Clinical Message

Case Report

# Anroxia Nervosa

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## History of Illness/Problem:

Female patient' 25 years old,qualified as dentist with an eight year history of gradual onset anorexia nervosa. she is diabetic and with long-standing family difficulties. At the age of 17 during a routine check up, patient was discovered to be diabetic with a blood glucose level of 400mg/dl. She saught an endocrinologist and was placed on Metformin along with a special diabetic diet. At that time she was 70kg giving her a BMI of 24.2.There is a family history of diabetes with her paternal grandmother suffering of the same condition.The patient followed the diet regimen which she was given and gradually lost weight. She went to college in Alexandria to study dentistry. At university she had to go up and down eight floors of stairs four or five time a day.Her weight went down to 50kg (BMI=17.3) and her menses reduced in quantity and then gradually disappeared. She has had amenorrhea for the last two years and has been at her present weight for the last year. She thinks her weight was around 45-48kg when her menses stopped.The patient states that her parents and her sister made strenuous attempts to get her to eat but she refused to do so and for a number of years she has not eaten with the family.The patient herself said that her motivation for loosing weight was firstly to avoid the recurrence of diabetes, and secondly to avoid becoming fat. Prior to admission the patient was suffering from muscle weakness with difficulty climbing the stairs and oedema of her ankles for the last month prior to admission. She also complained of a burning pain in her stomach which she had for the past two years for which gastroscopy revealed inflammation in her stomach, oesophagus and duodenum. She was also found to be positive for H pylori and was treated with antibiotics which seemed to improve the condition.Her weight reached to 32Kg before her admission by one month.

## Family History:

The patient is the youngest of three children and has an older sister aged 27 who is an accountant and unmarried and a brother aged 30 who is also an accountant.The patient states that she gets on very well with her sister and regards her as a great friend. They are cousins and as far as she can remember there have always been problems between her parents. She remembers them wanting to divorce many times. She states that they argue about many things including financial issues. Her father is a mechanical engineer who runs a factory and her mother is a housewife. The patient's mother suffers from depression and has had outpatient treatment on medication but never been admitted to hospital. Just prior to the patient's admission following her brothers wedding the patient's mother required outpatient ECT. In addition to this the patient's brother has been diagnosed with obsessive compulsive disorder and is on treatment for this.

## Personal History:

The patient was born in Alexandria. Her birth was complicated in that she sustained an injury to her brachial plexus leaving her with Erb's paralysis (an inability to move the upper arm resulting from this injury). The patient relates that in her childhood, she was suffering from her parents continually arguing. She reports no difficulties at primary school although she says that she was overweight but this was not problematic at the time. She reports having friends and did academically well. In secondary school she successed in passed the international GCSE and got into dental school. The patient completed her dental training and until recently had been working as a dentist and involved in student seminars. She is currently single although it is reported that she had a love relationship whilst at university. She does not drink alcohol and has never experimented with illicit substances.

## Past Medical History:

1. Erb's paralysis of her left arm.
2. Haemorrhagic gastritis with evidence of helibacta pylori infection.
3. Diagnosis of type 2 diabetes treated with oral hypoglycaemic agents i.e. metformin and diabetic