* ***Anorexia Nervosa فقدان الشهية العصبي***

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* an eating disorder that causes people to obsess about their weight and the food they eat. People with anorexia nervosa attempt to maintain a weight that's far below normal for their age and height. To prevent weight gain or to continue losing weight, people with anorexia nervosa may starve themselves or exercise excessively.
* Anorexia nervosa can be difficult to overcome. But with treatment, you can gain a better sense of who you are, return to healthier eating habits and reverse some of anorexia's serious complications.
* ***Symptoms***
* Some people with anorexia lose weight mainly through severely restricting the amount of food they eat. They may also try to lose weight by exercising excessively. Others with anorexia binge and purge, similar to bulimia. They control calorie intake by vomiting after eating or by misusing laxatives, diuretics or enemas.
* No matter how weight loss is achieved, anorexia has a number of physical, emotional and behavioral signs and symptoms.
* ***Physical anorexia symptoms***
* \* Extreme weight loss \*Thin appearance \*Abnormal blood counts \*Fatigue
* \* Insomnia \* Dizziness or fainting \*Absence of menstruation \*Constipation
* \* Dry skin \*Intolerance of cold \*Irregular heart rhythms \*Low blood pressure
* \*A bluish discoloration of the fingers \*Hair that thins, breaks or falls out
* \*Dehydration \*Soft, downy hair covering the body \*Osteoporosis \*Swelling of arms or legs
* ***Emotional and behavioral anorexia symptoms***
* 1. Refusal to eat 2.Denial of hunger 3. Afraid of gaining weight 4. Irritability

5.Lying about how much food has been eaten 6.Excessive exercise 7. Social withdrawal 8. Flat mood (lack of emotion) 9. Preoccupation with food

* 10.Reduced interest in sex 11.Depressed mood 12.Possible use of laxatives, diet aids or herbal products
* ***Anorexia red flags to watch for***
* Skipping meals
* Making excuses for not eating
* Eating only a few certain "safe" foods, usually those low in fat and calories
* Adopting rigid meal or eating rituals, such as cutting food into tiny pieces or spitting food out after chewing
* Cooking elaborate meals for others but refusing to eat
* Repeated weighing of themselves
* Frequent checking in the mirror for perceived flaws
* Complaining about being fat
* Not wanting to eat in public
* ***Causes***

1. **Biological.** may be that some people have a genetic tendency toward perfectionism, sensitivity and perseverance, all traits associated with anorexia. There's also some evidence that serotonin — one of the brain chemicals involved in depression — may play a role in anorexia.
2. **Psychological.** Some emotional characteristics may contribute to anorexia. Young women may have obsessive-compulsive personality traits that make it easier to stick to strict diets and forgo food despite being hungry. They may have an extreme drive for perfectionism, which means they may never think they're thin enough.
3. **Environmental.** Modern Western culture emphasizes thinness. The media are splashed with images of thin models and actors. Success and worth are often equated with being thin. Peer pressure may help fuel the desire to be thin, particularly among young girls.

* ***Risk factors***
* **1.Being female.** Anorexia is more common in girls and women. However, boys and men have been increasingly developing eating disorders, perhaps because of growing social pressures.
* **2. A young age.** Anorexia is more common among teenagers. Still, people of any age can develop this eating disorder, though it's rare in people older than 40. Teenagers may be more susceptible because of all of the changes their bodies go through during puberty. They also may face increased peer pressure and may be more sensitive to criticism or even casual comments about weight or body shape.
* **3. Genetics.** Changes in certain genes may make people more susceptible to anorexia nervosa.
* **4. Family history.** Those with a first-degree relative — a parent, sibling or child — who had the disease have a much higher risk of anorexia nervosa.
* ***Complications***
* Death
* Anemia
* Heart problems, such as mitral valve Prolapse, abnormal heart rhythms and heart failure
* Bone loss, increasing risk of fractures later in life
* In females, absence of a period
* In males, decreased testosterone
* Gastrointestinal problems, such as constipation, bloating or nausea
* Electrolyte abnormalities, such as low blood potassium, sodium and chloride
* Kidney problems
* If a person with anorexia becomes severely malnourished, every organ in the body can be damaged, including the brain, heart and kidneys. This damage may not be fully reversible, even when the anorexia is under control.

