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Care of the Adolescent Patient with Anorexia Nervosa

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Care of the Adolescent Patient with Anorexia Nervosa

Liana Roxanne Clark, MD, and Tara S. Holahan, RNC, BSN

INTRODUCTION

Eating disorders represent a major health problem in the United States. They usually arise in adolescence and disproportionately affect females.¹ About 3% of young women have 1 of 3 main eating disorders: anorexia nervosa, bulimia nervosa, or binge-eating disorder.² In addition to causing various physical health problems, eating disorders are associated with illnesses such as depression, substance abuse, and anxiety disorders. Anorexia nervosa has the most severe consequences, with a mortality rate of 0.56% per year, 12 times higher than that for other young women in the population.³

Although the etiology of eating disorders remains unclear, biological, psychological, and sociocultural factors are believed to be involved.⁴ Because of their complexity, eating disorders call for a comprehensive, interdisciplinary treatment plan.⁵ Primary care physicians should be important members of the therapeutic team. In addition to establishing the diagnosis and initiating an effective intervention, they also play a major role in maintaining continuity of care; this can be challenging because care is often provided in a variety of inpatient and outpatient settings. This manual presents an approach to the care of the adolescent patient with an eating disorder, including recognition of the disorder, assessment of the severity of physical complications, and formulation of treatment options that incorporate physical, developmental, and mental health issues.

CASE PRESENTATION

INITIAL PRESENTATION

A 16-year-old girl presents to her primary care physician for evaluation of an episode of brief abdominal pain followed by fainting. The patient is accompanied by her mother, who expresses concern over her daughter's eating habits and low weight.

HISTORY

The physician begins the interview with the patient and her mother. The patient reports that the abdominal pain and syncopal episode occurred 2 days prior to the visit. The abdominal pain was epigastric and felt like “gas pains.” The patient felt lightheaded and subsequently fainted. The loss of consciousness was brief, lasting a few seconds. She has not experienced any further episodes since then but reports that she frequently feels dizzy. Review of systems is positive for infrequent frontal headaches relieved by sleep and acetaminophen. The patient describes some shortness of breath with exertion and sporadic episodes of tachycardia without chest pain. Gastrointestinal upset with cramping, nausea, and diarrhea are attributed to what she describes as extreme lactose sensitivity. She feels that she has been bruising more easily during the past year. She notes that she frequently feels tired and upset and is having some difficulty sleeping. She has no known drug allergies and her immunizations are up to date. She experienced menarche at age 14 years. Normal menses occurs every 21 days and lasts 5 days, but during the past few months her cycles have lengthened to about 34 days. Her last menstrual period began 3 days before the visit.

For the psychosocial assessment, the mother was asked to leave the room. The patient was assured confidentiality prior to beginning the assessment except in the case of suicidality, homicidality, or abuse. She is in the eleventh grade and has a grade-point average of 3.2. Her career goal is to be a lawyer. She lives with her mother, father, and 14-year-old sister. Home conflicts are minor and usually related to chores, although she feels that her parents are “on her case” about her eating behaviors. Outside activities include youth groups, youth theater, and a part-time job at a fast food restaurant. She reports no drug or tobacco use and occasional alcohol use at parties approximately every 3 months. She is not sexually active and has never been romantically involved with anyone. No physical safety or violence issues are noted.