

## SUMMARY OF PRACTICE GUIDELINES

# Anorexia nervosa: management

## 1 - Identification

June 2010

### KEY POINTS

- Anorexia nervosa is an eating disorder (ED) with multifactorial origin; both individual and environmental factors are involved. It has a potentially very serious prognosis: there is a risk of death, and of many physical and psychological complications.
- Identification of anorexia nervosa needs to be done early and in a targeted way.

## EARLY AND TARGETED IDENTIFICATION

The benefits of early identification and management are as follows:

- the risk of progression to chronic disease and of physical, psychiatric and psychosocial complications is reduced;
- information can be provided about anorexia nervosa and its consequences, and a true therapeutic alliance<sup>1</sup> can be formed with the patient and his/her relatives.

Identification must be targeted in the following circumstances:

- at-risk populations: adolescent girls, young women, models, dancers and those who take part in sport, particularly competitively, and those with conditions that involve controlled diets, such as type 1 diabetes and familial hypercholesterolaemia;
- when certain warning signs are present (see table below).

## TARGETED IDENTIFICATION: PROCEDURES

### Questions to ask:

- one or two questions about possible EDs, such as: "do you have or have you ever had a problem with your weight or with food?" or "does anyone close to you think that you have a problem with food?";

<sup>1</sup> A therapeutic alliance is something that is created gradually over time together with the patient and his/her family, and involves an empathetic, genuine, warm and professional attitude.

- or the DFTCA questionnaire (the French eating disorders definition questionnaire, based on the SCOFF questionnaire), in which two positive responses are highly predictive of an ED:
  1. Do you make yourself vomit when you feel uncomfortably full?
  2. Do you worry that you have lost control over what you eat?
  3. Have you recently lost more than 6 kg in three months?
  4. Do you believe you are fat when others say you are too thin?
  5. Would you say that food dominates your life?

### Monitoring anthropometric parameters:

- growth curves for height, weight and BMI should be routinely monitored in children and adolescents in order to identify any disruption in growth and to calculate body mass index (BMI = weight (kg) / height<sup>2</sup> (m<sup>2</sup>));
- BMI should be calculated and monitored in adults.

### Signs suggestive of anorexia nervosa

<b>In children</b> (in the absence of specific criteria and in those aged 8 or over)	<ul style="list-style-type: none"> <li>• Slowed height growth</li> <li>• Downward trend of BMI curve (body mass index curve)</li> <li>• Recurrent nausea or abdominal pain</li> </ul>
<b>In adolescents</b> (apart from downward trends on height or BMI charts)	<ul style="list-style-type: none"> <li>• Adolescent is brought in by parents because of a problem with weight, food or anorexia</li> <li>• Adolescent with delayed puberty</li> <li>• Female adolescent with amenorrhoea (primary or secondary) or irregular periods, more than 2 years after the first period</li> <li>• Excessive exercise</li> <li>• Excessive intellectual investment</li> </ul>
<b>In adults</b>	<ul style="list-style-type: none"> <li>• Weight loss of &gt; 15%</li> <li>• BMI &lt; 18.5 kg/m<sup>2</sup></li> <li>• Refusal to gain weight despite low BMI</li> <li>• Secondary amenorrhoea in women</li> <li>• Markedly reduced libido and erection capability in men</li> <li>• Excessive exercise</li> <li>• Excessive intellectual investment</li> <li>• Infertility</li> </ul>



This summary, along with two other summaries in the same format, presents the main points of the practice guidelines

"Anorexia nervosa: management" - Clinical Practice Guidelines - June 2010.

The guidelines and the evidence report can be consulted in full at [www.has-sante.fr](http://www.has-sante.fr) and at

[www.anorexiéboulimie-afdas.fr](http://www.anorexiéboulimie-afdas.fr)