

**Anorexia nervosa: a literature review****Samreen Ahmed\***

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**ABSTRACT**

Anorexia nervosa, more common in females, is characterized by low body weight due to restricted intake of food, and fear to gain weight as well as distorted body image of oneself. It has a number of medical complications, such as low heart rate, hypotension, etc. These complications need consideration before starting medication for anorexia nervosa. Although, antidepressants have shown no more effectiveness as compared to placebo according to a research.

**Keywords:** Anorexia nervosa, Risk factors, Body weight, Complications

**INTRODUCTION****Prevalence**

The prevalence in the lifetime is estimated to be 0.3-1% of anorexia in the United States. According to some studies 13% adolescent girls are suffering from disordered eating behaviour in the United States. The rate for men is lower (0.1-0.3%) whereas its 4% for young women. It's more common in white adolescents. Although, it can occur at old age too but mostly the disease process affects the individuals at puberty and early adulthood.<sup>1</sup>

**Risk factors**

Physical impairment, ill-fitting dentures are some of the risk factors seen in anorexia nervosa at older age.<sup>5</sup> Other risk factors are female gender, young age, weight changes, and a positive family history.<sup>6</sup>

**Signs and symptoms**

The main features seen are abnormally low body weight as a result of persistently restricted intake of energy. It also includes fear to gain weight. Patients also have distorted perception of their body shape. Other associated features comprise of social withdrawal, low libido, restlessness, persistent pursuit of thinness, etc. common signs are Low BMI (<17.5 kg/m<sup>2</sup>), bradycardia, hypotension, xerosis, and hair loss.<sup>4</sup>

**Coexisting disorders**

Anxiety disorders, body dysmorphic disorder, and mood disorders are sometimes seen in anorexia patients.<sup>4</sup>

**Differential diagnoses**

We need to rule out the following conditions before making a diagnosis of anorexia nervosa such as

neoplasm, chronic organic disease (undiagnosed), myeloma etc.<sup>1</sup>

### Pharmacotherapy for anorexia nervosa

Pharmacotherapy can be refused by many patients.<sup>12</sup> A way to overcome this refusal can be motivational interviewing.<sup>13</sup> Medical complications of anorexia nervosa should be kept in mind before the drug selection process, such as, bradycardia, low blood pressure, and QT dispersion can result from starvation.<sup>14</sup> Prevention to response to medication can result from changes in neurotransmitter and starvation.<sup>15</sup> Many patients choose to drug out from randomized drug trials, the reason behind inability to conclude the beneficial effect of pharmacotherapy.<sup>12</sup> According to a meta-analysis, antidepressants were not any more effective as compared to placebo in terms of weight gain.<sup>16</sup>

### Criteria for hospitalization

Hospitalization is suggested if the patient has any of the following features:

- Vital signs are unstable
- Cardiac dysrhythmia
- Severe dehydration
- Refeeding syndrome of moderate to severe nature
- Body mass index <16 kg/m<sup>2</sup>
- Acute medical complication as a result of malnutrition.<sup>10</sup>

### Complications

Cardiac complications include low cardiac output, weak blood pressure response, and subsequent tiredness.<sup>7</sup> Mitral valve prolapse can also occur due to which patients can complain of chest pain and palpitations.<sup>8</sup> Pregnancy can occur in anorexic patients even in the state of amenorrhea.<sup>9</sup>

### Prognosis

Poor outcomes comprising of death, are found in people who have older age at presentation with history of alcohol misuse and low BMI at presentation.<sup>2</sup> Mortality is higher if co-occurring psychiatric illnesses are present such as substance abuse.<sup>3</sup> Patients can die as a result of suicide or other medical complications.<sup>11</sup>

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