

# A Complex Case Study of Oral Aversion Following A Traumatic Event.

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## Introduction:

A 16 year old male (“X”) presented to CAMHS outpatient clinic via GP referral. Four months prior, X was the focus of a racially motivated assault from a neighbour, also aged 16. X was struck to the left medial mandible, sustaining superficial laceration to the lower lip only and required one suture from local A&E. Three weeks post assault, X ceased all oral hygiene, and reduced all diet intake to chocolate milk via a straw. His weight fell to 42Kg (height 167cm, BMI 1st centile). X stopped attending school and spends his day playing video games. No issues with verbalisation.

## Assessments and Input:

- Psychiatry: No sx of mood or psychotic disorder. No sx PTSD.
- Paediatric dietician & Eating Disorder Service: No evidence of eating disorder noted. Fortisip meal plan and weekly weighing plan initiated. Must gain 0.5Kg/week to avoid admission.
- Maxillofacial services: No concern.
- Dental Secondary Services: No concern.
- Speech & Language Therapy: No input required.
- Neurology: No concern.
- Psychology: Trial of CBT and Behavioural Activation (X refused to engage).
- Secondary Pain Clinic: Concerns that pain is medically unexplained and possibly psychosomatic.
- ENT: No concern.

## Medical Hx:

- No previous mental health issues.
- 70+ attendances to GP in previous year: primarily for non specific sx e.g. a headache, a sore knee, a “runny nose”. Aim was often to be excused from school.
- Two weeks prior to assault X was absent from school due to sore throat and a “cold”.

## Family Hx:

- No family hx of physical/mental health issues.

## Background:

- Unremarkable birth and developmental hx.
- No previous issues with diet/oral issues.
- X’s parents are divorced and live separately. They have a difficult relationship. Currently there is a court case regarding a custody dispute regarding X and his younger sister.
- Mother, father, and sister are under local chronic pain services regarding non specific ongoing pain.
- Prior to the assault, X had very poor school attendance and actively avoided school.

## Outcomes:

An MDT approach with extensive holistic patient review was performed. X was able to identify he had adopted a “sick role” in the form of an oral aversion. He would actively work against dieticians to gain weight. X’s oral aversion caused family arguments to cease in their attempts to support him, and stabilised his family life. He was also able to avoid school attendance. Moving forward, input from eating disorder services, psychology, and family therapy, was sought.