Case Report on Anorexia Nervosa in a Pakistani 14 Years Old Boy

Zainab Hussain1*, Rabia Anwer2

1Trainee Clinical Dietitian, PNS Shifa Hospital, Karachi, Pakistan
2Clinical Dietitian, RDN, PNS Shifa Hospital, Karachi, Pakistan

*Corresponding Author: Zainab Hussain, Trainee Clinical Dietitian, PNS Shifa Hospital, Karachi, Pakistan, E-mail: zainabhussain874@gmail.com

Received: 17 April 2017; Accepted: 28 April 2017; Published: 02 May 2017

Abstract
Anorexia nervosa is an eating disorder characterized by a low weight, fear of gaining weight, a strong desire to be thin, and food restriction. Many people with anorexia see themselves as overweight even though they are underweight. Often they weigh themselves frequently, eat only small amounts, and only eat certain foods. Some will exercise excessively, force themselves to vomit, or use laxatives to produce weight loss. Complications may include osteoporosis and infertility and women may suffer from amenorrhea. A 14-years old boy, student of class 8, resident of Larkana was referred to us for dietary counseling. He had minimal or no intake of food since last two months, lost 20kgs in past 2 years, was weighing himself repeatedly since past two months and was doing excessive exercise. A well defined interview with his parents was done and the diagnosis of anorexia nervosa was made.

Keywords: Anorexia Nervosa

1. Introduction
1.1 Case Presentation
A 14-years old boy, student of class 8, youngest of 9 siblings, native of Larkana was admitted at PNS Shifa Naval Hospital and was referred to the dietitian for dietary counseling. When interviewed his father, he told that the patient was in his normal state of health 2 years ago and he started eating separately from the family. He used to take his
food into his room, but it was discovered that he hid the food in different parts of the room and not consuming it. He was just consuming water, tea and juice; this continued for 1.5 years and lost 20 kgs in last two years.

He then was brought to Karachi and underwent psychotherapy which benefitted him and he regained 12 kgs. During this period he also began to wash his hands and feet repeatedly. He withdrew socially and became reluctant to go out and meet anybody. He complained of being laughed at school for being overweight and stopped going there. He reacted strongly against being told to eat and would have angry outbursts over it. He also started weighing himself repeatedly and exercising excessively whenever he felt he had put some weight on.

2. Discussion

Anorexia Nervosa is a mental and serious eating disorder described by an extremely low body weight relative to stature, extreme and unnecessary weight loss, unreasoned fear of weight gain, and false perception of self-image and body. Anorexia nervosa is interchangeable with the term anorexia, which refers to self-starvation and lack of appetite [1]. While the causes of anorexia are uncertain, the physical effects are clear.

When your body doesn’t get the fuel it needs to function normally, it goes into starvation mode and slows down to conserve energy. Essentially, your body begins to consume itself. If self-starvation continues and more body fat is lost, medical complications pile up and your body and mind pay the price [2]. The risks and complications of with Anorexia Nervosa are severe and can be life threatening.

People with Anorexia Nervosa may experience:

- Anaemia (iron deficiency)
- Reduced/compromised immune system function
- Intestinal problems (e.g. abdominal pain, constipation, diarrhoea)
- Loss of or disturbance of menstrual periods in girls and women
- Increased risk of infertility in men and women
- Kidney failure
- Osteoporosis— a condition that can lead to human bones becoming fragile and easy to fracture
- Heart problems (e.g. cardiac abnormalities, sudden cardiac arrest)
- Death [3]

The highest priority in the treatment of anorexia nervosa is addressing any serious health issues that may have resulted from malnutrition, such as an unstable heart beat. Nutritional treatment encompasses weight restoration, implementation and supervision of a tailored meal plan, and counseling meal education patterns. The goal of this part of treatment is to recognize underlying issues associated with the eating disorder, address and heal from traumatic life events, learn healthier coping skills and further develop the capacity to express and deal with emotions [4].
3. Conclusion

He was sent to the dietitian OPD for his nutritional counseling. He had misbelieves about foods and feared that by eating them he will gain weight. He was counselled that liquids like fresh juices and soups and healthy foods like fruits and vegetables don’t gain weight, instead they help in living a healthy life. After the first counselling session, he started taking fresh fruit juices and whole fruits. He was reluctant to drink milk and thought it to be fattening but after being counseled by the dietitian about the health benefits he promised to make it a regular part of his diet. In his follow-up session he told the dietitian that he has started drinking milk too. He was visited by the dietitian daily to check his oral intake progress. Then he slowly started eating ½ chapati with cooked lentils and vegetables. In a week, he gained 1 kg, and before discharge, he was eating small portions of foods and he gained upto 2 kg weight.

References

1. https://www.eatingdisorderhope.com/information/anorexia
4. https://www.eatingdisorderhope.com/information/anorexia#Anorexia-Treatment