THE IMPACT OF MATERNAL EATING DISORDERS ON CHILD AND ADOLESCENT OFFSPRING

AN OVERVIEW

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BACKGROUND

Currently, mental disorders represent one of the major public health challenges in the world, targeting several age groups of pediatric and adult population. In this context, the impact of **parental mental disorders** on child development has become a relevant area of interest, since there is increasing evidence that children of psychiatric patients are at greater risk of developing mental disorders beyond simply a genetic risk¹.

It is argued that **eating disorders** affect pregnancy and parenting ability since the early stages of nurturing. Given that eating is a constant, recurring daily activity in the mother-child routine, a **maternal eating disorder** has also the potential to have a broad harmful impact on children's health and behavior².

Due to the lack of funded comprehension about these links, the impact of maternal eating disorders remain poorly understood. We **aim to** consolidate existing knowledge in order to better understand this mental health issue.

EPIDEMIOLOGY

Eating disorders are characterized by **abnormalities in the pattern of eating and the amount of food ingested**.

Global prevalence: 5-10%³, ♀ > ♂

- Both **genetic** and **environmental factors** contribute to the risk for eating disorders;
- Frequently appear during teen years or young adulthood therefore affecting mostly **women in reproductive age³**.

CLINICAL FEATURES

Common eating disorders include **Anorexia Nervosa (AN)**, **Bulimia Nervosa (BN)** and **Binge-Eating Disorder (BED)³**.

They are associated with:

- A negative impact on physical and mental health;
- Co-morbidities (depressive and anxiety disorders)⁴;
- High mortality rates³.

IMPACT ON THE OFFSPRING

CONCLUSIONS

- This findings suggest that maternal eating disorders may compromise maternal abilities and prevent mothers from making healthy decisions for their children, therefore, them have been linked to **child developmental adversities**.
- These children should be considered a high-risk group and intervention strategies are recommended to **facilitate maternal-child interaction** and prevent or treat any emotional and behavioral symptoms.

References

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