

Anorexia Nervosa - Less to Worry More to Manage

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Abstract: From recent studies it is found that Anorexia Nervosa is of the highest mortality out of any psychiatric disorders. When we divide them and group according to classes it is seen that 0.3% is prevalent among young women, more than twice of the population are covered with teenage girls, where an average age of onset is found to be of 15 years. Studies shows that 80-90% of the anorexic patients are female. As far, observation and data collected it is seen that weight loss is the most common cause of Anorexia. Severe anorexia nervosa conditions often lead to immense distress and a frequent frustration is seen in careers and professionals. Hence certain clinical features of anorexia nervosa and its current treatment procedures will be discussed further.

Keywords: Anorexia nervosa, Diagnosis, Management, Reasons, Treatment, Weight gain.

1. Introduction

Eating Disorder commonly known as Anorexia Nervosa, particularly affects adolescents. Anorexia nervosa is so far an eating disorder that reduces the urge to eat. It is found that the disorder mainly affects 90% of women, who often have a distorted body image and from their point of view they see themselves to be overweight even if they are extremely skinny. Throughout their lifetime studies proved that 0.5-3.7% of the females are sure to suffer from anorexia nervosa, it is also suggested to be the third most common chronic illness among the adolescents, right after obesity and asthma. Continues studies and research data shows that 95% of those who suffer from eating disorders fall under the age group of 12- 25.

It is seen that women of all social classes are affected from anorexia nervosa. The subjects have shown to have one problem in common that is they all have a refusal to their eating behavior. The psychologists who treat these anorexic patients seem to consider family problems and sexual abuse as the main origins of anorexia nervosa disorder. In order to understand the link of origin of the disorder and further carry on with its application gives rise to the therapeutic strategy, as recognizing the individual's inner thoughts is the most essential aspect in order to know why the speedy recovery of the population is so challenging and treatments show no such effective results.

2. Causes of Anorexia

There is no such underlying or chief cause in particular for anorexia nervosa. After performing twin and family studies,

brain scans of the affected groups, and unaffected members of the family as well, it is noted that anorexia is common among families who are often compulsive, idealistic and are of aggressive attributes. Anorexia nervosa further elevates when developmental challenges and academic pressures are maximum.

3. Diagnosis and Assessment

Early diagnosis is generally suspected by individual's family, friends and sometimes in younger patients' school when required much before a doctor. In accordance with the weight loss other factors include depression, obsessive behavior, infertility or amenorrhea. Primary medical investigations, blood analysis, electrocardiography, weighing and possibly give the best result which in future should be checked accordingly. It's the duty to find out the fears of the patient and handle them with the best possible way, as well doctors should insist them on keeping themselves engaged in day to day physical activities. The primary concern should be to recognize, manage and support the patients and families. It should be informed to the patient that weight fluctuations on rapid intervals are of major problem. Medications show little benefit in anorexia whereas in malnourished patients the risk is high in this case. Hence certain psychotherapies available for managing anorexia include

a) *Individual Therapy:* In this mode of treatment one-hour weekly session with the therapist is suggested where management with the eating disorders are of major concern.

b) *Group Therapy:* In this type of therapy patients with anorexia often receive group sessions rather than individual sessions. The therapy often teaches skills that can help them tolerate agony, comfort their feelings and manage certain personal relationships.

4. Treatment

Anorexia nervosa patients must be constantly kept under repeated checkups. The main concern is to look after the patient suffering from anorexia in order to prevent starvation. So far, the most important look out is to improve the nutrition condition of the patient so that it helps the individual to gain the correct weight and help them to return back to normal life. Often in some cases the patient may feel out of control but the caregivers and doctors have to be firm in their action which can

be the only effective antidote. Anorexia treatment thus requires humble effort of ethical clinicians who can not only accept it in good terms but also appreciate to act in the finest way.

5. Conclusion

As seen through certain studies main concern is taken up to identify the risk populations, on the other hand its quite difficult to bring out the etiological factors. Anorexia nervosa treatment mainly involves on the management of the patients eating habit and weight correction. Along with the management research should also focus on treating the subject where psychotherapists also play a vital role. Anorexia often leads to a feeling of discomfort, trauma and emotional disturbance on the whole, often it can be termed as nonverbal expression of a generally

important psychological disorder. Thus, focus should be on the patient, the therapist who provides necessary conditions for identifying the healing process and also help to develop attachments to support future relationships. Accepting anorexia nervosa as the symptom, research of either of any of the cause must be accepted as the major goal of an efficient psychotherapist.

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