

CMScript

Issue 11 of 2024



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Anorexia Nervosa

Anorexia Nervosa is a serious eating disorder where individuals severely limit their food intake because of an intense fear of gaining weight and a distorted view of their body.

This condition can affect anyone, regardless of gender, age, or background. Eating disorders, including anorexia, are not about vanity; they are complex mental health illnesses that can have long-term effects on a person's physical and emotional health.

In 2019, 26.5% of eating disorder cases were identified as anorexia nervosa. If untreated, it can become life-threatening, with a death rate as high as 20%—making it the deadliest mental health disorder. Death often occurs due to medical complications or suicide.



About Anorexia Nervosa

Anorexia Nervosa is characterised by the following:

- Severe food restriction, leading to extremely low body weight, resulting in an extremely low body weight.
- Relentless pursuit of thinness, regardless of weight and shape.
- Distorted body image and an intense fear of gaining weight. People believe they are overweight even when they are dangerously underweight.
- Extreme behaviours like avoiding food, over-exercising, or purging (vomiting) or using laxatives.

Types of Anorexia Nervosa

There are two distinct subtypes of anorexia nervosa:

- **Restrictive Anorexia Nervosa**
 - Characterised by behaviours such as skipping meals and eating very small portions and being highly selective about the types of food consumed, often with an intense focus on calorie counting.
 - Affected individuals frequently engage in excessive exercise as a method of weight control.
 - Self-induced purging is rare, though appetite suppressants may be used.
 - This rigid and restrictive behaviour leads to dangerous levels of malnourishment.

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- **Purgative Anorexia Nervosa**
 - Involves the use of purgative methods (emptying of the bowels), such as self-induced vomiting and the misuse of diuretics or laxatives, even after consuming small amounts of food or drinks.
 - May include binge-eating episodes, followed by purging to prevent weight gain. They often use appetite suppressants.

Anorexia nervosa can lead to serious, life-threatening health issues.

Causes and Risks of Anorexia Nervosa

The causes of eating disorders are complicated and often link to societal pressures, cultural expectations, and personal struggles with identity and self-esteem. For some, feeling a lack of control in their lives leads them to focus intensely on controlling their weight to feel in charge. Their self-worth becomes tied to their appearance, with a strong belief that being thin is necessary for acceptance and success. This can lead to obsessive behaviours and a distorted body image, even when they are dangerously underweight.

The onset of anorexia nervosa can be triggered by various factors, including:

- Childhood and/or recent traumatic events.
- Pre-existing, unresolved mental health conditions
- A significant need for social acceptance.
- Societal and peer pressure to look thin or “perfect”.
- Fear of failure in the workplace or personal life.
- Perfectionism or compulsive tendencies.
- The media’s portrayal of leanness as a symbol of virtue, success, or attractiveness.
- Perceived peer pressure to be lean and sexy.
- A family history of eating disorders or genetic predisposition.

Signs of Anorexia Nervosa

In addition to being underweight, individuals with anorexia may exhibit the following signs:

- Excessive fear of gaining weight or becoming overweight despite being very thin.
- Obsessing over body shape and appearance.
- Distorted body image, believing they are overweight despite being underweight.
- Denial of how undernourished they look.
- Nervousness or secrecy around mealtimes.
- Choosing foods only based on calorie content.
- Eating very small portions or skipping meals with weak excuses.
- Secretive hiding or throwing away uneaten food.
- Frequent trips to the bathroom to induce vomiting.
- Blaming health problems as unrelated to their eating habits.
- Avoiding social invitations that involve food.
- Obsession with dieting and new dietary trends.
- Constantly changing food or beverage preferences.
- Compulsive exercise, often in excess.
- High sensitivity to comments about their body shape.

- Wearing loose-fitting clothing or frequently buying new clothes to hide weight loss.
- Experiencing mood swings, including anxiety and depression.

Symptoms of Anorexia Nervosa

In addition to the usual signs of anorexia, people may also experience the following physical symptoms:

- Headaches, feeling dizzy, or trouble sleeping.
- Digestive issues like constipation, bloating, diarrhoea, or stomach pain.
- Dehydration, problems with electrolytes, or even kidney failure.
- Feeling weak, tired, or having water retention (swelling).
- Loss of bone strength and muscle mass.
- Irregular periods, fertility problems, or a lack of interest in sex.
- Poor blood circulation or serious heart problems.
- Low iron levels (anaemia) and a weakened immune system.
- Other physical and mental health issues happening at the same time.

