Case Report

Capsula Eburnea

EARLY ONSET ANOREXIA NERVOSA: CASE REPORT

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SUMMARY

In this report, the authors present the case of a 10-year-old girl, who was observed at a child psychiatry clinic for food restriction and, refusal together with weight loss. The patient presented all the typical features of adolescent Anorexia Nervosa. The psychiatric assessment showed depressive traits and the two main characteristics of the Anorexia Nervosa : abnormal cognition about weight and shape and preoccupation with weight and shape. Depression is frequent in subjects with early onset Anorexia Nervosa, whereas an abnormal cognition about weight and shape is very uncommon before 14 years of age. The case suggest that young girls might present forms of Anorexia Nervosa similar to the typical adolescent forms of this disorder.

Introduction

Literature indicates that early-onset Anorexia Nervosa (AN) differs from the teenage form due to the difficulty in detecting all the DSM criteria, primarily the altered body perception (1). In this study we analyze the case of a 10-year-old patient whose food restrictions gradually increased from the age of eight. The patient was showing the typical clinical features of teenage AN, associated with depressive symptoms, typical of the early onset form. The case report shows that AN may occur with the typical clinical features even when the onset takes place at very early age.

Case report

We are presenting the case of a 10-year-old girl, called "A.C.", whom we met in March 2009. The patient had already started showing signs of food restriction one year prior to the first visit. Family anamnesis showed neuropsychiatric features both in the patient's 20-year-old cousin, affected by bulimia, and in the patient's maternal aunt affected by reactive depression. The psychomotor development of A.C. had been quite normal: she had been breastfed, weaned when she was six months old and subsequently displayed some food selectivity. The pathological anamnesis revealed the presence of recurrent herpes infections, linked to particular times of stress. The clinical history of A.C. began in 2008 with an exacerbation in food selectivity and reduced energy intake. The situation worsened over time, with the appearance of uncontrollable crying, depressive attitudes and scorbutic social closure in relation to her peers. The patient displayed a perfectionist and precise manner at school, while behaving aggressively and appositionally towards her parents, with an extreme determination to lose weight, per-

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ceiving herself as a fat girl. Before completely cutting out all the solid foods from her diet, A. started performing peculiar food rituals such as cutting her food into tiny pieces and preparing drinks full of sugar and lemon. Given the poor clinical condition and the high psychiatric comorbidity, the patient was forced into hospitalization. At that time, her clinical parameters were: weight 25.800 kg,
height 133 cm, BMI 14.55, PA 70/40, FC 60. A.C. had not been eating any solid food for 15 days, just drinking tea sweetened with honey or cane sugar, never plain water. Considering herself too fat, she was also over-exercising. During hospitalization the following examinations were performed : general physical examination , neurological examination, routine blood tests, urine analysis, screening for celiac disease, ECG and cardiac consultation, EEG, brain MRI and abdominal ultrasound. The tests carried out produced negative results.
The psychopathological profile - obtained through interviews with the patient and her parents, intellectual assessment and the use of standardized scales- was not only showing the signs of a typical adolescent anorexic profile but also narcissistic traits such as suffering, severe depression and low self-esteem. As for the anorexic ideation, concerns about weight and body shape, the fear of gaining weight and, the distorted view of her body were expressly verbalized. On the behavioral level, in addition to persistent food refusal, the patient was also affected by hyperactivity and impulsive behavior. The health care team caring for the patient was composed of a child psychiatrist, a pediatrician, a nutritionist and a clinical psychologist.
The treatment consisted of a recovery: contract and educational intervention, as well as psycho- and pharmaco-therapy. After about two months in therapy, the patient began to maintain a proper diet, and by accepting the doctors' help she managed to reach an adeguate weight. After the hospitalization, both the patient and her parents were given individual psychotherapeutic treatment, and periodic Day Hospital checkups were required.

Discussion

Only in the recent decades, the medical community has begun to consider AN as a psychopathological disorder with nosographic dignity (2). It is now seen as a condition characterized by deliberate weight loss, induced and sustained by the subjects themselves and distinguished by two typical psychopathological aspects:
the concern of becoming too fat and a distorted perception of weight and body image. It affects mainly women (about 90% of the cases analyzed). Surveys conducted on groups of teenage girls show that AN appears to affect almost exclusively the Western population, mainly developed countries (3,4). The age of onset is between 12 and 25, with a bimodal distribution showing two peaks at 14.5 and 18 years of age. The DSM IV illustrates the typical clinical features of the teenage form, including, among the diagnostic criteria, concerns about weight, shape and body image distortion (5). These criteria are rarely met in the early onset form (patients under 14 years old). Several authors have identified substantial psychopathological and clinical differences between the early onset and adolescent forms (6-8). In summary, the early onset forms seem to lack of the anorexia ideation (fear of gaining weight and distorted body image) while they do display all the behavioral characteristics of food restriction, typical of the classic AN. Moreover, the early onset forms also tend to have depressive features much more often than teenage forms (9,10).

Conclusions

The case analyzed in this report demonstrates that even in a 10-year-old patient, the clinical features and ideational component of AN may be the similar to those of teenage anorexia (7,10). In fact the young girl in question showed: an intense fear of gaining weight and becoming fat, low self-esteem, denial of the seriousness of her weight loss, refusal of maintaining her body weight at or above the normal weight for her age and stature, a fixation about food and body shapes and, physical hyperactivity. Hence, despite her young age, the DSM IV criteria to identify AN were all met. The girl also showed typical aspects of depression and early onset AN.

Observation and reports of cases of early onset AN may be useful to differentiate two groups of patients: those who are concerned about body shape, weight and altered body perception, and those without these concerns. The present case indicates that it is possible to observe the typical and symptomatic psychopathology of AN even in very young patients.

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