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Anorexia Nervosa: A Case Study

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Introduction

Ritu is a 20 years old woman who is brought to the hospital by her two elder brothers, who support her on either side. She is very weak and on admission to the unit, her height is recorded at 5'2" and weight as 25 Kg. Her B.P. was recorded as 78/50 mm Hg. and pulse 58/ min. She was found to be anemic, malnourished and complained of being very tired. Her history revealed that she was the youngest of 5 siblings who were all married and her father died 2 years ago. She worked and lived alone in another city away from her mother and siblings. She was an aspiring actress, who temporarily worked in an Ad-Agency. She developed a pattern of eating less when her colleague commented that she should diet as she regarded her slim figure as crucial to her success in the showbiz. She maintained her low weight both by exercising and restricting food intake. She worked odd hours and ate a sandwich or a fruit during the daytime and avoided mealtime and eating with others. Her dinner used to be of some vegetables. She did not acknowledge that she was too thin and her extreme fasting had created the illness. She was diagnosed as having Anorexia Nervosa.

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What is Anorexia Nervosa?

- Anorexia Nervosa is intense fear of gaining weight or becoming fat, even though underweight.
- It is a psychological disorder characterized by self-starvation and weight loss.

Anorexia Nervosa begins with a desire to diet and lose weight. Anorexic people are terrified by the thought of gaining weight. They eventually do not eat enough to sustain a healthy body weight. They suffer from a distorted body image; perceive themselves as overweight when actually they are thin. The disorder may lead to various medical complications and if not treated appropriately, may result in death.

What are the causes

- Psychological, social, biological, cultural and familial factors[1] play a role in the development of the disorder.
- There have recently been some arguments that it has a genetic or organic basis, but it has not yet been proved.
- Media promotes anorexia nervosa as it propagates that slim is 'in'.
- It may be triggered by an event such as the end of a relationship or death of someone significant.
- It may start when a person is going through a difficult life stage.
- Anorexic people often come from families that overvalue high achievement.

- In families where members are too dependent on each other, child may fear growing up and by starving the body, they can prevent their emerging sexuality and thus remain child.

Symptoms

The following symptoms[2,3,4] are present in confirmed cases of anorexia.

- Refusal to maintain body weight at or above 85% of normal for a person of that age and height.
- An intense fear of gaining weight or becoming fat even though underweight.
- A distorted body image, with a perception of being overweight even when thin.
- Absence of at least 3 consecutive menstrual cycles.

Other features may include

- Strict rules about eating and an abnormal occupation with food.
- Excessive exercise and denial of the problem.
- Efforts to hide their condition such as by wearing bulky concealing clothing, hiding off.
- Tiredness, depression, decreased concentration.
- Social withdrawal.

Associated medical complications[2,3,4] related to starvation include

- Very low heart rate.
- Dry sallow skin, brittleness of hair and nails.
- Fine hair on face and arms.
- Impaired kidney function
- Low B.P., electrolyte imbalances.
- Constipation and abdominal pain.
- Hormonal disturbances.
- Anemia
- Osteoporosis

Prevalence

The age of onset of anorexia nervosa usually is 13 to 17 years. It is more commonly seen among females, with male-female ratio ranging from 1:6 to 1:10[1]. Only 5% to 10% of all cases have been men.

Treatment

The primary aim of the treatment of anorexia nervosa is to address the underlying psychological and interpersonal factors and to restrict weight loss in a caring, humane manner. Treatment is most effective when it consists of a multidisciplinary approach including psychotherapy, nutritional advice and medical monitoring.

Treatment modalities planned and implemented for Ms.Ritu were

- Ms. Ritu was immediately placed on therapeutic bed rest to conserve energy and calories.
- An intravenous line was started to restore fluid and electrolytes.
- Nutritional restoration and medical monitoring was provided. A target diet was established in conjunction with Ms.Ritu, who was slowly coached to eat the required amount of calories for a healthy diet.
- Individual psychotherapy was started to alter her dysfunctional thoughts and values about eating, weight and body shape.
- Family members of Ms. Ritu were counseled about developing strategies for communication and provision of contact and support to Ms.Ritu.

Nursing Management

Nursing interventions planned and taken for Ms.Ritu were

1. Consult with dietician to provide nutritious foods and fluids with regard to her preferences.

2. Monitor vital signs, food and fluid intake, output & weight daily at same time and under same conditions. A weight gain of 3 to 5 lb/week is medically acceptable. Weight gain of over 5 lb in a week may result in pulmonary edema.
3. Supervise meals, remain with patient up to 1 hour after eating.
4. Monitor activity level to prevent excessive exercise.
5. Use support, firm matter of fact approach in regulating Ms.Ritu's eating behavior.
6. Help her to review her own and others' bodies realistically. Low self esteem in-patient is associated with overly high expectations, need for approval & acceptance from others. Help her to see her positive attributes.
7. Encourage social nature of eating. Address patients' expressed fears regarding weight gain.
8. Provide health teaching regarding healthy eating and impairment of health due to low weight.
9. Enhance her communication and socialization skills through participation in-group activities with peers and family members.
10. Encourage and educate family members of Ms. Ritu about open communication and expression and family meal therapy to change eating behaviors. Because families may feel guilty, helpless and frightened, the nurse should convey a supportive and non-blaming attitude.

With several weeks of treatment Ms. Ritu started to increase her fluid and food intake and gaining weight gradually. Her Hb level showed slow and steady increase. She started feeling energetic and socialized more with her family members and peers.

References

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