ANOREXIA NERVOSA IN A PAKISTANI ADOLESCENT GIRL: A CASE REPORT

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ABSTRACT

Anorexia nervosa is an eating disorder characterized by very low body weight, excessive self-restriction of food intake due to fear of gaining weight, and a distorted self-perception of the body. We report a case of a 14-year-old girl, admitted to the psychiatry ward with the chief complaints of reluctance to eat and drink, headache, weakness, weight loss, and decreased sleep, for the last year. After the assessment by the psychiatrist, and relevant investigations, she was diagnosed with a case of anorexia nervosa. She was advised to have standard electronic cognitive behavioural therapy, in addition to the pharmacological treatment, and was referred to a dietician who suggested a well-balanced and tailored diet with optimum proportions of macro and micronutrients. After 2 weeks of the initiation of the treatment, her eating habits and negative thoughts were improved and she was discharged from the hospital with a suggested regular follow-up of 2 weeks.

Keywords: Anorexia Nervosa; Eating Disorders; Body Weight.

INTRODUCTION

Extremely low body weight, extreme self-restriction of food intake out of fear of gaining weight, and a distorted self-perception of the body are all characteristics of anorexia nervosa.[1] Abnormal eating habits, an unhealthy preoccupation with one's appearance, and a persistent failure to gain or maintain weight are hallmarks of the disease

Amenorrhea in women and decreased libido in males are symptoms of a widespread endocrine disease affecting the hypothalamic-pituitary-gonad axis.[2] Both the DSM-5 and the ICD-10 include anorexia nervosa as an eating disorder. The characteristics that are part of the ICD-10 criteria. A body mass index (BMI) less than or equal to 17.5 or sustained body weight at least 15% below that predicted. The weight reduction is achieved by the individual through the avoidance of so-called "fattening food" and the employment of methods such as self-induced vomiting and/or purging, excessive exercise, appetite stimulants, and/or dietetics and the patient has an unrealistically low weight threshold because of a distorted body image in which the fear of becoming overweight is an invasive, overrated thought.[3]

With the Advent of modernization in our society and due to increased exposure of adolescents to social media, the notions about ideal female physical appearance have been changing. Consequently, the number of patients with eating disorders that were previously uncommon might be on the rise.[4,5]

Therefore, mental health professionals in particular, and healthcare workers, in general, should keep an eye on while diagnosing patients with no organic pathology and a progressive loss of weight.

Case Report

A 14-year-old fifth-grader and the only girl in a family with four brothers was admitted to the psychiatric ward. Symptoms include aversion to food and drink, headaches, fatigue, and weight loss. There was a decrease in sleep quality and the duration of symptoms was exactly one year. The patient's mother claims that her daughter has been reluctant to eat and drink for the past calendar year. To rule out any organic causes for her significant weight loss, the medical unit referred her to the psychiatry ward after all necessary investigations. Her mother reported that she expressed intense fear of becoming fat and that she had a distorted body image. She would frequently look at herself in the mirror and start weeping and would say that her face was fat. When the patient would receive infusions, she would say that people were trying to distort her body by injecting fluids. Moreover, she had decreased sleep and nightmares for the last few days. Her past history was significant for Typhoid fever 4 years back for which

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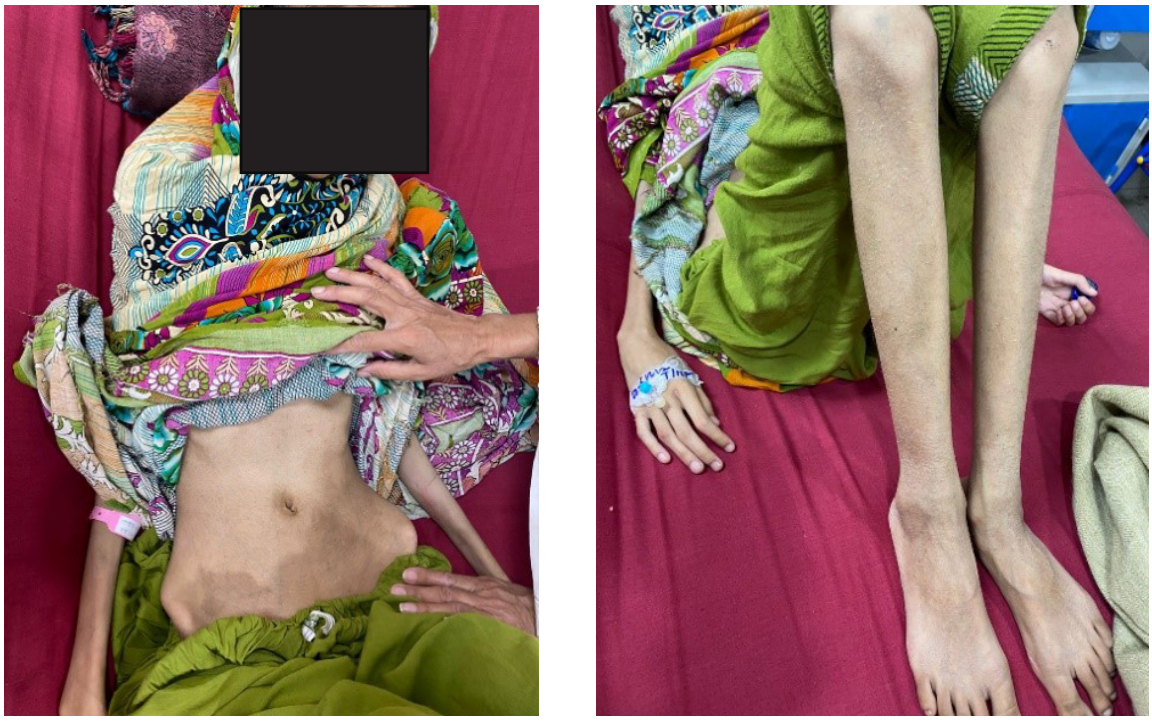

