Cognitive-Behavioral Therapy for Weight Management and Eating Disorders in Children and Adolescents

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KEYWORDS

• Cognitive-behavioral therapy • Eating disorders • Obesity
• Weight control

Children and adolescents who struggle with eating disorders and obesity require clinical attention. Eating- and weight-related difficulties are characterized by maladaptive daily patterns, involving distorted cognitions and problematic behavior cycles. The treatment of weight control issues requires a comprehensive approach, because disordered eating permeates individual, home, and social environments. Cognitive-behavioral therapy (CBT) emphasizes the process of changing habits and attitudes that maintain psychological disorders. Given this focus, CBT is an appropriate treatment approach for eating disorders and obesity. By restructuring the harmful patterns that infiltrate daily functioning, youth are better positioned to lead healthier lives. Understanding eating disorders and obesity, as well as their representation as a spectrum of weight control issues, is imperative to their successful treatment and prevention.

WEIGHT CONTROL ISSUES: UNDERSTANDING EATING DISORDERS AND OBESITY

The spectrum of weight control issues spans a variety of behaviors and cognitions and affects a wide range of individuals. These problems typically develop in childhood and

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The authors have nothing to disclose.

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Child Adolesc Psychiatric Clin N Am 20 (2011) 271–285
doi:10.1016/j.chc.2011.01.002 **childpsych.theclinics.com**
1056-4993/11/$ – see front matter

adolescence. Often, unhealthy weight-related patterns are difficult to treat, especially because they are entrenched in daily life. Specifically, a heightened emphasis is placed on food, eating, body weight or shape, and control; for many, these behaviors may function as an unhealthy coping strategy. As a result, weight control issues have a significant impact on social functioning and quality of life.

The *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition, text revision (*DSM-IV-TR*) includes the following eating disorder diagnoses: anorexia nervosa (AN), bulimia nervosa (BN), and eating disorder not otherwise specified (EDNOS),[1] the most commonly diagnosed of the three disorders.[2] Included within the current EDNOS category is binge eating disorder (BED); however, it has been proposed as its own formal diagnosis in the upcoming fifth edition of the *DSM (DSM-V)*.[3] Although individuals with AN are severely underweight, individuals with BN and BED often fluctuate between the normal and overweight ranges.

On the far end of the weight spectrum, childhood obesity has become a major public health concern. Over the past three decades, rates of pediatric overweight and obesity have tripled in the United States,[4] making this a national epidemic. Weight classification is used to determine overweight or obese status. For adults, body mass index (BMI) is the standard metric; for children, BMI percentile is used because it is sensitive and easy to obtain.[5] BMI is the ratio of weight (in kilograms) to height (in meters squared), and BMI percentiles refer to age- and sex-specific curves. Although this article discusses the classification, associated features and comorbidities, and treatment approaches for eating disorders and obesity, it is important to note that obesity is not considered a mental illness; it is neither an eating disorder nor an addiction.[6]

Table 1 provides an overview of the current diagnostic criteria, definitions, and prevalence rates for AN, BN, BED, and obesity.

Clinical Features

Weight control issues are associated with several medical and psychological complications. Patients with eating disorders struggle with body-related cognitive distortions (ie, body dissatisfaction over concern with weight and shape, shame, and guilt) and disordered eating behaviors (ie, body dissatisfaction, overconcern with weight and shape, shame, and guilt). In addition, these individuals often experience psychosocial problems, including social isolation, low self-esteem, secretiveness about eating, and stigmatization.[7,8] Eating disorders are also highly comorbid with other psychological disorders, such as depression, anxiety, and impulse control disorders.[9,10] Severe medical complications, such as a result of the starvation associated with AN, and the repeated binge/purge cycle characteristic of BN, are common. These include metabolic changes (eg, electrolyte imbalances); osteoporosis; dental, gastric, and renal abnormalities; dysregulated body temperature; irregular or loss of menses; appetite control dysregulation; and weight fluctuation.[11–13] Adolescent binge and loss of control eating are related to excessive weight gain, which is associated with multiple problems (discussed later).[13–15] Although the physical presentation may look similar to that of obese youth, children and adolescents with BED or those who exhibit loss of control eating, which is a defining feature of a binge, also experience distinct psychopathological symptoms related to eating, mood, and anxiety disorders that are not reported by their non–eating-disordered obese counterparts.[16]

Youth who struggle with overweight and obesity often face medical and psychological complications as well. Depression, feelings of worthlessness, low self-esteem, stigmatization, and teasing are associated psychological sequelae.[17–19] Additional difficulties include poor academic performance and behavioral problems.[20] Excessive weight is correlated with cardiovascular problems (eg, heart disease, hypertension,