

Anorexia nervosa

“Accept your body today, love your body tomorrow and appreciate it always”.



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Anorexia nervosa is characterised by nutrient restriction relative to requirements, resulting in significantly significant weight loss. Patients suffering from this eating disorder would have a fear of putting on weight, a distorted body image, and an inability to understand the gravity of their condition. (1)

Aetiology

Females are more likely than males to suffer from anorexia nervosa. The onset is between late adolescence and early adulthood. The lifetime prevalence ranges from 0.3 to 1%. regardless of culture, ethnicity, or race (2,3)

Risk elements

Child obesity, female sex, mood disorders, personal characteristics (impulsive behaviour and Machiavellianism), sex assault, or weight-related concerns from family or peer surroundings are all risk factors for eating disorders. (1)

Pathophysiology

There are deficits in neurotransmitters dopamine (eating behaviour and reward) and serotonin (impulse control and neuroticism) in patients with anorexia nervosa, differential initiation of the corticolimbic system (appetite and fear), and decreased activity among some of the

frontostriatal circuits (habitual behaviours).

Comorbid psychological disorders such as depressive disorder and generalised anxiety disorder are present in the patients. (1,4)

Types

There are two types of anorexia nervosa:

1) **Restricting types-** They limit their food intake but do not engage in bingeing or purging regularly; some patients exercise far too.

2) **Binge-eating/purging type:**

Patients who binge eat and/or induce vomiting regularly, as well as those who abuse laxatives, diuretics, or enemas. (4)

Salient Features

They could research diets and calories, hoard, hide, or waste

food, gather recipes. They might prepare huge meals for others.

Patients frequently overestimate their food consumption and hide behaviours like induced vomiting. Binge eating and purging occur in 30 to 50% of patients. Others simply limit their food intake. Bloating, abdominal pain and bloating are common complaints. Typically, patients lose interest in sex. Depression is a common occurrence. (4)

Hypotension, bradycardia, and hypothermia are some of the vital sign changes seen in anorexia nervosa patients. Dry skin, hypercarotenemia, and lanugo body hair are among the other changes. Acrocyanosis, breast atrophy, parotid and submandibular gland swelling Hair loss, peripheral oedema (5)

Diagnosis differentiation

Weight loss and aversion to food may be caused by another mental illness, such as psychosis or primary depression.

Malabsorption syndromes (caused by irritable bowel syndrome or celiac disease, for example), new-onset type 1 Mellitus, Cushing syndrome, and cancer are all things to consider.

Amphetamine abuse can result in similar symptoms. (4)

The majority of patients regain most or all of their lost weight, and any endocrine and other complications are resolved. One-fourth of those who have intermediate outcomes may relapse. The remaining one-fourth has a poor outcome, which includes relapses and on-going physical and mental complications.

Treatment based treatment is used. Anorexia nervosa recommended for treatment may Supplemental nutrition children and necessitate life-saving Psychological adolescents. brief interference to treatment (e.g., Sometimes second- rebuild body weight. cognitive-behavioural generation antipsychotics are treatment) Family-

References

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