

1. What are some common patterns observed this time of year in patients with eating disorders?

One observable pattern we've noticed involves younger patients experiencing relapses or new diagnoses within the first few weeks of a new school year. Another pattern is a surge in referrals around Thanksgiving. These also align with the time pediatricians' offices see an increase in viral infections due to school attendance. When children come in for such check-ups, often the provider may be alerted to other potential problems, such as an undiagnosed eating disorder.

2. Why might the start of a new school year trigger a relapse or new onset of eating disorder symptoms in younger patients?

While stress from school is a possible factor, the origins of worsening symptoms often lie in the mid to late summer. The summer months, with their reduced structure and increased free/downtime, can be challenging for children with eating disorders. Parents might also engage in "wishful thinking," hoping that the return to school will normalize things and treatment won't be necessary. However, children may already be on a downward path of weight loss and food refusal during the summer, which becomes more evident a few weeks into the school year as observable symptoms like hiding lunches, social withdrawal, and arguments about eating emerge.

3. What is the Kartini Clinic's philosophy on weight loss and food refusal in children with eating disorders?

At Kartini Clinic, we emphasize that all weight loss in a child with an eating disorder is detrimental. We strongly advise that all food refusal must be taken seriously and treated immediately. We warn against waiting, as the chances of spontaneous reversal are low, while the chances of worsening symptoms and inevitable disruption of school attendance are high. Our key message is to **"Act early, act swiftly, act decisively."** So if you have concerns, please contact your primary care provider immediately, and ask them to reach out to our Intake team, Intake@kartinclinic.com. Alternatively we offer an [online screening tool](#) - entirely free and confidential - that can be completed by either parents, provider, or educators. Results go directly to our Intake team for evaluation and follow up.

4. How does Kartini Clinic approach the balance between academic responsibilities and eating disorder treatment?

At Kartini Clinic, we take school very seriously and have created [Kartini School](#), an Oregon registered alternative school program for patients in our Partial Hospitalization Program (PHP). We understand that chronic illness interrupts schooling and can cause academic worry. Kartini School works one-on-one with students, helping them prioritize tasks and differentiate between "learning" and "doing." Our aim is to reduce stress by focusing on activities that facilitate true understanding, even if it means not completing every single assignment from their regular school.

5. What types of eating disorders does the Kartini Clinic treat, and what is their treatment approach?

At Kartini Clinic, we treat various eating disorders, including Anorexia Nervosa, Bulimia Nervosa, Food Phobia, ARFID (Avoidant Restrictive Food Intake Disorder), and BED (Binge Eating Disorder). Our approach is evidence-based, family-centered eating disorder treatment. It is a multi-disciplinary medical and psychiatric treatment model, rather than being exclusively psychiatric. We offer various levels of care, including medical stabilization (partnering with [Randall Children's Hospital](#)), [Partial Hospitalization Program](#) (PHP), [Virtual Intensive Outpatient](#) (VIOP), and limited [Outpatient](#) services.

6. What kind of physical and emotional symptoms might indicate an eating disorder, according to our screening tool?

[The Kartini Clinic screening tool](#) asks about a range of symptoms. **Please note not all physical or emotional symptoms must be present for there to be enough concern to schedule an evaluation!**

Physical symptoms can include significant weight changes (loss or gain), dizziness/fainting, feeling constantly cold, chronic exhaustion, hair loss/thinning, missed/irregular periods, blood when throwing up, heart racing/dizzy spells when standing, and swelling in hands, feet, or face. Emotional and behavioral symptoms can include unhappiness with body image, distorted self-perception (seeing oneself as bigger than others say), skipping meals, limiting food intake, exercising when sick/injured, binge eating, self-induced vomiting or laxative/diet pill use, preoccupation with food/calories/nutrition, avoiding certain foods or strict food rules, lack of interest in food, taking medications differently to control weight, worrying about negative consequences of eating, need to be perfect, stress/overwhelm, persistent sadness, excessive worrying/fear, uncontrollable thoughts/habits, need for control, difficulty sleeping, and rapid or prolonged mood changes. Safety concerns like self-harm or suicidal thoughts are also addressed.

8. What measures can parents take to manage school issues and support their child's transition back to school during and after eating disorder treatment?

For parents who have already initiated treatment, they can assist by signing a release form to allow Kartini School providers to communicate with their child's school. They should request a conference with the school counselor to secure educational support and additional assistance post-treatment. We also recommend requesting a letter from the Kartini Clinic excusing their child from PE classes or making alternative arrangements if activity restrictions or triggering content (like discussions on nutrition or weight loss) are present. Furthermore, developing a 504 plan with the school counselor is advised to ensure ongoing support for a successful transition back to school and living with a chronic illness. Parents should also respect their child's privacy regarding the diagnosis, informing school officials on a "need-to-know" basis only.