Atypical anorexia nervosa without body image distortion: based on a clinical case

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Anorexia nerviosa atípica sin alteración de la imagen corporal: a propósito de un caso clínico

Summary

Eating disorders presents a lower prevalence in males than in females. Despite being mentioned in 1689 in the first case described by Richard Morton, anorexia nervosa in males has been relatively ignored. The diagnostica criteria for males with anorexia nervosa are similar to those for females although the sociocultural environment differs from birth between the sexes. Men and women perceive fatness differently. They have different ideas of shape and they value slimness differently.

Key words: *Anorexia. Body image. Eating disorders.*

Resumen

Los trastornos de conducta alimentaria tienen una menor prevalencia en los varones que en las mujeres. A pesar de que fue mencionada en el primer caso clínico descrito de anorexia nerviosa en 1689 por Richard Morton, la anorexia nerviosa en el varón ha sido relativamente ignorada. Los criterios diagnósticos son similares a los de las mujeres, aunque los factores ambientales y socioculturales son diferentes para ambos sexos desde el nacimiento. Hombres y mujeres perciben la grasa de manera diferente, tienen otros valores en relación a la forma y figura corporal y valoran de distinta manera la delgadez.

Palabras clave: *Anorexia. Imagen corporal. Trastornos de conducta alimentaria.*

CLINICAL CASE

We present the case of a 24 year old male patient whose history of eating behavior disorder began three years ago with admission to the ICU due to generalized clonic-tonic seizures in which organic disease was refused, with normal CT scan and brain MRI, hypoalbuminemia and hypocalcemia to which the disorder was attributed standing out.

On discharge, he was referred to the Psychiatry services without having been given any treatment, and since then and up to the present date, he has maintained extremely low weight (49 kg) with a BMI of 16 (height 1.74 m), with a severe restrictive diet that almost exclusively supplies carbon hydrates (pasta and vegetables).

The symptoms presented by the patient when he came to the medical visit had some characteristics that make it especially interesting.

On the one hand, no body image distortion was observed, something essential in anorexia nervosa when it is the woman who is affected. The patient admitted that he was very thin, in fact, this was a reason of concern and embarrassment. On several occasions, he had gone to the gymnasium in order to increase muscular mass (and thus increase his weight) without success. In the past, he had gone to the gymnasium every day, in order to increase muscular mass (but not fat), although now he has abandoned this because of the pressure of his university studies. Since discharge three years ago, he has maintained the same weight, without observing weight loss, and the patient manifests his concern that he does not want to lose weight. He admits having «manias» with meal. He eats apart from the rest of his family, and just eats vegetables and pasta almost exclusively, although when he goes out with his friends for dinner, he normally eats everything, being able to eat other meals. There is no social withdrawal or avoidance, or repercussion in his studies. He has no purgative behavior or present or previous history of diuretic laxative or weight-loosing pill abuse. He has neither personal nor family psychiatric background. There is no personal background of obesity or overweightness in his family. Among the precipitating factors of the dietary behavior of the patient, obesity of his older brother due to military service standing out. Thus, it could be added that there may be a morbid fear of gaining weight, although not a distortion in his body image. Among the personality characteristic, anan-

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castic features, with a high level of demand and perfectionism stand out. He cannot tolerate being inactive. He has good social and scholastic performance and when he was referred to mental health, the symptoms he reported were headaches, lack of energy and general dejection attributable to chronic malnutrition. The reason he came to the medical visit and that he accepted treatment is related with the onset of the disease, fear that this could be repeated (seizure episode) more than there being awareness of disease. During the months treated, he has achieved a weight gain of only 2 kg and continues to state that he is thin and does want to gain muscle mass, and secondarily, weight.

DISCUSSION

Anorexia nervosa is a disorder that fundamentally affects women; however, we cannot forget that 5% of the patients are males.

The diagnostic criteria for anorexia nervosa according to the ICD-10 include weight loss of at least 15% of that expected for the corresponding age and height. This weight loss is self-induced by the patient in order not to gain weight. They also include distortion of the body image and alterations in the pituitary-hypothalamus axis that is found in women as amenorrhe and in men as loss of interest in sexuality. In the clinical case presented, it is a atypical case of anorexia nervosa according to the diagnostic classifications (ICD-10 and DSM-IV).

Anorexia nervosa in the male is proportionally a very rare disease and much less studied than in the female. In the case of males affected, we observe characteristics of this disorder that make it specially interesting, not only due to the etiopathogenic factors, but also due to the way the disease is manifested.

Due to the etiopathogenic factors, we find that diet has been related as one of the risk factors associated to the presence of eating behavior disorders in the Ploog[1] and Halmi[2] model. The finding of higher levels of 5HIAA in the CSF of recovered anorexic patients may reflect a physiological vulnerability and a state of serotoninergic hyperactivity.

From the clinical point of view, we find that the low weight that is self-induced by the patient is decisive for the diagnosis, although some of the key symptoms of the disease are absent, such as body image distortion. The patient always admits that he is very thin (there is no distortion of the body perception) and has tried to correct it by increasing muscle mass (not fat) in the gymnasiums. There is a fear of gaining weight (above all in relation to fatty tissue).

However, these symptoms are also absent in other cultures. Most of the studies on eating behavior disorders carried out in Asiatic countries manifest the absence of fear of gaining weight in anorexic patients[3] and they do not seem to have an altered body image[4].

In such circumstances, as Toro[5] suggests, fear of gaining weight as a symptom of anorexia nervosa or as a causal factor of it, does not have to be universal, as other reasons exist to cause and maintain excessive weight loss.

Fear of aging has been seen as a precipitating factor of anorexia nervosa in late age[6] and is reflected in the literature, as is gathered in the study of *El immortal* of Borges[7]: «The body was a docile domestic animal and it sufficed with the presence of a few hours of sleep, a little water and scraps of meat every month. That no one attempts to lower us to ascetics. There is no more complex pleasure than thought and we give ourselves over to it. I look at my face in the mirror to know who I am, to know how I will behave within a few hours, when I face the end. My flesh is afraid, not me.»

Over history, different types of eating restrictions have been gathered. In the Middle Age, gathered in the book of Rudolph Bell[8], there were religious restrictions, in which body image distortion was not experienced. There were professional fashing artist in the XVI and XVII century portrayed by Kafka[9], and other ways that lead to malnutrition and that in vulnerable individuals may lead to the presentation of disease and even death. The writer Knut Hamsun (Nobel Prize of Literature in 1920) manifested it in his work *Hunger*[10]: «Whenever I felt hunger for too long, I clearly felt the sensation that my brain was escaping from my head, leaving me empty. I became light-headed, I floated, I could not feel the weight of my head on my shoulders. I had reached the blessed insanity of hunger: I was empty, free of all pain, and my thoughts had lost control.»

In fact, many of the symptoms that can be attributed to anorexia nervosa can be secondary to malnutrition (Pirke and Ploog)[11] and they appeared in healthy individuals subjected to a severely restrictive diet for 6 months in the experiment performed in Minnesota[12] in conscientious objectors as an alternative to military service and the Korean war, in 1950 (for obvious reasons, it is difficult to reproduce nowadays).

With this, an attempt is made to emphasize that some of the eating behavior disorders may occur without alterations in the body image and without phobia to weight, as occurs in other cultures and in other eras, which can make early diagnosis difficult and can make the picture chronic (in the case of the patient mentioned, there was a period of 3 years between his admission to the ICU and the psychiatric visit, maintaining the same weight), although the existence of self-inanition and a certain degree of malnutrition (and its physical and psychological consequences) is fundamental for the diagnosis of the disease.

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