

A Case of Extreme Duration of Extreme Restricting-Type Anorexia Nervosa.

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Background

Anorexia nervosa (AN) is an eating disorder characterized by low BMI. Lifetime prevalence in the United States is roughly 0.6%. Though relatively uncommon, it carries a disproportionately high burden of morbidity and mortality among psychiatric disorders.^{1,3} We present a case of a patient living with an extreme degree of restrictive-type AN for an extreme duration of time with relatively few adverse effects.

DSM-5 Classification of Severity of AN

Mild – BMI 17 to 18.5
Moderate – BMI 16 to 17
Severe – BMI 15 to 16
Extreme – BMI less than 15

The Case



63yo F with restricting-type AN weighing 29kg (BMI = 11.5) for decades

Oldest currently available records show BMI of 11.5 in 2004; patient endorses low weight since adolescence

Disease complications for the patient include:

- Osteoporosis
- Iron deficiency anemia
- Constipation

Other medical issues for the patient include:

- Hypothyroidism
- Paroxysmal supraventricular tachycardia managed with flecainide
- Peripheral edema managed with Lasix
- Hypokalemia managed with supplementation
- Anxiety/depression managed with bupropion for at least 17 years

Prognostic Factors for Recovery in AN²

	OR or HR*	95% Confidence Interval
Currently unemployed	0.11	0.01–1.21
Married or cohabiting	2.3	0.29–17.6
DSM-IV Major depressive disorder, lifetime	0.33	(0.10–1.1)
Depressive symptoms, premorbid	0.17	0.03–0.89
Perfectionism	0.91	0.83–1.0
Poor current relationship with partner	0.29	0.05–1.7

All models were adjusted for clustered sampling within families.
*Odds ratios (OR) or Hazard ratios (HR, from Cox regression) >1 demarcate factors that are associated with increased likelihood of recovery, and those <1 demarcate decreased likelihood of recovery.
Results considered statistically significant ($p < 0.1$) in this study's context are highlighted in boldface.

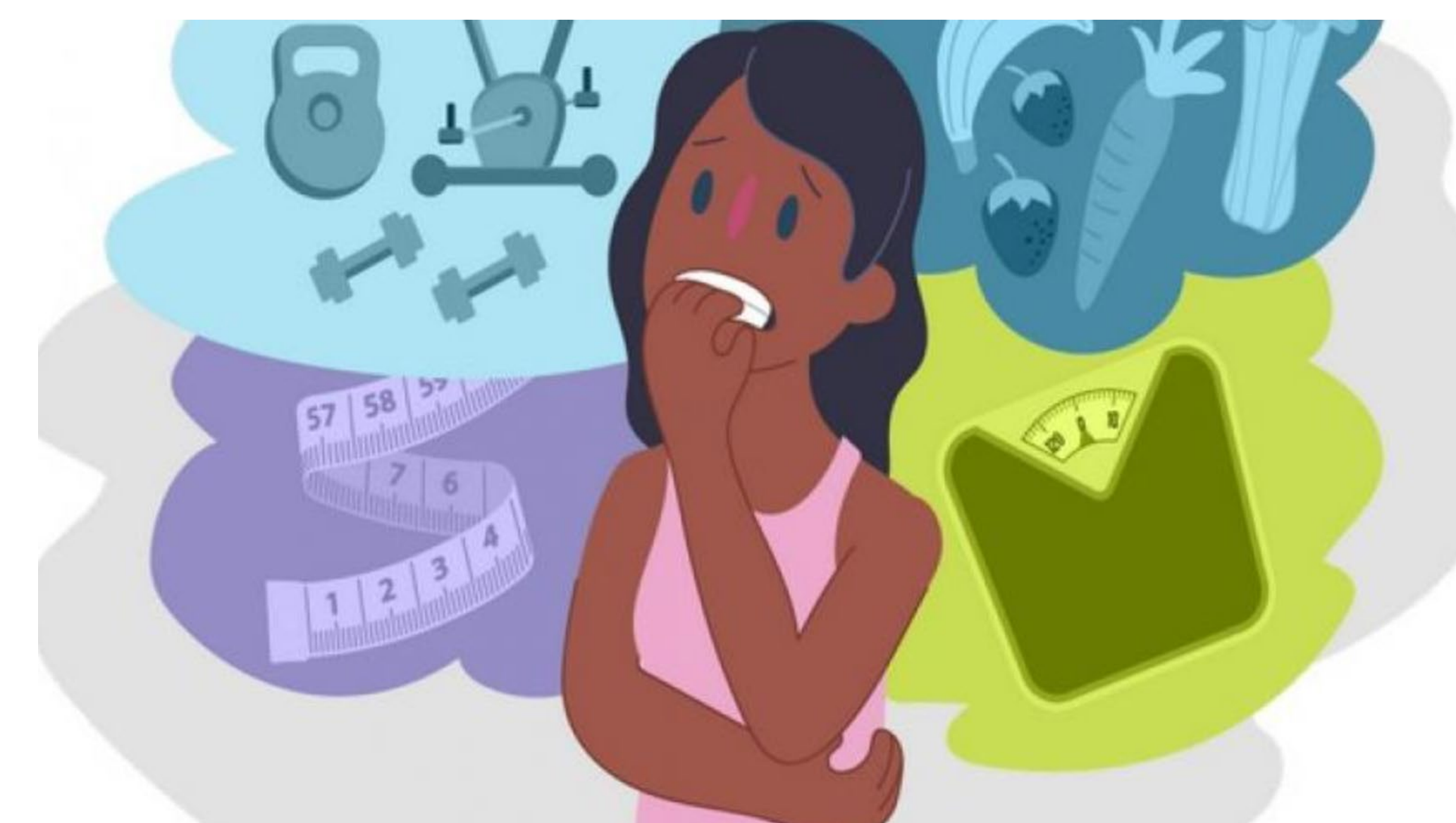
Factors Specific to the Case

Negative:

- Compulsive personality type (and self-described perfectionism)
- Overcompliance to societal norms (body image)
- Minimization of severity of illness
- Exaggeration of personal progress
- Pre-morbid depressive symptoms
- Current major depressive disorder

Positive:

- Married, supportive partner
- Acceptance of diagnosis (insight)
- Positive life outlook
- Sense of control over happiness



Radiologic Emphysema



Interpretation

Normal Spirometry

Conclusion and Future Directions

- This case recapitulates several prognostic factors for recovery in AN
- No particular characteristic was found to be responsible for her remarkably long survival with such an extreme severity of illness
- More research is needed in similar patients who have long disease courses without recovery/relapse
- This patient declines formal treatment

References

1. The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. Hudson JI, Hiripi E, Pope HG Jr, Kessler RC. Biol Psychiatry. 2007;61(3):348. Epub 2006 Jul 3.
2. Factors Associated with Recovery from Anorexia Nervosa: A Population-Based Study. Anna Keski-Rahkonen, MD, PhD, MPH, Anu Raevuori, MD, PhD
3. The Outcome of Anorexia Nervosa in the 20th Century. Hans-Christoph Steinhausen, M.D., Ph.D. (Am J Psychiatry 2002; 159:1284–1293)