

# Anorexia nervosa



**Anorexia nervosa** is a psychiatric illness that describes an eating disorder characterized by extremely low body weight and body image distortion with an obsessive fear of gaining weight. Individuals with anorexia nervosa are known to control body weight commonly through the means of voluntary starvation, excessive exercise, or other weight control measures such as diet pills or diuretic drugs. Although the condition primarily affects adolescent females, approximately 10% of people with the diagnosis are male. Anorexia nervosa, involving neurobiological, psychological, and sociological components, is a complex condition that can lead to death in the most severe cases.

The term anorexia is of Greek origin meaning a lack of desire to eat.

"Anorexia nervosa" is frequently shortened to "*anorexia*" in the popular media.

## ***Causes and contributory factors***

It is clear that there is no single cause for anorexia and that it stems from a mixture of biological, social, and psychological factors. Current research is commonly focused on explaining existing factors and uncovering new causes. However, there is considerable debate over how much each of the known causes contributes to the development of anorexia. In particular, the contribution of perceived media pressure on women to be thin has been especially contentious.



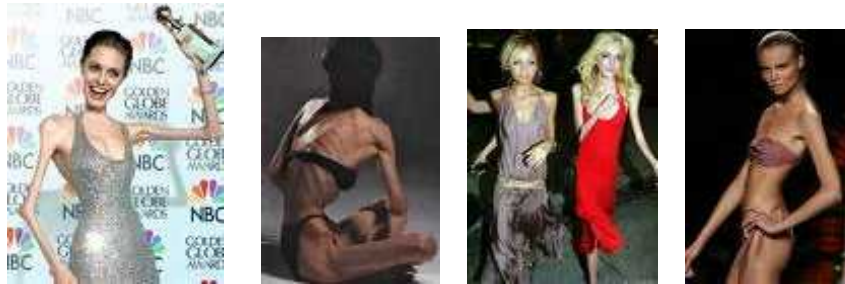
## **Psychological factors**

There has been a significant amount of study on psychological factors that suggests how biases in thinking and perception help maintain or contribute to the risk of developing anorexia.

Anorexic eating behaviour is thought to originate from an obsessive fear of gaining weight due to a distorted self image and is maintained by various cognitive biases that alter how the affected individual evaluates and thinks about their body, food and eating. People with anorexia nervosa seem to more accurately judge their own body image while lacking a self-esteem boosting bias.

## ***Prognosis***

Anorexia is thought to have the highest mortality rate of any psychiatric disorder, with anywhere from 6-20% of those who are diagnosed with the disorder eventually dying due to related causes. The suicide rate of people with anorexia is also higher than that of the general population. It was noted that significantly more anorexia (22.1%) than bulimia (10.9%) subjects made a suicide attempt.



## ***Treatment***

The first line treatment for anorexia is usually focused on immediate weight gain, especially with those who have particularly serious conditions that require hospitalization. In particularly serious cases, this may be done as an involuntary hospital treatment under mental health law, where such legislation exists. In the majority of cases, however, people with anorexia are treated as outpatients, with input from physicians, psychiatrists, clinical psychologists and other mental health professionals.



The use of medication in anorexia is not all that well established. Many medications have been tried with mixed but mostly discouraging results. Drug treatments, such as SSRI or other antidepressant medication, have not been found to be generally effective for either treating anorexia, or preventing relapse although it has also been noted that there is a lack of adequate research in this area.

Family based treatment has also been found to be an effective treatment for adolescents with short term anorexia. In particular, a method developed at the Maudsley Hospital is widely used and found to maintain improvement over time. A 2008 paper published in the Journal of Clinical Child & Adolescent Psychology states that the evidence base is strongest for the Maudsley model for the treatment of anorexia nervosa. At 4 to 5 year follow up one study shows full recovery rate of 60 - 90% with 10-15% remaining seriously ill. This compares favourable to other treatments such as inpatient care where full recovery rates vary between 33-55%.

