



ANOREXIA NERVOSA



BASIC INFORMATION

DESCRIPTION

Anorexia is a type of eating disorder. A person refuses to eat enough to maintain a normal weight for height and age. It develops over time and can occur in both sexes. It most often affects young females ages 12 to 25.

FREQUENT SIGNS AND SYMPTOMS

- Weight loss of at least 15% of ideal body weight.
- Continues to diet when not overweight. May restrict food intake or binge on food and then purge.
- Person feels fat even when extremely thin.
- Intense fear of becoming fat.
- Obsessed with food, but denies being hungry.
- Excess exercising.
- Stopping of menstrual periods or never starting.
- Uses diuretics, laxatives, emetics, and amphetamines.
- Depressed, moody, irritable, withdrawn, ritual or odd behaviors, and insomnia.
- Hair loss, dry skin, feeling cold, brittle nails, low blood pressure, and poor blood circulation.

CAUSES

Unknown. There are many theories. It involves using food and weight to deal with emotional problems, such as issues of self-worth and control for the patient.

RISK INCREASES WITH

- Young females.
- Starting a normal weight-loss diet. The person refuses to stop dieting after a reasonable weight loss.
- Some personality traits such as perfectionism, obsessiveness, or low self-esteem.
- Family history of eating disorders.
- Family influence (overprotectiveness or overvaluing physical appearance).
- Society, cultural, and peer pressure to be thin.
- Emotional stress.
- Athletes, ballet dancers, cheerleaders, or models.

PREVENTIVE MEASURES

No specific preventive measures. Early treatment may help keep it from progressing.

EXPECTED OUTCOMES

- Treatable if the patient recognizes the problem, wants help, and is compliant with treatment.
- Therapy may continue over several years. Relapses are common, especially when stressful

situations occur.

- About 40% make a good recovery in 5 years, 40% have symptoms, but function fairly well, and 20% have severe, ongoing symptoms.

POSSIBLE COMPLICATIONS

- Electrolyte imbalances.
- Irregular heartbeat.
- Gastritis.
- Esophagitis.
- No menstrual periods.
- Anemia and weakness.
- Infertility.
- Osteoporosis.
- Nerve disorders.
- Suicide.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider can usually diagnose anorexia with a physical exam and by asking questions about your symptoms, eating habits, and weight concerns. There is no one test to diagnose anorexia. Medical tests may be done to check for possible underlying disorder, physical problems, or complications.
- Denial of the severity or even the existence of a problem is common in patients. Most patients resist treatment and behavioral change at first. Some want a quick and easy solution that is not feasible.
- The goal of treatment is for the patient to establish healthy eating patterns to regain normal weight.
- Treatment may include counseling for the patient and the family, nutrition counseling, and drug therapy if needed. Hospital care may be required if the weight is extremely low or there are life-threatening symptoms.
- A dental exam is usually recommended.
- Counseling focuses on the misconceptions that patients have of themselves (physically, mentally, or emotionally). Support groups may help some patients.
- To learn more: Anorexia Nervosa and Related Eating Disorders, PO Box 5102, Eugene, OR 97405; (503) 344-1144 (not toll free); website: www.anred.org.

MEDICATIONS

- There is no one drug used to treat anorexia. Drugs may be prescribed for specific symptoms, such as depression, anxiety, or agitation.
- Vitamin and mineral supplements may be prescribed.

ACTIVITY

May be limited at first until weight is gained. Then exercise for enjoyment and fitness and not to lose weight.

DIET

A dietitian will help you plan healthy meals that are not rigid, but provide food choices. Calories will be slowly increased over time to reach your individual needs.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of anorexia.
- Weight loss continues, despite treatment.

