Paediatric update

Kiran Atwal
Freelance Consultant Dietitian
& CN Editorial Team Member

Welcome to our paediatric nutrition column 'Paediatric update'. In each column, Kiran Atwal, Freelance Paediatric Dietitian, will update you on new guidance, tools and current affairs. Here, Kiran explores: *'Disordered eating in children living with excess weight: a hidden challenge.'*

Background

Disordered eating behaviours (DEBs), such as restrictive or binge eating, are under-recognised in children and young people (CYP). While global estimates of DEBs have been reported in 22% of CYP, greater rates have been observed in those with higher body mass index (BMI).[1] Early detection of DEBs is essential to the prevention of eating disorder risk, which is pertinent given the surge in eating disorder service referrals in the UK.[2]

How common is the problem?

From a review of over 28,000 CYP living with excess weight, striking rates of DEBs were found; in one sample of CYP under a multidisciplinary obesity programme, likely reflecting more severe obesity, 82.2% had at least one type of DEB. Among CYP living with excess weight and attention-deficit hyperactivity disorder (ADHD) and/or autism, 65% reported binge eating symptoms. In studies focused on binge or loss-of-control eating, prevalence ranged from 8.8 to 53.8%, where in one sample, 4.7% met the diagnostic criteria for binge eating disorder. Rates of food addiction, which overlap with both eating disorders and addictive behaviours, were reported at 30.8% in one clinical sample of CYP living with excess weight.[3] Overall, this suggests that in most weight management services, DEBs are a likely clinical reality.

The literature shows that assessment methods for detecting DEBs largely vary, explaining the wide-ranging rates in CYP living with excess weight. Additionally, underrepresentation is likely within this group due to weight stigma from clinicians, where the assumption is that eating disorders primarily affect CYP with low weight.

The assessment gap

A scoping review (in press) by Reas *et al.*, set out to explore how DEBs are measured in CYP living with excess weight.[4] After mapping evidence from 75 studies, predominantly in Europe and the US, they identified that 25 different tools were used. The 2 most popular were the Eating Disorder Examination-Questionnaire (EDE-Q) and the Dutch Eating Behaviour Questionnaire (DEBQ), each used in 16 studies, yet both were originally designed for adults, females and individuals with low weight. While some of the tools had been adapted to different reading levels, more crucially, none had been adapted to higher weight or body mass index. For example, the EDE-Q included references to 'fear of fatness', which is stigmatising and may generate offence, confusion or under-reporting in CYP living with excess weight.[4] As such, this raises important questions around the validity, sensitivity and specificity of these tools in this group, especially for whom dietary restraint may have been actively encouraged.

Conclusions: What does this mean for practice?

Disordered eating is inconsistently measured and often under-recognised in children living with excess weight. DEBs should be considered as part of the routine assessment of weight management services for CYP, and not just in those presenting with obvious restriction or binge eating. Unfortunately, existing screening tools are not designed with this population in mind and are not clinically meaningful. Whilst existing tools can be adapted to use weight-neutral, non-stigmatising language, the need for validated tools is urgent.

Understanding this intersection of weight management is essential to effective treatment and underscores the importance of multidisciplinary input with integrated psychological care. Further research is needed to understand the risk factors, such as ADHD and autism, and the spectrum of DEBs in CYP living with excess weight, so that better interventions can be delivered.

References: **1.** López-Gil JF, *et al.* (2023). Global Proportion of Disordered Eating in Children and Adolescents: A Systematic Review and Meta-analysis. JAMA Pediatrics.; 177(4): 363–372. **2.** NHS England (2026). Mental health: children and young people with an eating disorder waiting times. Accessed online: www.england.nhs.uk/statistics/statistical-work-areas/cyped-waiting-times/ (March 2026). **3.** Tyrrell-Bunge E, Nicholls D (2026). An update on prevalence rates of disordered eating behaviours in children and adolescents with overweight or obesity and the management of binge eating disorder. Cutting Edge Psych Pract.; 6(1): 77–90. **4.** Reas DL, *et al.* (2026). A scoping review of instruments used to assess disordered eating in children and adolescents with higher weight. J Eat Disord.; doi:10.1186/s40337-026-01553-6 [Epub ahead of print].