

DAWBA, which were validated by Fletlich-Bilyk and Goodman, both available at no cost.⁴

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Interviewing younger children has costs as well as benefits

Entrevistar crianças mais jovens tem custos assim como benefícios

Dear Editor,

We would like to thank Morgan and Claudino for their complimentary review of *The Eating Disorders Section of the Development and Well Being Assessment (DAWBA)* and for raising the important question as to why children under the age of 11 are not interviewed directly as part of the DAWBA assessment (though their parents are). They are obviously right that children under the age of 11 can develop eating disorders, though this is rare. In our sample of 58 children and adolescents with eating disorders (10 assessed as part of the pilot study¹ and 48 as part of the main study)² only one was under the age of 11. Morgan and Claudino are also right that parents are sometimes unaware of all their children's symptoms, though it is also worth remembering that children who have hidden their symptoms from their family may not choose to reveal them even to the most skilled and sympathetic of interviewers. The extra benefits, therefore, of administering eating disorders interviews to young children may be small – and it would take a multi-centre study many years to accumulate the relevant evidence.

As against the possible benefits, there are two important disadvantages in interviewing younger children. Firstly, previous studies have shown poor test-retest reliability for psychiatric interviews administered to children under the

ages of 11 or 12,³ and this was also our experience during the pre-piloting of the DAWBA with 8-10-year-olds.⁴ To some extent, limitations in children's understanding and reliability can be overcome by using lengthy semi-structured interviews administered by highly trained interviewers. However, this expensive solution leads us to the second disadvantage. We have estimated that there are between six and eight million children and adolescents with psychiatric disorders in Brazil,⁵ and there are not enough resources currently – in terms of money or professional time – to provide adequate assessment and treatment for them all. The DAWBA was designed to make high-quality assessments cheaper and more widely available, but this has involved some compromises. In the long term, Morgan and Claudino's counsel of perfection must be right – every Brazilian child deserves the very best assessment money can buy. In the short term, however, it may be necessary to get the best value out of very limited resources by using less-than-perfect assessments that are substantially quicker and cheaper to administer.

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