



EDITORIAL

Unraveling disordered eating: a call for early intervention and action

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Disordered eating (DE) in children and adolescents is a growing public health concern that demands immediate attention. Recent findings from de Oliveira et al.¹ paint an alarming picture: DE behaviors significantly increase the likelihood of developing a full-blown eating disorder (ED) and are closely linked to emotional distress, externalizing behaviors, and attention problems. Despite the severity of these risks, DE remains largely overlooked by early prevention efforts, leaving countless young individuals vulnerable to long-term physical and mental health consequences.

The Brazilian High-Risk Cohort Study for Childhood Psychiatric Disorders (BHRC) tracked over 2,500 children and adolescents across six years, revealing disturbing patterns of DE trajectories. While nearly 2% of participants exhibited persistent DE behaviors, an even larger proportion experienced transient or incident patterns, underscoring the dynamic and evolving nature of disordered eating.¹ Yet, what remains most concerning is the widespread failure to recognize and intervene early in these cases.

Weight stigma further exacerbates the issue, as children with overweight or obesity often face bullying, teasing, and victimization.² Instead of fostering healthy behaviors, this social pressure drives young individuals toward unhealthy eating patterns, increasing their vulnerability to EDs.³ The role of social media cannot be ignored either; platforms continue to bombard adolescents with unattainable beauty standards, fueling body dissatisfaction and reinforcing harmful eating behaviors.⁴

Moreover, socioeconomic disparities add another layer of complexity. De Oliveira et al.¹ highlight how lower socioeconomic status (SES) is linked to increased DE risk, with food insecurity playing a pivotal role. In Brazil, 18% of the population has faced mild food insecurity in recent years, and at least 4% have experienced severe food insecurity.⁵ The combination of financial instability and limited access to nutritious food creates an environment where disordered eating behaviors can thrive.⁶

This evidence calls for urgent action. Researchers, clinicians, educators, and policymakers must work together to develop comprehensive interventions targeting DE at its roots. Schools and communities must foster environments that promote body acceptance, discourage weight-based discrimination, and provide early screening for DE behaviors. Social media platforms must be held accountable for their role in perpetuating harmful body ideals, while public policies must address food insecurity as a key driver of DE.

Longitudinal research, such as that conducted by de Oliveira et al.,¹ is invaluable in shaping public health strategies. However, data alone are not enough. We need action, commitment, and systemic change to break the cycle of DE and protect future generations from its devastating effects. By prioritizing these efforts, we can empower young individuals to develop healthy relationships with food and body image, ultimately safeguarding their physical and mental well-being.

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