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03-HJPV1-2019 Original Article

Anorexia Nervosa: Factors and Long-term Health Consequences

Kiran Rafiq^{1*}, Sheeraz Ali¹, Shagufta Nesar² & Zafar Saied Saify³

1. Institute of Pharmaceutical Sciences, Jinnah Sindh Medical University
2. Faculty of Pharmacy, Hamdard University, Karachi.
3. International Center of Chemical & Biological Sciences, HEJ, University of Karachi.

Abstract: Anorexia nervosa is a psychological disorder regarding eating habits that affects females far more often than males and is most commonly observed in adolescent females. The exact cause of anorexia has not been definitively established, but thoughts about self-image, family dynamics, and community pressures to some extent genetic factors can be accountable for the disorder. According to a report it affects about one percent of adolescent girls in America. Under the condition, people be likely to illustrate neurotic behaviors and may become infatuated with food that lead to extreme dieting, weight loss and to the stage of malnutrition. The present study is aimed to quantify the percentage of population suffering from the disorder and to correlate the age and gender with the issue. The current study was conducted among teen aged, undergraduates and adult population. Male and female read a ten point vignette describing the conditions that were further quantify to understand the relationship between food, anxiety, eating disorders, and related co-morbid disorders of personality. One in each twelve participants was observed for experiencing food anxiety at high. They spent meal time with full concentration on their imaginary obesity, mistakes and mishaps consequently stress lowers their appetite. The findings showed that how psychological and personality disorders of perfectionism correlates to anxiety during meals and emotional strain of being obese.

Keywords: Anorexia nervosa, Eating Disorders, Stress & Obesity, Anorexia Nervosa

***Corresponding Author:** kiran.rafiq@jsmu.edu.pk

INTRODUCTION

Patients of Anorexia Nervosa contradict themselves from complete meal and self-starvation due to feeling of being obese and dream of extreme weight loss (1). With anorexia, a person will deny hunger and refuse to eat, practice binge eating and purging behaviors or exercise to the point of exhaustion as they attempt to limit, eliminate or “burn” calories (2).

Often referred to simply as anorexia, is an

eating disorder characterized by low weight, fear of gaining weight and a strong desire to be thin, resulting in food restriction. Patients having anorexia nervosa are observed unworried about their weight loss as compared to patients having some illness or suffering (3). However some patients are observed with remarkable symptoms like loss of appetite leading to underweight, lightheadedness, fatigue and uterine problems in women like amenorrhea, anemia and malnutrition associated deficiencies accounts for menstrual disturbances (4).



According to DSM-IV (Diagnostic and statistical Manual of Mental Disorder) extreme fear of putting on weight, unjustified emphasis on body figure and shape, three following missing periods are the set criteria of anorexia nervosa. Other endocrine disorders may develop as well, as Prolactinoma due to the overproduction of hormone prolactin causes decreased levels of some sex hormones testosterone and estrogen (5). However general conformity reveals anorexia nervosa a great jeopardy of mortality, but the actual magnitude of risk has not established because it is difficult to interpret as several aspects contribute to this condition and the statistic most commonly reported is crude mortality from zero in many studies to over 20% or the percentage of subjects who were expired at follow-up (6).

Cumulative yearly mortality rate accounted with anorexia nervosa is more than 12 times higher when compared with the ratio owed to all causes of death for females of age 15-24 years among general population and calculated as twice among group of female psychiatric inpatients of age 10-39 years old (7, 8).

A systematic review reveals that patients could have reduced taste sensitivity. According to the neuroimaging studies food intake and taste development is motivated via interlink of cognitive and emotional mechanism between body and brain, consequently developed habit of evaluating the awarded worth of food and taste, essential for both appetite and eating behavior (9).

All are monitored by CNS and various

stimuli like sweet, salty, bitter, sour, and savory give directions to the gustatory processing system that in return develop demand of food. Despite of the pharmacological reasons anorexia nervosa is a consequence of psychological disorder as when body and mind comes under stress due to various thoughts patient is distant with meal and weight issues may be due to the involvement of social pressures. This is later symptomized by eating disorder leading to malnutrition along comorbidities like hypoglycemia, hormonal disturbances, GI disturbances and others co-morbidities.

Unawareness and indigenized anorexia nervosa develop to ruthless lethal medical complication (10, 11). Without monitoring and proper management of the disease, the condition occupies individual's life and at the end anxiety, stress and over consciousness of being overweight destroys the personality.

Anorexia nervosa is regardless of age and gender, however higher ratio is prevalent among women specifically with symptoms commonly appear in adolescence and early adulthood. When the patient becomes so preoccupied with food and weight issues which makes it harder and harder to focus on other aspects of the life, it may be an early sign of an eating disorder (12).

As the disease progresses, more serious problems result, such as low blood pressure (hypotension), slow heartbeat (bradycardia), irregular heart rhythm (arrhythmia), electrolyte imbalances, skin disorders, and stomach ulcers.

