

Anorexia Nervosa

Anorexia nervosa is a serious disorder that occurs in about 1 in 200 women in developed countries, usually starting in adolescence. More than 90% of cases occur in women. Persons with anorexia nervosa have low body weight and distorted body image, and often deny that they are dangerously underweight. Because malnutrition and being severely underweight have serious medical consequences, it is important for persons with anorexia nervosa to receive treatment for their illness. The relapse rate for individuals who have anorexia is high even after successful weight gain, which means that long-term treatment is necessary. The death rate from anorexia nervosa is among the highest of any mental illness and is about 10 times the death rate for young women without anorexia.

The June 14, 2006, issue of JAMA includes an article reporting that the drug fluoxetine was not helpful in preventing relapse after initial weight gain in patients with anorexia nervosa.

WHAT IS ANOREXIA NERVOSA?

- Low body weight (less than 85% of ideal body weight) with refusal to maintain a healthy weight
- Fear of being overweight despite having an extremely low body weight
- Disturbed body image or denial of the degree of underweight
- Absence of a menstrual period (in women who should have periods) for more than 3 months

Medical consequences of anorexia nervosa can include dry skin, hair loss, **anemia** (low red blood cell count), irregular heart rhythms, electrolyte imbalances, bone loss, and kidney failure. Many persons with anorexia engage in excessive exercise. Some individuals with anorexia engage in binge eating and purging behaviors, such as self-induced vomiting or misuse of laxatives, diuretics, or enemas. A related disorder called **bulimia nervosa** is characterized by binge eating and compensatory behaviors, such as fasting, excessive exercise, or purging, but without abnormally low body weight.

TREATMENT FOR ANOREXIA NERVOSA

Restoring a healthy body weight and correcting nutritional deficiencies are the goals of treatment for anorexia nervosa. Because this can be difficult, **inpatient** (in the hospital) treatment may be necessary. Testing for serious medical consequences of anorexia nervosa may include blood tests, an electrocardiogram (looking for heart rhythm disturbances), tests of kidney function, and other tests looking for organ damage. Individual therapy and family therapy may be provided. Because anorexia nervosa often coexists with other mental illnesses, such as depression, obsessive-compulsive disorder, anxiety disorders, or substance abuse, additional treatment may be needed to address those other concerns.



FOR MORE INFORMATION

- National Institute of Mental Health
www.nimh.nih.gov
- Academy for Eating Disorders
www.aedweb.org
- American Psychiatric Association
www.psych.org

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page link on JAMA's Web site at www.jama.com. Many are available in English and Spanish. A Patient Page on depression was published in the January 18, 2006, issue.

Sources: National Institute of Mental Health, National Association of Anorexia Nervosa and Associated Disorders, American Psychiatric Association

Janet M. Torpy, MD, Writer

Alison E. Burke, MA, Illustrator

Richard M. Glass, MD, Editor

The JAMA Patient Page is a public service of JAMA. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, JAMA suggests that you consult your physician. This page may be photocopied noncommercially by physicians and other health care professionals to share with patients. To purchase bulk reprints, call 203/259-8724.

JAMA
COPY FOR
YOUR PATIENTS