

Research Journal of Pharmaceutical, Biological and Chemical Sciences

Anorexia Nervosa-Case Study.

S Saradha Devi, and V Hemavathy.

Sree Balaji College of Nursing, Bharath University, Chennai, Tamil Nadu, India.

ABSTRACT

Eating disorders are one of the unspoken secrets that affect many families. Anorexia also known as anorexia nervosa is the name for simply starving yourself because you are convinced you are overweight. If you are at least 15 percent under your normal body weight and you are losing weight through not eating, you may be suffering from this disorder. Eating disorders are serious problems and need to be diagnosed and treated like any medical disease. If they continue to go untreated, these behaviors can result in future severe medical complications that can be life-threatening.

Keywords: Eating disorders, binge eating, behaviour therapy

*Corresponding author

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DEFINITION:

Anorexia nervosa is a complex eating disorder refusal to maintain a healthy body weight an intense fear of gaining weight and distorted body image[2]

CASE STUDY:

MS.X` 19 years old female presented with the complaints of weight loss, nutritional deprivation and estimates of caloric intake and history of amenorrhea. MS.X was diagnosed as a Anorexia Nervosa.



CAUSES AND RISK FACTORS:

Psychological causes and risk factors for anorexia

People with anorexia are often perfectionists and overachievers.. But while they may appear to have it all together, inside they feel helpless, inadequate, and worthless.

Family and social pressures: Parent's who are overly controlling, put a lot of emphasis on looks, diet themselves, or criticize their children's bodies and appearance. Stressful life events—such as the onset of puberty, a breakup, or going away to school—can also trigger anorexia.

Biological causes of anorexia

Research suggests that a genetic predisposition to anorexia may run in families. If a girl has a sibling with anorexia, she is 10 to 20 times more likely than the general population to develop anorexia herself. Brain chemistry also plays a significant role. People with anorexia tend to have high levels of cortisol, the brain hormone most related to stress, and decreased levels of serotonin and norepinephrine, which are associated with feelings of well-being.[5]

Major risk factors for anore	exia nervosa					
 Body dissatisfaction Strict dieting Low self-esteem Difficulty expressing feelings 		• Tro • His	 Troubled family relationships History of physical or sexual abuse 			
TYPES:						
There are two types of anor	exia					
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Restricting type of anorexia -, weight loss is achieved by restricting calories (following drastic diets, fasting, and exercising to excess).

Purging Type of anorexia-, weight loss is achieved by vomiting or using laxatives and diuretics.[4]

SIGNS AND SYMPTOMS:

- Dramatic weight loss Rapid, drastic weight loss with no medical cause.
- Feeling fat, despite being underweight overweight in certain places, such as the stomach, hips, or thighs.
- **Fixation on body image** Obsessed with weight, body shape, or clothing size. Frequent weigh-ins and concern over tiny fluctuations in weight.
- Harshly critical of appearance Spending a lot of time in front of the mirror checking for flaws.
- **Denial that you're too thin** –drinking a lot of water before being weighed, wearing baggy or oversized clothes.

Purging signs and symptoms

- Using diet pills, laxatives, or diuretics Abusing water pills, herbal appetite suppressants, prescription stimulants, ipecac syrup, and other drugs for weight loss.
- **Throwing up after eating** Frequently disappearing after meals or going to the bathroom. May run the water to disguise sounds of vomiting or reappear smelling like mouthwash or mints.
- **Compulsive exercising** Following a punishing exercise regimen aimed at burning calories. Exercising through injuries, illness, and bad weather. and find other ways to meet it.[3]

The difference between dieting and anorexia					
Healthy Dieting	Anorexia				
Healthy dieting is an attempt to control weight.	Anorexia is an attempt to control your life and emotions.				
Your self-esteem is based on more than just weight and body image.	Your self-esteem is based entirely on how much you weigh and how thin you are.				
You view weight loss as a way to improve your health and appearance.	You view weight loss as a way to achieve happiness.				
Your goal is to lose weight in a healthy way.	Becoming thin is all that matters; health is not a concern.				





MEDICAL MANAGEMENT:

Since anorexia involves both mind and body, a team approach to treatment is often best. Those who may be involved in anorexia treatment include medical doctors, psychologists, counselors, and dieticians. The participation and support of family members also makes a big difference in treatment success. Having a team around you that you can trust and rely on will make recovery easier.[1]

Treating anorexia involves three steps:

- Getting back to a healthy weight
- Starting to eat more food
- Changing how you think about yourself and food

Medical treatment for anorexia

The first priority in anorexia treatment is addressing and stabilizing any serious health issues. Hospitalization may be necessary if you are dangerously malnourished or so distressed that you no longer want to live.

Nutritional treatment for anorexia

A second component of anorexia treatment is nutritional counseling. A nutritionist or dietician will teach you about healthy eating and proper nutrition.

Counseling and therapy for anorexia

Counseling is crucial to anorexia treatment. Its goal is to identify the negative thoughts and feelings that fuel your eating disorder and replace them with healthier, less distorted beliefs.

NURSING MANAGEMENT:

Determine whether the client has problems with perception, attitude, or behaviour and then devise a programme targeting the specific problem area.

Provide dance and movement therapies to create pleasant body experiences and can enhance the integration of body and mind.

Clarify body boundaries.

Modulate negative feeling about the body.

Use imagery and relaxation techniques, working with mirrors and depicting the self through art.

REFERENCES

- [1] Boyd MA .Psychiatric Nursing Contemporary Practice.Lippincott Publications, 2001,pp.130-134
- [2] Keltner LN, Schwecke L H, Bostrom CE. Psychiatric nursing. Mosby publication, 1999, pp. 34-36
- [3] Kaplan HI, Sadock BJ. Synopsis of Psychiatry, Behavioral Sciences/ Clinical Psychiatry . William and Wilkinson Publishers, 1998, pp. 245-256
- [4] Stuart GW, Laria MT. Principles and Practices of Psychiatric Nursing. Mosby Publishers, 2001,pp.156-158
- [5] Townsend M C Psychiatric mental health nursing- concepts of care. F.A Dais company, 2005, pp.234-236

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