**Table1- Frequency of Anorexia Nervosa Cases in Community**

	Age in years	Male	Female
High Secondary School	12-18	5%	5%
Undergraduate Students	19-24	4%	18%
Office Workers	25 & Onward	0%	19%

The conditions are usually reversible with medical treatment, but they can be dangerous if treatment is not taken timely. Further other subsequent obligatory co morbid complications like osteoporosis, liver & kidney disease, cardiac muscle weakness and infertility may come out.

Unfortunately the consequences are irreversible, cannot be cured or treated. The most unavoidable demerit of the disease is social withdrawal, altered mood and emotionless feelings highly accountable for restricting the patient of anorexia nervosa isolated from community (13).

A survey was conducted among teen aged and adult persons, both male and female were supposed to read a ten-vignette point describing the conditions that were related to food anxiety, eating disorders, co- morbid disorders and mark accordingly (14).

MATERIALS AND METHODS

The present research was conducted to analyze the frequency of anorexia nervosa and the factors involved. For the purpose three different clusters of population were selected including high secondary school, undergraduate students and office workers.

Approximately fifty participants of each cluster were included from the age of 12-18, 19-24 and 25 onward respectively for each cluster. Diabetic patients were excluded as they already are on controlled diet. For conducting the study a ten-point questionnaire was asked through interviewing online after taking consent of participants. The questions were regarding the observed behavioral and emotional symptoms and feeling of individuals experiencing due to the anorexia nervosa.

Exclusion criteria for the Study

Population: All pregnant females & diabetic patients were excluded from the survey.

RESULTS AND DISCUSSION

One among twelfth participants was observed for experiencing food anxiety at high as tend to spend meal time with full of irrelevant thoughts regarding their figure obesity, consequently stress and that works potentially for declining the appetite. The disorder is simply related to poor eating habits that make the patient develop excessive desires to be thin and lose weight.



Table2- Observed Symptoms of Anorexia Nervosa

<i>BEHAVIORAL</i>	<i>EMOTIONAL</i>
<i>Frequently skipping meals or refusing to eat</i>	<i>Flat mood (lack of emotion)</i>
<i>Not wanting to eat in public</i>	<i>Irritability</i>
<i>Lying about how much food has been eaten</i>	<i>Social withdrawal</i>
<i>Frequent checking in the mirror for perceived flaws</i>	<i>Emotionally unstable</i>
<i>Complaining about being fat or having parts of the body that are fat</i>	<i>Self-harm</i>

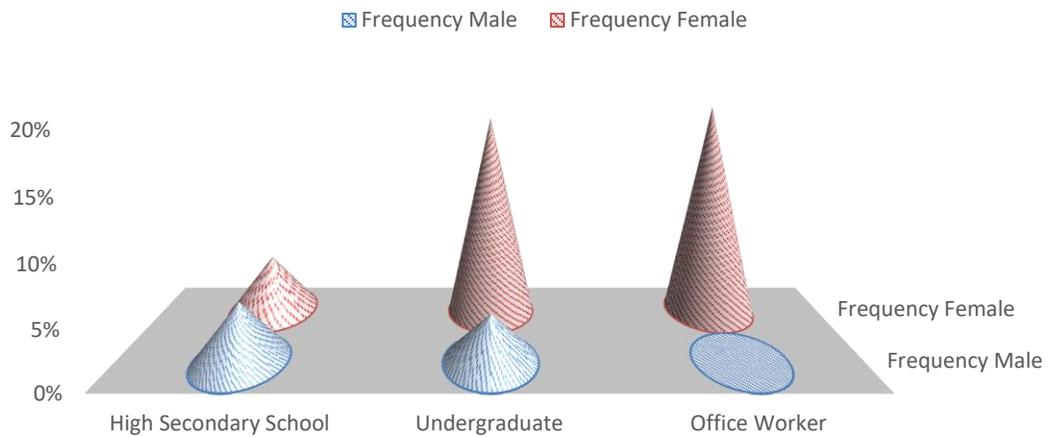


Figure 1- Frequency of Anorexia Nervosa Cases in Community



Patients affected by anorexia nervosa often consider themselves to be overweight but indeed are under the standard weight (Table-2). Due to their intentions of worrying about weight constantly, push them to eat small amounts of food and refrain from eating certain foods and mostly they starve themselves in order to remove the “weight” they have gained that lead to have a look of thin and malnutrition (15). The disorder is observed around community and no certain tool to address the issue unfortunately. The present study was conducted to analyze the frequency of occurring disorder in our community as unluckily if an individual in family is facing the disorder is usually treated as a patient or it is supposed that he or she could have a major disease. In current study three different cohorts were selected, high school, undergraduate students and office workers and the outcomes showed that among these cohorts female were observed more victimized as compare to male (Table-1) because females have more psychological intentions to introduce themselves more smart and thin at their workplace and society. Furthermore the jeopardy was observed among undergraduate and office workers. It is shown that increasing age affects the thoughts and consciousness about weight and figure remarkably (fig.1). Anorexia may also have social implications for the patient as they develop feelings of insecurity and low self-esteem once they consider themselves to be overweight. Their social and work life negatively affected by such rather troublesome perceptions about themselves (16, 17).

CONCLUSION

The findings showed that perfectionism, a psychological disorder is one of causes that leads to anorexia nervosa and accounts more serious consequences that should be addressed at priority.

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