

Anorexia Nervosa: Diagnosis, Risk factors and treatment  
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April 16, 2007

### **Anorexia Nervosa**

Anorexia Nervosa is a serious disorder that has been officially added to the Diagnostic and Statistical Manual (DSM-IV). According to the DSM, the fundamental feature of Anorexia Nervosa is when an individual refuses to keep even a very low, but normal body weight. The DSM states that if an individual weighs less than 85 percent of the estimated body weight for his or her height and age and/or one's body mass index is less than 17.5 , one could be considered anorectic ( the official term for an anorexic individual ).<sup>1</sup>

### **Physical Symptoms**

A frequent and obvious sign of anorexia is extreme weight loss over an extremely short period of time.<sup>2</sup> Other, less obvious signs of anorexia include the breaking of one's nails and hair; one's skin may also become yellow, dry, and could start to develop lanugo. Lanugo is a thin, fine layer of hair that will grow onto one's skin to regulate his or her's body temperature when other methods are not sufficiently working.<sup>3</sup>

### **How One Loses the Weight**

There are two types of anorexia: The more widely known subtype is the restrictive type. One restricts his or her caloric intake, usually restricting to at least 1,000 calories. The second subtype is the binge/purge type. The behavior is exactly as the name sounds; one will engage in bingeing and then purging what one ate. This type of anorexia nervosa should not be confused with bulimia nervosa. Anorectics will do almost anything to rid

their body of the food and nutrients that they are receiving from food. They have been known to abuse laxatives, diuretics, enemas and other pharmaceutical products.<sup>1</sup>

### **Medical Symptoms**

One of the most prevalent symptoms of females who are suffering from anorexia is amenorrhea, which is the discontinuation of one's menstrual cycle. In a postmenarcheal (already started her menstrual cycle) female, amenorrhea is due to insufficient amounts of estrogen production because of the diminished pituitary secretion of the hormones, follicle-stimulating hormone, and the luteinizing hormone. Amenorrhea is diagnosed when one has missed three successive menstrual periods. When anorexia occurs in pre-pubescent children, if one is a female, she will not develop a menstrual period at all.<sup>1</sup> In a study published by the Arch Intern Medical Journal, the mean time since an anorectic's previous menstrual cycle was 27.1 months ago. The mean age of girls who were anorectic started their menstrual cycle at age 13.6 years. The average white female in the United States starts her period at the mean age of 12.88 years. Not only does a female's menstrual cycle cease to exist, but one's pulse rate and blood pressure drop rapidly. This can cause obviously irregular heart patterns, which can lead to heart failure and heart arrhythmias. The deprivation of nutrients leads to a loss in bone density, which can ultimately cause osteoporosis and many other chronic problems throughout one's life. The most dramatic physical symptom of anorexia nervosa is death. One can literally starve himself or herself to death.<sup>3</sup> Anorectics are twelve times more likely to die than an average person their age. Anorexia claims the most lives out of all the mental disorders today.<sup>4</sup> Other serious medical impediments have arisen to victims of this disease; some of them include electrolyte disorder and hematological disorders. The same study

mentioned above also found that anemia occurred in 39 percent of their anorectic participants suffered from anemia, 34 percent suffered from leukocytopenia, and 35 percent from early onset osteoporosis--just to name a few of the diseases.<sup>5</sup>

### **People Usually Afflicted**

Anorexia Nervosa is not a disease from which one can be vaccinated; virtually, everyone is at risk. There are some significant risk factors that cause some social groups to be at a higher risk than others. Females suffer from anorexia at a rate of 10 to 1 compared to males. It is estimated that 0.5 to 1 percent of females in the United States suffer from anorexia.<sup>3</sup>

### **Causes and Risk Factors**

Scientists and doctors have yet to figure out a direct cause of anorexia due to the fact that this disease is not caused by a bacteria, virus, protein, etc. There have been many theories as to why anorexia persists in society. Included in these theories are those pertaining to genetics, personality disorders, popular culture, and exposure to stress and adverse events. The theory of genetics includes concept of family history; it is believed that one is at a risk of up to twenty times higher for suffering from anorexia if this disease is prevalent in his or her family history.<sup>3</sup> This statistic has been shown through several studies involving series of twins and many therapists have reported that their patients report a family history of odd eating. Some of the twin studies show that genes contribute to between 33 to 84 percent of the cause of anorexia nervosa.<sup>6</sup> There are certain personality traits that seem to be extremely prevalent in anorectics; depression is also commonly associated with anorexia. The most common personality traits are perfectionism, obsessionality, excessive compliance, and low self-esteem. The DSM

states that a personality disorder is "an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture." (p. 629). An anorectic with the subtype of restrictive eating is more often correlated with obsessive-compulsive disorders and one with the subtype of binge/purge often falls under the category of having impulsive personality disorders such as borderline personality. A study published in the *Journal of Eating Disorders* states that the more common personality disorders are obsessive-compulsive disorder, followed by avoidant personality disorder. Ten percent suffered from borderline personality and about five percent suffered from other, less prevalent personality disorders. <sup>7</sup>

### **Recovery**

An estimated fifty percent of anorectics recover completely from the disease and return to a normal weight. The term recovery is an exceedingly vague term. There is not a definite definition for this term. The difference in recovery statistics from numerous studies shows the differences in the opinions of the word "recovery;" many patients will recover and never experience a stint of anorexia again; others will suffer chronically from this disorder. The highest percentage of relapse occurs after the first year of being "recovered". According to a study that was published in *Eating Disorders*, 45 percent of anorectics once again became a healthy weight and had normal menstruation, 35 percent showed an improvement, which meant that they were at a more normal weight, but still had irregular menstrual cycles (if one was female). It has been shown that, when only somatic factors were taken into account, 79 percent of anorectic patients had "recovered," but when emotional health factors were then taken in account, only 49 percent of patients were considered to have "recovered". <sup>8</sup>

## Prevention

New research has shown that some of the personality disorders could be diagnosed earlier in one's life and hopefully prevents the onset of anorexia. There have been many interest groups that have rallied to have the popular media culture change. Many topics about anorexia have been "glamorized" in the media and one is pressured to be the perfect girl. These images and ideas can be changed. This could prevent a lot of the stimuli that is theorized to cause the onset of anorexia.<sup>3</sup>

## Where One Can Find More Information

One can visit the National Alliance for Mental Illness' webpage at [www.nami.org](http://www.nami.org) of the National Association for Anorexia at [www.anad.org](http://www.anad.org) for more information on anorexia nervosa. If one has continued interest in this topic or suspects a loved one may be suffering from this illness, he/she should contact the health center closest to him/her.

## References

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