weight gain gradually to a normal range.
  - Meal supervision and supported eating by psychiatric nurses to help the child to overcome the anxiety and avoidance over eating. The target is to achieve a "normal eating habit".

- Individual or family-based psychotherapy in the out-patient clinic with the target to manage the causative factors of eating disorder to help with recovery and prevent relapse.

## What is Maudsley family therapy?

Maudsley family therapy is an intensive outpatient treatment where parents play an active and positive role. It consists of 3 phases:

1st phase - refeeding. Parents are charged with taking control over this process. Nature of the illness will be explained to parents and patient.

2nd phase - transferring control over eating back to the patient when approaching ideal body weight and resistance to parental control over eating has decreased.

3rd phase - Encourage normal adolescent development by addressing psychosocial and other issues when healthy weight is reached.

## Will my kid be cured?

Half of the female patients with AN achieved a full recovery, while an additional 20–30% partially recovered. 90% of the adolescent patients with AN recovered after completing family-based therapy.

## Will it occur again?

Relapse occurs in approximately a third of people in hospital, and the greatest risk in the first 6 to 18 months after discharged from hospital. The longer they can stay with a normal body weight, the less chance for relapse.

## Take-Home Message

- ◆ Recovery comes first and must be the first priority
- ◆ Prescription: Food!
- ◆ Family is viewed as a resource.
- ◆ Parents do not cause eating disorder, patients are not to blame for their eating disorder.

Information provided by Department of Psychiatry, Queen Mary Hospital