Anorexia nervosa – medical and sociocultural problem.
Patient with anorexia nervosa – case report

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Abstract
Anorexia nervosa is one of the important problems of the adolescent gynecology. We report on a patient aged 17 years with anorexia nervosa associated with gynecological problems. This paper presents sociocultural and medical aspects of anorexia nervosa.

Key words: anorexia nervosa, child, gynecological evaluation

Introduction
Many problems of childhood and adolescent gynecology are connected with psychosexual development. It is the time when psychologic changes accentuate the differences between males and females. Human sexuality is influenced by biologic, psychologic factors and socio-cultural norms. Adolescence is the time of hormonal and psychologic changes, is the a period that, for many parents and society in general, is synonymous with emerging sexuality and all the problems it heralds – anorexia nervosa is one between problem’s adolescent gynecology.

Case report
A patient J.Ś. with anorexia nervosa (47 kg, 168 cm), aged 17 years, (2 years after menarche) came from Clinic of Psychiatry to a childhood and adolescent gynecology outpatient clinic because of a lack of menstruation in the past 8 months. According to Tanner scale: A4P4Th3.

The Tanner stages (also known as the Tanner scale) are stages of physical development in children, adolescents and adults. Tanner scale considers girls-development of breasts (Thelarche-Th stages Th1-Th5) and pubic hair growth (Pubarche P stages P1-P5) and axillary hair growth (Axillarche A stages A1-A4).

Girls with low body mass index (BMI) and girls with bariophbic syndrome are the risk group of development of primary osteoporosis – this patient was considered in this group.

The full gynecological examination together with USG, BMD showed that the girl had hypoestrogenism connected with oligomenorrhoea and osteoporosis.

Further psychological, medical hormonal and diet examination showed that relations with family and life partner is very important for patient with anorexia nervosa.

Discussion
Anorexia nervosa (AN) is an eating disorder characterized by self induced weight loss of at least 15% below that expected, avoidance of fattening food, body image distortion and amenorrhoea [1]. The primary nuclear form of anorexia nervosa is characterized by a central symptom of phobia of normal adolescents weight following the growth changes of puberty.

Amenorrhea is a diagnostic criterion for anorexia nervosa (AN), although menstrual cycles have been found to persist in some women with all the other features of AN. The diagnosis of anorexia nervosa (AN) is based on the refusal to maintain a minimally normal body weight, a morbid fear of becoming fat, a disturbance in body image, and the presence of amenorrhea [1-2]. The amenorrhea in AN is secondary to loss of weight, rather than a primary defect in hypothalamic function. However, amenorrhea can also occur prior to significant weight loss or persist after weight restoration [3-8]. In others, menstrual cycles may persist or return, despite a low body weight [9-11]. Thus a critical weight or body fat percentage may be necessary but not sufficient for menstrual function, and other factors may override the effect of weight.

In addition to body fat, plasma leptin [12] and thyroid hormone [13, 14] concentrations may also be metabolic parameters of energy balance and modulators of the menstrual cycle.

Abnormal attitudes toward eating [15-17], dieting [18], purging [19], stress [20], anxiety [21], depressive and obsessive-compulsive disorder symptoms [22], strenuous exercise [23], cigarette smoking [24], diet macronutrient composition [25, 26], and alcohol consumption [27] may also contribute to disturbances in reproductive function.

The addition of personality assessments to studies of amenorrhea may be further establish the biopsychosocial role personality may play in amenorrhea [28-29].

Biological, social and psychological factors have been implicated as causative factors in anorexia nervosa. Social factors include a focus on family environment and parental conflict; while depression, unstable self-perceptions and negative self evaluations have been cited as psychological risk factors for anorexia nervosa [29].

Conclusion
In conclusion, there is doctors’, teachers’ and psychologists’ important task to provide quick and reliable identification of anorexia nervosa to enable therapy since anorexia nervosa...
nervosa is connected with many medical and psychological problems.

References


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