

ANOREXIA NERVOSA

An Overview

Compiled by

Campbell M Gold

(2006)

CMG Archives
<http://campbellmgold.cm>

--()--

IMPORTANT

The health information contained herein is not meant as a substitute for advice from your physician, or other health professional. The following material is intended for general interest only; and it should not be used to diagnose, treat, or cure any condition whatever. If you are concerned about any health issue, symptom, or other indication, you should consult your regular physician, or other health professional. Consequently, the Author cannot accept responsibility for any individual who misuses the information contained in this material. Thus, the reader is solely responsible for all of the health information contained herein. However, every effort is made to ensure that the information in this material is accurate; but, the Author is not liable for any errors in content or presentation, which may appear herein.

--()--

Introduction

Anorexia Nervosa is an eating disorder characterized by drastically reduced food intake and intense exercise, leading to marked weight loss and eventual emaciation. Anorectic individuals have a disturbed sense of body image and attempt to achieve control, autonomy, and competence in their lives by manipulating their food intake and body weight.

Causes and Incidence

The aetiology is unknown, but various psychological theories suggest societal factors, dysfunctional family systems, or disturbed mother/child relationships. Onset usually occurs in adolescence in young white women of middle or upper socioeconomic status. Men account for only 5% of cases, and the disorder is not seen in areas where food is in short supply. Estimates of the incidence of anorexia, in Europe, range from 1 in 800 to 1 in 100 among adolescent girls. The incidence among men and adults is also rising. The mortality rate averages about 15% of reported cases.

Disease Process

The pathologic processes are those seen in malnutrition and starvation. Eventually all body systems become involved as they are deprived of vital nutrients.



Symptoms

Early signs and symptoms include meticulousness; perfectionism; preoccupation with weight; increase in physical activity; restriction of intake; preoccupation with food, recipes, and meal planning; hoarding and hiding food; and meal preparation for others. This is followed by marked weight loss, amenorrhea, social isolation, increasingly secretive behaviour, and denial of any problem.

Potential Complications

As malnourishment continues, all body systems are affected, cachexia ensues, and endocrine disorders, electrolyte imbalances, metabolic acidosis, and cardiac dysfunction appear. Sudden death from ventricular dysrhythmia is possible, as is eventual death from total system failure.

Diagnostic Tests

Diagnosis is made through a constellation of symptoms and patterns described above, in concert with loss of at least 15% of body weight, particularly in individuals in high-risk groups.

Treatments

Surgery - None

Drugs - Doxepin to reduce anxiety and depression

General - Short term: hospitalization to stabilise fluid and electrolytes and stop weight loss; long term: psychotherapy, family therapy, dietary supplements to induce weight gain

End



--()--

<http://campbellmgold.com>

26082010/1