

# Eating disorder symptoms as a form of self harm in adolescents admitted to a PICU (Psychiatric Intensive Care Unit).

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**Introduction :** Adolescents admitted to a PICU have high risks of harm either to themselves or others or both. Often these self harming behaviours present as cutting, tying ligatures, head banging, taking overdoses and swallowing foreign objects. Dietary restrictions and anorexic cognitions have also been observed along with these self harming behaviours. Further exploration of the mental health difficulties usually reveal a range of self destructive behaviours of which dietary restrictions are part of the overall clinical profile.

**Aims and objectives:** To examine the clinical formulation of adolescents admitted to a PICU (Psychiatric Intensive Care Unit) with eating disorder symptoms as part of the clinical profile.

**Methods:** A retrospective case note review of the last 5 consecutive patients with eating disorder symptoms admitted to the CAMHS in patient PICU ward was conducted. This included examining the presenting problems, body weight, past history, risk profile, developmental history, psychosocial circumstances and treatment plan.

S. No.	Weight in Kg	Height in cms	Body mass index	Weight for height	History of trauma	Diagnosis of emerging EUPD	Clinical Depression	Suicidal ideation	Suicidal attempt	Other DSH methods	Eating disorder symptoms	Psychosocial factors	Nasogastric feed
1	96.2	168	34.08	174.73	Present	Present	Present	Present	Overdose of tablets	Head banging, tying ligature, cutting	Starving, purging after meals, fear of gaining weight, calorie restriction	Being bullied for being overweight, Abused by caregivers, called names due to being overweight	Given
2	45	156	18.5	91.43	Present	Present	Present	Present	Overdose of tablets	Head banging, cutting, skin pricking, tying ligature	Starving,calorie restriction, purging after meals	Sexual assault	Given
3	50.4	164	18.7	96.06	Present	Present	Present	Present	Overdose of tablets	Tying ligature, pricking old wounds, cutting, head banging	Calorie restriction, excessive exercise	Traumatic experiences due to challenging family dynamics	Given
4	62.4	164.5	23.1	109.42	Present	Present	Present	Present	Overdose of prescribed medications	Tying ligature, head banging, cutting	Calorie restriction, purging after meals	Suicidal intent, developmental trauma, EUPD	Given
5	51	158.4	20.33	104	Present	Present	Present	Present	Overdose of tablets, jumping in front of car	Tying ligature,cutting, head tapping	Starvation, calorie restriction, exercising in bed space.	Anorexic cognitions, complex trauma, sexual abuse	Given

**Results:** All 5 patients presented with a range of self destructive behaviours including dietary restrictions. Poor body image and self loathing were also part of the presentation. All required close monitoring of dietary intake and received Naso-Gastric feeding at some point during their treatment on PICU. Body weight ranged from 82.1 % weight for height to 163.7 % weight for height. All 5 patients had a history of significant trauma. Clinical formulation included features of complex PTSD (Post traumatic stress disorder), Depression, Eating disorder / difficulties and Emerging Emotionally Unstable personality disorder traits.

**Discussion :** Current evidence shows that over 50% of adolescent girls and 33% of teenage boys use food restriction measures to lose weight at any given time and Self harm (non-suicidal) is also common with 15% - 40% of youth indicating some self-injury history (depending on the behavior and sample examined). In keeping with the findings in our case series, research also suggests that symptoms of both self-injury and eating disorders occur together in about 25% - 50% of individuals who engage in one or the other. For example, among individuals who self-injure, studies found that 25%-40% will also report engaging in some form of disordered eating activity. The rate of overlap is higher in individuals who have been diagnosed with a mental illness of any type (can be as high as 65% overlap).

**Conclusions:** Among adolescents presenting with complex mental health needs requiring treatment in a secure inpatient setting, eating disorder symptoms are more likely to be part of a pattern of self destructive behaviors rather than a primary eating disorder. Hence developing a comprehensive clinical formulation would be helpful in understanding these behavioral patterns accurately and devising effective management plans.

**Disclosure :** The authors report no conflicts of interest in this work.

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