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 ¹ 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? ";

¹ 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$^2$ (m$^2$));
- BMI should be calculated and monitored in adults.

Signs suggestive of anorexia nervosa

<table>
<thead>
<tr>
<th>In children (in the absence of specific criteria and in those aged 8 or over)</th>
<th>Absent height growth</th>
<th>Downward trend of BMI curve (body mass index curve)</th>
<th>Recurrent nausea or abdominal pain</th>
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<tbody>
<tr>
<td>In adolescents (apart from downward trends on height or BMI charts)</td>
<td>Adolescent is brought in by parents because of a problem with weight, food or anorexia</td>
<td>Adolescent with delayed puberty</td>
<td>Female adolescent with amenorrhoea (primary or secondary) or irregular periods, more than 2 years after the first period</td>
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<td>Excessive exercise</td>
<td>Excessive intellectual investment</td>
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<td>In adults</td>
<td>Weight loss of &gt; 15%</td>
<td>BMI &lt; 18.5 kg/m$^2$</td>
<td>Refusal to gain weight despite low BMI</td>
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<td>Secondary amenorrhoea in women</td>
<td>Markedly reduced libido and erection capability in men</td>
<td>Excessive exercise</td>
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<td>Excessive intellectual investment</td>
<td>Infertility</td>
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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 and at www.anorexieboulimie-afdas.fr