ANOREXIA NERVOSA IN YOUNG PEOPLE PSYCHO-EDUCATION INFO
Importance of Psychoeducation

- Less threatening engagement.
- Knowledge – increasing understanding and potential expertise.
- Can help reduce guilt and blame.
- Beginning of “externalisation”.
- Easy to learn for professionals of any background.
- Needs repetition!
- Visual and verbal information increases attention and retention.
THE EFFECTS ON BEHAVIOR OF STARVATION
**ANCEL KEYS 1950**

- 36 Healthy, psychologically normal men.
- Detailed study of behaviour, personality and eating patterns.
- 3/12 Normal eating.
- 3/12 Restriction of calories by 50% (weight loss @ 25%).
- 3/12 Rehabilitation and re-feeding.
- 9/12 Follow-up
Food preoccupation, affecting concentration, daydreams, conversations, reading - 3 chefs!
“toyed” with food, unusual concoctions, smuggled out food, longer to eat.
Pleasure from smelling food, watching others eat.
↑ time planning & preparing food, Conflict gulping very slowly.
↑ coffee, tea and gum so excessive had to be limited.
Binge Eating

- If unable to tolerate ↑hunger, episodes binge-eating and self-reproach.
- Lost control of appetite and determining how full they were.

BOTH ABOVE PERSISTED INTO RE-FEEDING STAGE
Emotional & Personality Changes

- Most periods of emotional distress, 20% extreme/interfered with functioning.
- ↑ Anxiety and Depression with starvation, occasional elation → low
- Extreme mood swings, irritability and anger.
- Nail biting, smoking – nervous
- Apathy, self-neglect personal hygiene.
- Shoplifting, violence, wanting to self-harm, compulsion to route thro’ rubbish, suicidality
Social Changes

- ↑ Withdrawn, isolated and sense of inadequacy
- ↓ Sense comradeship and libido

Changes in Thinking

- Reported ↓ concentration, alertness, comprehension, judgement
- Not the case on formal testing
Physical Changes

- GI discomfort, bloating, indigestion, constipation
- ↓ Need to sleep and tolerance of cold
- Headaches, dizziness, hypersensitivity to noise and light, difficulties visually focussing, tingling hands/feet, ringing ears
- ↓ Strength, poor motor control
- Slowing bodies physiological responses - ↓ HR, BP, RR, Metabolic rate, Temp.
Starvation

- Acute effects of starvation are dependent on fat stores.
- Proportion of fat varies throughout childhood, peaks during puberty, lowest in early childhood.
Starvation cont:

Food Deprivation (no Fat stores)

↓

Conservation of Energy
Most essential functions preserved most (brain/heart)
Energy from tissue breakdown, glycogen stores in liver, then protein in muscle

↓

Least essential organs reduce energy and blood supply
Limb peripheries, stomach, gut, skin, bladder, liver

↓

Body can function well with limited energy but if extra is needed, chronic starvation or purging behaviours?

↓

Heart insufficient reserve, Heart failure/arrhythmias
Brain last to be affected (except hypothalamic-pituitary axis - hormones)

↓

DEATH
Physical cont:

- Re-feeding - Metabolic Rate ↑ greater the larger amount of calories eaten
- NB Re-Feeding initially most weight gained is **FAT**→ Concern about sluggishness, feeling flabby and expressed fear of weight gain.
- **By 9 months normal redistribution of body fat**
Physical Activity

- ↓ Activity generally - tired, weak, listless, apathetic.
- Some ↑ exercise deliberately to try and lose weight to avoid a ↓ rations.
Starvation

- Similar symptoms to young people with anorexia
- Many changes that occur persist during re-feeding and recovery - same with anorexia!!
ANOREXIA NERVOSA

SOME FACTS

- Average time for recovery in adolescents is SIX YEARS.
- If becomes chronic (>20 years), conveys the HIGHEST MORTALITY RATE of all psychiatric diagnoses. Deaths due to SUICIDE or MEDICAL COMPLICATIONS.
Anyone who has suffered/is suffering from Anorexia Nervosa has an increased risk of **FERTILITY** problems & **OSTEOPOROSIS** (peak bone density 15-30 years).

Important to treat adolescents **ASAP** as can cause **STUNTED GROWTH** that can never be made up even if healthy weight reached.
PROGNOSIS

Seems to be worse if:

- Very young age of development (<11)
- Very severe weight loss
- Requiring an inpatient admission (50% risk of readmission)
PROGNOSIS Cont:

- Vomiting/purging behaviours
- Lack of parental/carer consistency, support and supervision in managing a young person’s eating difficulties
- Disengagement from treatment
WHY?

- Common Question
- IT’S NO-ONE’S FAULT - Nobody CAUSES or CHOOSES to have Anorexia!!
- NO clear or SINGLE answers – Likely to be different for different individuals.
WHY? Cont:

- Multiple factors likely to be involved at different times in the life-cycle including:
  - Predisposing factors
  - Precipitating factors/Triggers
  - Perpetuating factors
Some Possible Influences:

- Genetic vulnerability ("Genetic Bucket")
- Personality Traits (e.g. perfectionist/high achievers/low self esteem)
- Important transitions – School
  - Moving home
  - Life-Cycle
  (Puberty)
Influences cont:

- Losses/Bereavements
- Peer relationship difficulties/Bullying
- Social Pressures – “Looking Good”
  - Academic
  - Achievement
Influences cont:

- Family Factors – Parental disharmony or Separation
- History of Psychiatric Illness
- Communication Style
- Abuse – Physical, Emotional, Neglect, Sexual
BUT NEED TO REMEMBER NONE OF THESE IN THEIR OWN RIGHT HAVE BEEN SHOWN TO CAUSE ANOREXIA NERVOSA OR OTHER EATING DISORDERS.
All similar factors that can increase an individual vulnerability to develop many different emotional (and sometimes physical) problems. **But**, individuals will all respond differently, at different times, depending on their vulnerability and resilience factors.
Process of Recovery

- Recovery takes a long time!!

- Three Stage Model Of Recovery
  1) Eating Problem
  2) Assertiveness
  3) Age-appropriate Expression of Feelings
Stages of Anorexia Nervosa

Intensity

Time in months

1  2  3  4  5  6  7  8  9  10  11  12
TREATMENT - PSYCHOTHERAPIES

EVIDENCE FROM CLINICAL TRIALS

- Only evidence for an effective treatment for adolescents and young adults with Anorexia Nervosa is with FAMILY THERAPY/INTERVENTIONS based on the Maudsley Model.
The Family Therapy Model has been developed into a **MULTI FAMILY GROUP** programme of treatment and is currently undergoing a clinical trial and starting to be a useful modality of treatment in increasing numbers of centres.
Treatment cont:

- **NO** evidence of any specific form of individual therapy being most effective in treating adolescents with anorexia.

- **CBT** has only shown so far to be more effective in adult outpatients with *Bulimia Nervosa*. Further adaptations of the CBT treatment for other Eating Disorders, including anorexia nervosa are currently being trialled.
Treatment cont:

- Likely individual therapy in conjunction with family therapy is effective in treatment and is recommended.

- N.B. Not all young people can use individual therapy at low weights.