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Case Report

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Unusual Presentation of Uncommon Disease; A Child with Anorexia Nervosa – A Case Report

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ABSTRACT

Anorexia nervosa is an eating disorder characterized by excessive restriction on food intake and irrational fear of gaining weight, often accompanied by a distorted body self-perception. It is clinically diagnosed more frequently in females, with type and severity varying with each case. The current report is a case of a 9-year-old female child, studying in 4th standard, hailing from an lower socio economic class from Hindu family, in khammam; referred from pediatric Opd to psychiatry Opd with complaints of gradual loss of weight, refusing to eat due to fear of getting fat, recurrent episodes of vomiting, in GMC, khammam, with a probable precipitating factor being parents separation. Diagnosis of atypical anorexia nervosa was made with no significant co-morbidities. It highlights the early onset clinical presentation, assessment and management of anorexia nervosa by a multi-disciplinary health care team which includes a pediatrician, a dietician, and a psychiatrist.

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Introduction

The term anorexia nervosa comes from the Greek word for "loss of appetite" and a Latin word implying nervous origin. Anorexia nervosa is a syndrome characterized by three essential criteria,

- Behavioral (self-induced starvation, to a significant degree)
- Psychopathological (relentless drive for thinness or a morbid fear of fatness)
- Physiological (medical signs and symptoms resulting from starvation)

Two subtypes of anorexia nervosa exits: restricting and binge/purge. Approximately half of anorexia persons will lose weight by drastically reducing their food and the other half by binge eating followed by purging behavior. Some patient routinely purge after eating small amount of food. Anorexia nervosa is much more prevalent in females than in males and usually has its onset in adolescences.

Case Presentation

The current report is a case of a 9-year-old female child, studying in 4th standard, hailing from a lower socio economic class belonging to a Hindu family, living with her mother in Urban khammam was referred to our psychiatry Opd from pediatric department at government medical college, khammam as a part of consultant liaison psychiatry. With complaints of gradual loss of weight, recurrent episodes of vomiting which was immediately after having small amounts of food and refusing to eat due to fear of getting fat, with a probable precipitating factor being parents separation. The duration of her illness was for around 6 months. Her symptoms began in this year on may2023 at the age of 9 years after family conflicts between her father and her mother (both of them are handicapped and her mother is wheel chair bound) which led to the separation of the parents, initially she started to have dietary restrictions of unspecified nature, which gradually changed into a pattern of disturbed eating behavior pattern. She initially refused food with high calorie content like rice and dal, as she considered them "fattening"; and later on, started restricting herself to a liquid diet of low calorie to lose weight as she "felt fat". She became preoccupied with her weight which dropped down from 22 to 19 kg, and associated with decline in school performance. Later, her diet was restricted to one or two bites of fruit like banana/apple and a few sips of water. She was unable to walk, and could not attend school because of her weakness.

She was admitted in the hospital for her weakness 3 times in last 6 months and treated under nutrition and rehabilitation center in government medical college, khammam. On further investigation by pediatrician she revealed her fear of getting fat for not taking food at home.

On physical examination, she had signs of emaciation, cold extremities, PR: 56/min, BP: 80/60 mm of hg and her BMI was 12 kg/m2, poor nutrition. Her height was 3 feet 10 inches, and weight was 19 kg. Her menstruation cycle had yet not started. Investigations carried out to rule out organic causes of weight loss which showed normal results. On examination of the mental condition, findings included fear of fatness, and non-acceptance of the fact that she was underweight.

She was hospitalized for treatment and Diagnosis of atypical anorexia nervosa was made with no significant co-morbidities. GHQ-12 (General Health Questionnaire) was applied on the patient which showed a value of 10 which is considered as having no psychological distress and eating disorder and Eating Disorder Examination Questionnaire (EDE-QS) was a value of 15 which is considered as a threshold score to identify a high risk of eating disorder. Cognitive behavior techniques were employed to treat her fears about "fatness", ideas about distorted body image. Graded increase in her weight was targeted.

Additional medical intervention was given in the form of 2.5 mg olanzapine. On being discharged after 1 week, she showed signs of improvement and her weight had increased to 20 kg. She was motivated to maintain the normal body weight for her age and height. She was reviewed every week for the initial 2 months after discharge and monthly thereafter.

On follow up visits, it was observed that she gradually gained weight with changes in her dietary patterns and her distorted body image.

Discussion

Though the cases of anorexia nervosa are reported greatly in the literature of the western countries, the number of clinical cases in India is on the rise. The age of onset for most cases range between 12 to 20 years. But in our case it is 9 years which is early onset (unusual presentation). Most cases are brought to clinical attention only when there are severe somatic complaints In this case, Miss S was taken to the pediatrician by her parents with symptoms of weight loss, vomiting and weakness. Multiple specialist opinions were taken to ascertain the cause of symptomatology. With no clear cut causal factor, the case as referred for psychiatric evaluation. The clinical picture led to the diagnosis of atypical anorexia nervosa. There were no other potentially fatal medical consequences as when the case was referred by the pediatrician. By reporting the particular case, the authors aim to raise awareness among general practitioners and other medical practitioners to be aware of the symptoms of eating disorders as most patients would overtly express somatic conditions and can present at an early age. Such awareness would have called for an earlier psychiatric intervention and curbed other unnecessary investigations.

Conclusion

Anorexia nervosa instances from non-western nations like India used to be reported less frequently, and this can be attributed to a number of biological elements that protect against the disease as well as the sociocultural norms of the nation, which place a strong focus on nutrition and health. In actuality, a healthy body weight was seen as a sign of nourishment and a good family life. The shifting perception of anorexia nervosa in India and the impact of imitating western culture are further supported by our instance. We must raise awareness of this new "culture change syndrome" and discourage the notion of "being slim" and the "size-zero fad" as infallibly indicative of attractiveness. In India, so far only few studies have been done on Anorexia nervosa and highlighting the need for more in-depth studies/research can be felt. Emphasizing the importance of good nutrition and maintaining a healthy body weight, while preventing eating disorders, should be stressed upon.

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