ANOREXIA NERVOSA

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ABSTRACT

A girl of 19 years who presented with the typical features of Anorexia Nervosa is reported and the condition is briefly discussed.

Key words: Anorexia Nervosa, features

Anorexia Nervosa is characterised as a disorder in which people refuse to maintain a minimally normal weight, intensely fear gaining weight and significantly misinterpret their body and its shape. The disorder usually occurs in females. Anorexia Nervosa is rare in South Asians and no cases were detected in a recent Indian study of a group at risk (Srinivasan et al., 1995). A case of Anorexia Nervosa is reported because of its rarity in Indians.

CASE REPORT

This 19 years old girl was brought by her parents with a two-year history of weight loss, excessive dieting and undue preoccupation with food. Weight loss was gradual from 45 kg two years previously to 22 kg at presentation. She complained of getting abdominal pain and heaviness after meals and often took a glass of milk instead of a meal. She refused to eat oily foods and preferred boiled vegetables. She took a long time to eat as she kept inspecting her food for fats. A physician initially saw her. After doing barium meal study, ultrasonography and X-ray chest he ruled out organic cause and referred her to psychiatrist.

Father was a retired non-commissioned officer in army earning a pension. Mother was a school teacher. She was 4th of 5 sisters. There was no past or family history of psychiatric or eating disorders. The patient was good in studies and had passed 12th in first division. Menarche was at 11 years of age. However for past 6 months menstruation had stopped completely.

On examination she was poorly nourished. Pulse 52/min, regular. Blood pressure 92/60 mm of Hg. Weight was 22 kg. Height was 160 cm. There was pallor and her hair was brittle. She was euthymic. Content of talk revealed body image distortion and fear of gaining weight, which according to her in this modern age was not acceptable in young unmarried girls. Despite extreme emaciation she felt her weight was just right, she was preoccupied with maintaining her low body weight and was fearful of gaining weight. She said her sleep and energy level were normal. She had constipation. Investigation showed Hb-9.2 gm %. Serum calcium 8.3 mg Eq/L. ECG showed sinus bradycardia.

The patient was hospitalised and placed on cognitive behaviour therapy, cap fluoxetine (20 mg) 1 daily and feeding under supervision. Her eating increased, well being improved and body image distortion gradually subsided. After 5 months her weight had increased to 35 kg. Heart rate was 76/min and Hb 11.5 mg%. She was still amenorrhoic.

DISCUSSION

The core feature of Anorexia Nervosa is a
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profound psychological disturbance which centres on an overwhelming concern about body size, shape and weight. Sufferers feel fat even when emaciated, are terrified of any weight gain and preoccupied with elaborate plans to reduce weight further. Such psychopathology has variously been described as hysterical, a phobia of weight gain, an obsessional symptom, and clearly delusional. To some extent it simply represents a marked exaggeration of ideas that are widespread in western society. It is rare in Indians as Traditional Indian culture does not emphasize thinness as a must for feminine beauty (Le Grange et al., 1998). Our patient displayed all the features required for a definitive diagnosis. She also had “weight phobia” which is usually not manifested in Indians (Khandelwal and Saxena, 1990). Amenorrhoea, seen in our patient, is an essential feature of the disorder in postmenarchal females. In most cases it is secondary to weight loss. With treatment 55% of patients regain normal menstruation and this may depend on the final weight achieved (Carney and Anderson, 1996). Depressed mood is seen in 52-98% of Anorexia Nervosa patients. Anxiety, social phobia, obsessional features, hopelessness and suicidal thoughts may be present but were not detected in our patient. However, despite impaired concentration and marked emaciation, work or school performance is often maintained as in the present case.

Most of the complications associated with Anorexia Nervosa are found due to uncomplicated starvation, but there are important differences e.g. vitamin deficiencies are uncommon. Cardiac abnormalities occur in over 80% patients and severe bradycardia leading to cardiac arrest is a common cause of death. A blood pressure of less than 90/60 mm of Hg is recorded in 90% patients (seen in our patient). Delayed gastric emptying is responsible for the feeling of fullness and bloating reported by patients after eating and seen in our case. Constipation and hair changes are common. Mild anaemia, as in our case, is reported in about a third of patients. Hypocalcaemia, osteoporosis and pathological fractures are common.

Anorexia Nervosa is one of the most lethal of all psychiatric disorders with a mortality rate of 5-10 % at 10 years. Two thirds die of direct effect of the disorder, one-third from suicide. However, compulsory treatment is effective in the short term (Ramsey et al., 1999). Empirically cognitive behaviour therapy is found most useful. Fluoxetine is also effective. It may act by regulating serotonin at the hypothalamic feeding centre.

Socio-cultural factors are cited as most influential in causation of the disorder. These may be responsible for changing risk and prevalence rates. Difficulties in family functioning are often evident. Healthy family functioning predicts a good short-term outcome (North et al., 1997) as was seen in our patient.

The hypothalamus is the most likely organic factor contributing to aetiology, but the hypothalamic dysfunction found is similar to that found in starvation and tends to return to normal with weight gain. Recently in a small sample of children and adolescents with Anorexia Nervosa, 13 of 15 patients had unilateral temporal lobe hypoperfusion as demonstrated by regional cerebral blood flow radioisotope scans (Gordon et al., 1997). Being unilateral these abnormalities are unlikely to be due to starvation. Attempts to link these abnormalities with specific psychopathology such as impairment of visuospatial processing leading to vulnerability to body image distortion though speculative are interesting.

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