Long-Term Effects of Anorexia Nervosa

- Loss of menstrual cycle, difficulty conceiving, and potential infertility.
- Damage to vital organs, leading to life-threatening complications.
- Increased risk of heart failure and other heart-related complications.
- Decreased bone density and muscle mass.
- Severe effects on career and personal relationships.
- Worsening of other mental illnesses, such as depression, anxiety, and substance use disorders.
- Death: 5–10% of individuals with eating disorders die within 10 years of onset, with variations based on gender identity.

Diagnosis of Anorexia Nervosa

Doctors use specific guidelines in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) to diagnose eating disorders. These disorders involve ongoing issues with eating habits or behaviors that affect how food is consumed or absorbed, leading to serious impacts on physical health or mental well-being.

To diagnose anorexia nervosa, healthcare providers look for the following criteria:

- **Restricted eating:** Consuming too few calories, causing significant weight loss or failure to gain weight. This leads to a body weight that is much lower than normal for your age, sex, height, and growth stage.
- **Fear of weight gain:** A strong fear of becoming “fat” or gaining weight, even if underweight.
- **Distorted self-view:** Seeing your body differently than others do and not recognising the seriousness of your condition.

When diagnosing anorexia, a healthcare provider will take your medical history and perform a physical exam. They may ask about:

- Eating habits
- Exercise routines
- Mental health history
- How a person sees and feels about their body
- Use diet pills, laxatives, or diuretics
- Family history of eating disorders

While laboratory tests alone cannot confirm anorexia, they can help rule out other medical conditions and assess the effects of the disorder. Tests may include:

- Complete blood count (CBC): Checks overall health
- Electrolyte panel: Looks for dehydration and imbalances in the blood
- Electrocardiogram (EKG): Monitors heart health
- Urinalysis: Screens for various conditions
- Bone density test: Checks for weak bones (osteoporosis)
- Kidney function tests
- Liver function tests
- Thyroid blood tests

Treatment for Anorexia Nervosa

Anorexia nervosa is extremely difficult to treat as there is no specific medication available. The most successful treatment involves behavioural therapy, where a patient is admitted to a hospital and put on a very strict behavioural modification programme.

- **Medical treatment**
 - Doctors treat health problems caused by malnutrition and may prescribe medication to help with severe anxiety or depression.
- **Nutritional treatment**
 - Dietitians help create safe, healthy eating plans and provide advice to fix unhealthy eating habits.
- **Psychological therapy**
 - Therapy helps uncover and treat underlying issues, as well as the eating disorder itself.
 - It also prepares individuals and their loved ones to prevent relapses in the future.
 - Some rehabilitation programs include meal planning as part of the recovery process.

What is covered as PMB level of care in eating disorders

The Prescribed Minimum Benefits (PMB) regulations determine that the diagnosis, treatment, and care of a disease must be funded in full by the medical schemes.

PMB regulations include anorexia nervosa under the Diagnostic and Treatment Pair 908T - *Anorexia Nervosa and Bulimia Nervosa*.

The treatment for this DTP is specified as *Hospital-based management up to 3 weeks/year OR minimum of 15 outpatient contacts per year*.

In-hospital management may include medicines (e.g. antidepressant medication) and consultations with health professionals such as the psychiatrist, psychologist, occupational therapist, and social worker.

Although anorexia nervosa is a PMB condition, it is important to remember that medical schemes can use designated service providers (DSPs). A DSP is a healthcare provider (such as a doctor, pharmacist, or hospital) that is appointed by the medical scheme for the treatment or care of PMB conditions. Voluntarily opting for a non-DSP means you may have to pay a portion of the bill as a co-payment.

Medical schemes may also have medicine formularies which should include medicines from all classes, and it is important to obtain the formulary information from the medical scheme and discuss this with the treating doctor. If a non-formulary drug is used, the medical scheme may charge a co-payment.

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