

# Prevention and early treatment of eating disorders

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## Executive summary

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Health Council of the Netherlands



Eating disorders are serious psychiatric conditions that mainly affect young people. The State Secretary for Health, Welfare and Sport and the Association of Netherlands Municipalities have set up a national steering group, K-EET. The main goal of K-EET is to significantly decrease the number of children and adolescents with a serious eating disorder within the next ten years. To achieve this ambition, more knowledge is required. The state secretary has asked the Health Council of the Netherlands to give advice on the state of knowledge on the prevention, early recognition and early treatment of eating disorders and in combination with other conditions (comorbidity) among young people up to the age of 25. The Council set up the Committee *Prevention and Treatment of Eating Disorders* for this purpose. The Committee focused on four eating disorders: anorexia nervosa, bulimia nervosa, binge-eating disorder and avoidant/restrictive

food intake disorder (ARFID).<sup>a</sup> The Committee has provided an overview of international scientific research, studied relevant reports, consulted experts and invited patient organisations and other stakeholders to speak at a hearing.

### **Problem areas in care provided**

Anorexia nervosa, bulimia nervosa and binge-eating disorder occur most frequently among young women aged between 15 and 30 years. ARFID is more prevalent among people of a young or very young age and, in comparison with the other disorders, occurs more frequently among boys. The number of people in the Netherlands with anorexia nervosa and bulimia nervosa appear to have been fairly stable over time, but figures from 2010 onwards

<sup>a</sup> Anorexia nervosa, bulimia nervosa and binge-eating disorder are eating disorders and ARFID is a feeding disorder. For reasons of clarity, the Committee uses the term eating disorders as an umbrella term in this advisory report.

are not yet known. There is no data available about the prevalence of binge-eating disorder and ARFID.

The Committee has identified a number of problem areas in the care for children and adolescents with an eating disorder limiting early recognition and early treatment. The most important problem areas are: lack of knowledge about eating disorders in society and among parents, lack of knowledge about eating disorders, the poor knowledge of the Dutch Standardized Treatment Protocol for eating disorders among healthcare professionals and other professionals, long waiting lists, and the fragmented provision of care. In addition, there has been no national registration system since the introduction of the Youth Act. As a result, there is a lack of insight into the extent and severity of eating disorders. Other important problem areas are the usually short contracts



between municipalities and care providers, and the transition of care from youth services (up to age 18) to adult health services.

### **Prevention by promoting media literacy and self-confidence**

The risk factors for developing anorexia nervosa, bulimia nervosa and binge-eating disorder are diverse. Key risk factors relate to eating behaviour, body awareness and mental health. Generally, preventing eating disorders is not very effective and interventions aimed at preventing overweight can even be counter-productive. More successful seems a focus on providing information about eating disorders to parents, media literacy interventions for young people and their parents (learning to deal with opinions expressed in the media responsibly, safely and critically) and improving self-confidence. Yet, little is known about the risk factors and prevention of ARFID.

### **Early recognition through education and a reliable screening tool**

The sooner an eating disorder is discovered, the better are the chances of recovery. Early recognition of eating disorders is hampered by the lack of illness awareness among children and adolescents, and a lack of knowledge and responsiveness among parents and healthcare professionals, such as GPs, paediatricians and healthcare psychologists. There is also a need for a validated screening tool for young people. Several reliable and valid tools for adults are discussed in the international literature. The reliability of these tools mainly needs to be established among children and adolescents. However, a good screening tool is available for ARFID.

### **Low-threshold interventions for early treatment**

There are a number of interventions that may be effective in the early treatment of eating disorders, although more research is required in this area. In the early stage of the eating

disorder, it is important that the environment – in particular the child's parents – is actively involved in the treatment. Family-based interventions and therapies are effective in the early treatment of an eating disorder. When dealing with initial symptoms of an eating disorder, so-called dissonance-based interventions and cognitive behavioural therapy can also be used effectively, in which young people (aged 15+) learn to turn unrealistic or not-helping beliefs into attainable goals. Online interventions are also a promising development in terms of reaching youth and their parents by offering low-threshold access. They may also be helpful as early treatment to bridge the waiting list for further treatment.

### **Comorbidity of eating disorders is still in its infancy**

Eating disorders often occur in combination with other psychological disorders, such as anxiety and mood disorders. Such comorbidity (multi-morbidity) increases the risk of a person having long-term and more serious complaints and not



functioning well in daily life. There appears to be a great variety in the occurrence of comorbidity. There is still insufficient knowledge about the shared risk factors for the occurrence of comorbidity and the effective treatment of multimorbidity. It seems that more intensive and personalised care is required.

**Advice: uniform approach and more research**

Faster recognition and treatment of eating disorders is essential, as this will improve the prognosis. According to the Committee, this requires a national, uniform approach, which can be implemented at municipal or regional level. The Committee recognises a knowledge infrastructure for education, supra-regional cooperation and a national registration system as essential aspects in this respect. It is also important that children, adolescents and parents are involved in the development, implementation and evaluation of such an approach.

The Committee recommends focusing prevention mainly on improving mental

well-being and resilience of children and adolescents (including self-confidence, self-image and body awareness), providing information to parents and improving media literacy among young people. Early recognition requires more knowledge (and illness awareness) among young people, their parents and healthcare professionals, as well as a good screening tool. According to the Committee, gains can be made in the early treatment stage by offering low-threshold treatments which should start immediately after the diagnosis. Knowledge and care could also be better combined. To date, little is known about the treatment of comorbidity. The Committee recommends to invest in more research about eating disorders, as shown in a proposal for a research agenda.



The Health Council of the Netherlands, established in 1902, is an independent scientific advisory body. Its remit is “to advise the government and Parliament on the current level of knowledge with respect to public health issues and health (services) research...” (Section 22, Health Act).

The Health Council receives most requests for advice from the Ministers of Health, Welfare and Sport, Infrastructure and Water Management, Social Affairs and Employment, and Agriculture, Nature and Food Quality. The Council can publish advisory reports on its own initiative. It usually does this in order to ask attention for developments or trends that are thought to be relevant to government policy.

Most Health Council reports are prepared by multidisciplinary committees of Dutch or, sometimes, foreign experts, appointed in a personal capacity. The reports are available to the public.

This publication can be downloaded from [www.healthcouncil.nl](http://www.healthcouncil.nl).

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