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CASE REPORT

An Anorexia Nervosa Case Presented with a Complaint of Glass Eating

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ABSTRACT
Anorexia nervosa (AN) is a highly distinctive serious mental disorder. It can aff ect any individuals; however, adolescent girls and young adult women are particularly
at risk. AN is characterized by an intense fear of weight gain and a disturbed body image, which motivate dietary restrictions or purging or excessive physical activity. In this case report, we presented a 15-year old girl who presented to our clinic with glass eating behavior in the context of anorexia nervosa and major depressive disorder.
Keywords: Anorexia nervosa, glass eating, pica, major depressive disorder

INTRODUCTION

Anorexia nervosa (AN) is an eating disorder characterized by excessive weight loss resulting in body weight below healthy norms, refusal to reach appropriate weight during ongoing growth process, intensive fear of gaining weight or being obese, despite being underweight, and distorted self-perception in terms of body-image and body-shape (1). In DSM-5, severity of anorexia nervosa is classified in four levels by use of the individual's BMI: extreme (BMI<15 kg/m^2), severe (BMI 15–15·99 kg/m^2), moderate (BMI 16–16·99 kg/m^2), and mild (BMI ≥17 kg/m^2) (1). Anorexia nervosa is associated with numerous major medical complications secondary to starvation (2). Pica is defined as the persistent eating of non-nutritive, non-food substances. These behaviors should continue for at least one month. In addition, consumption is not considered as pica, if it is developmentally or culturally appropriate (for example; eating white clay is a common practice in Africa) (3). In this case report, we present an anorexia case presented with a complaint of glass eating.

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CASE PRESENTATION

A 15-year old schoolgirl (9th grader) was referred to our outpatient clinic for consultation by the Department of Pediatrics. The patient was presented to pediatrics outpatient clinic with a complaint of glass eating. Laboratory evaluations, including complete blood count, routine biochemistry assays, and thyroid function tests and vitamin B12 levels revealed no abnormal findings except for decreased vitamin B12 level. ECG was found to be within normal limits. A foreign body image interpreted as glass was observed on the abdominal radiography. The patient was referred to The Child and Adolescent Psychiatry Outpatient Clinic. Interview with the patient and her parents revealed that she started a diet with a thought of being overweight 3 months ago. She lost 20 kilograms at this period. She refused to eat despite all efforts by her parents. She continued to consider herself overweight and began to eat glass in order to feel fully satiated. She used her father's anti-diabetic drugs for the

same purpose. She had menstrual irregularity for the last two months. She suffered from malaise, lack of motivation, and insomnia. In the psychiatric examination; she appeared exhausted and weak. Her mood was dysphoric. The patient reported that she felt overweight and she denied any psychiatric abnormalities. Her body-perception was disrupted, and she did not have emotional or cognitive insight. Body weight, height, and BMI were 36 kg, 165 cm, and 13.22 kg/m^2 (<5 percentile), respectively. The patient was diagnosed with anorexia nervosa and major depressive disorder and treatment with fluoxetine (20 mg/day) and olanzapine (5 mg/day) was initiated. In the follow-up visits on the 2nd week, 1st month, and 2nd month; improvements were observed in body-perception and depressive mood and she began to gain weight. Body weight was observed to be restored at her 3rd month visit, and she did not have any complaints.

DISCUSSION

Patients with anorexia nervosa can make calorie calculations and develop excessive fear against some nutrients by fear of weight gain. Patients can perform excessive exercise. In addition, they may suffer from drug abuse, including laxatives, diuretics, appetite suppressants, and thyroid hormone preparations for the purpose of weight loss. Similarly, there may be anti-diabetic abuse as seen in our case (4).

Pica can result from other disorders, such as iron deficiency (mainly in children and pregnant women). In some cases, pica is associated with schizophrenia, autism spectrum disorders and mental retardation or developmental delay.. Given that eating is persistent, egodystonic and intrusive, Pica was suggested to be in the obsessive-compulsive spectrum. An argument favoring this theory is its response to SSRI's. On the other hand, some pica cases can be diagnosed as impulse control disorder (3). Our case was not considered to be pica or obsessive-compulsive disorder because she stated that the reasons for glass eating were suppressing appetite and losing weight. In anorexia nervosa cases, rapid weight loss causes many disorders in human body; in addition, methods used to lose weight can also result in severe problems (5). Therefore, clinicians should be careful when assessing cases with anorexia nervosa. A better understanding of how anorexia nervosa behavior is manifested in psychiatry outpatient practice would provide a key for developing more appropriate and effective treatments. In sum, we still need to discover how to provide better, faster, and lasting improvements in the management of this unique psychiatric disorder.

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