***mental disorders***

* Depression
* Anxiety disorders
* Personality disorders
* Obsessive-compulsive disorders
* Drug abuse
* ***Tests and diagnosis***

1. **Physical exam.:** measuring your height and weight; checking your vital signs, such as heart rate, blood pressure and temperature; checking your skin and nails for dryness or other problems; listening to your heart and lungs; and examining your abdomen.
2. **Laboratory tests :** complete blood count (CBC), and more specialized blood tests to check electrolytes and protein as well as functioning of your liver, kidney and thyroid. A urinalysis also may be done.
3. **Psychological evaluation.** A doctor or mental health provider will ask about your thoughts, feelings and eating habits. You may also be asked to complete psychological self-assessment questionnaires.
4. **Other studies.** X-rays may be taken to check for broken bones, pneumonia or heart problems. Electrocardiograms may be done to look for heart irregularities. Bone density testing may be done to check your bone health. Testing may also be done to determine how much energy your body uses, which can help in planning nutritional requirements.

* ***Diagnostic criteria for anorexia***
* Refusal to maintain a body weight that is at or above the minimum normal weight for your age and height
* Intense fear of gaining weight or becoming fat, even though you're underweight
* Denying the seriousness of having a low body weight, or having a distorted image of your appearance or shape
* In women who've started having periods, the absence of a period for at least three consecutive menstrual cycles
* ***Treatments and drugs***

**1. Medical care**

* monitoring of vital signs, hydration level and electrolytes.
* people with anorexia may initially require feeding through a tube that's placed in their nose and goes to the stomach (nasogastric tube).
* A primary care doctor may be the one who coordinates care with the other health care professionals involved. Sometimes, though, it's the mental health provider who coordinates care

**2. Psychotherapy**

* **Individual therapy.** This type of therapy can help you deal with the behavior and thoughts that contribute to anorexia. You can gain a healthier self-esteem and learn positive ways to cope with distress and other strong feelings. A type of talk therapy called cognitive behavioral therapy (CBT) is commonly used. Therapy may be done in day treatment programs, but in some cases, may be part of treatment in a psychiatric hospital.
* **Family-based therapy.** This therapy begins with the assumption that the person with the eating disorder is no longer capable of making sound decisions regarding his or her health and needs help from the family. An important part of family-based therapy is that the family is involved in making sure that healthy-eating patterns are followed. This type of therapy can help resolve family conflicts and muster support from concerned family members. Family-based therapy can be especially important for children with anorexia who still live at home.

**3. Group therapy**

This type of therapy gives you a way to connect to others facing eating disorders. And informal support groups may sometimes be helpful. However, be careful with informal groups that aren't led by a mental health professional. For some people with anorexia, support groups might result in competitions to be the thinnest person there.

* **Hospitalization**

In cases of medical complications, psychiatric emergencies, severe malnutrition or continued refusal to eat, hospitalization may be needed. Hospitalization may be on a medical or psychiatric ward.

Some clinics specialize in treating people with eating disorders.

Some may offer day programs or residential programs, rather than full hospitalization.

Specialized eating disorder programs may offer more intensive treatment over longer periods of time. Also, even after hospitalization ends, ongoing therapy and nutrition education are highly important to continued recovery.

* **Follow up steps**
* **Stick to your treatment plan.** Don't skip therapy sessions and try not to stray from meal plans, even if they make you uncomfortable.
* **Talk to your doctor about appropriate vitamin and mineral supplements.** If you're not eating well, chances are your body isn't getting all of the nutrients it needs.
* **Don't isolate yourself** from caring family members and friends who want to see you get healthy. Understand that they have your best interests at heart.
* **Resist urges to weigh yourself** or check yourself in the mirror frequently. These may do nothing but fuel your drive to maintain unhealthy habits.