Figure 1: The figures show the abdomen and limbs of our patient with Anorexia Nervosa.

she was hospitalized for 5 days along with repeated chest infections and a history of frequent falls. Menarche was at 11.5 years of age. Initially, the cycles were regular e.g., 7/28 days for 1.5 years. However, she had no periods for the last one year.

No history of mental health issues, but the couple has a history of fighting that has occasionally become violent. She is the eldest of all siblings, and the rest four are her brothers. They all are reported to be mentally well with no prior history of mental illness.

On examination, she was malnourished and dehydrated with a height of 5 feet, 4 inches, and a weight of only 23 kg (BMI 8.7). Her heart rate was 48 beats per minute, and she had weak peripheral pulses. With Tanner's stage 2 secondary sexual traits. She had moderate depression based on the HAM-D scale. She became frustrated during the psychometric testing process and began to weep so it could not be completed. Among the findings of her tests were microcytic anemia (Hb 6.5 g/dl), leukopenia (WBC 3.5 x 103/ul N=4-11), hypoalbuminemia (serum albumin=3 g/dl (N=3.5-5 g/dl)), and hypokalemia (3.3 mmol/l). (Figure 1)

After a thorough evaluation of her health, she was shifted back to the medical unit to have blood transfusions and have her electrolytes balanced before beginning nutritional therapy. After initial stabilization, she was sent back to the psychiatric ward. It was suggested that a group of professionals including psychiatrists, psychologists, dietitians, and doctors work together to find a solution.

The patient was put on a diet with carefully calculated macro and micronutrient ratios. Electronic Cognitive Behavioural Therapy sessions were conducted in conjunction with psychoeducation for the patient and family. Tab olanzapine and fluoxetine were also initiated as part of the pharmacotherapy.

The patient's health moderately improved after 15 days in the hospital and showed a weight gain of 2.5 kg. Her hemoglobin (9 g/dl), white blood cell count (4 x 103), albumin (3.6 g/dl), and potassium (3.6 mmol/l) levels all improved on her second round of lab tests. Her eating habits and negative thoughts also showed improvement with the psychological and Pharmacological intervention. Written informed consent was obtained from the patient for publication of this case report and accompanying images.

DISCUSSION

Anorexia nervosa is widely discussed in the West and has complex social, psychological, and interpersonal roots.[6] Anorexia nervosa is mostly attributable to cultural norms that promote thinness as desirable and attractive, especially among young women of school age.[7] Personal factors like striving for perfection and poor self-esteem also play a role. We found that the Patient, like the other patients, succumbed to the stresses that have already been described. The dynamics of the family, such as arguments between parents, a family history of mental illness, or strained relations between parents and children, can all play a role in

the onset of an eating disorder in a child. Management focuses on restoring a healthy weight, following a carefully monitored diet, providing psychological support, and dealing with any resulting complications.[8] When trying to go back to a healthy weight it is important to begin slowly and build up a general rule of thumb. This means that the initial percentage of the target energy demand should be lower and the growth should be more gradual. Regular check-ups are crucial for monitoring improvement and responding quickly to any relapses.

CONCLUSION

Most cases of anorexia nervosa are brought to the clinical attention only when there are severe somatic complaints such as in this case where a patient was brought to the physician only after having severe weight loss and amenorrhea. The number of clinical cases being reported is rare, yet it may just be the tip of the iceberg and not representative of the actual prevalence in society due to the social stigma associated with psychiatric disorders. Hence it is advised that clinicians should keep a low threshold for diagnosing eating disorders in young adolescents with a history of unexplained weight loss.

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Author's Contribution

SS received the case and helped in the write-up of the manuscript. SAK helped in managing the case and contributed to the writing of the manuscript and bibliography. Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Conflict of Interest

Authors declared no conflict of interest

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None

Data Sharing Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.