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ANOREXIA NERVOSA IN ADOLESCENTS — CASE REPORT

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ABSTRACT — Although there is no universally recognized protocol for the evaluation of eating disorders, all specialists agree that a broad-spectrum evaluation is needed, given the multidetermined nature of this pathology. Therapeutic intervention, supportive psychotherapy and CBT, have as main objective cognitive restructuring, identifying and addresing psychological causes that cause, precede and trigger eating disorders - anorexia nervosa.
Aim: To identify the role of psychotherapy and the entire interdisciplinary team in the treatment of anorexia nervosa.
Case description: We present a case report of a 15-year-old girl diagnosed with anorexia nervosa, where I applied CBT. This case confirms by the objectives achieved, that CBT has a primordial role, in interrupting the vicious circle, somatic symptom- psychic-pseudo somatic symptom and to restore the emotional balance of the patient diagnosed with anorexia nervosa.
Conclusion: Compliance with psychiatric treatment increases, by addressing psychotherapy, as a clinical intervention, in the treatment of this complex condition.

KEYWORDS — anxiety, panic attacks, anorexia nervosa, eating disorders, cognitive behavioral therapy CBT.

INTRODUCTION

Starting from the definition of anorexia nervosa, it represents *lack of appetite* as a specific eating disorder, not a symptom. The main interest in this condition is to lose as much of the weight of the body as possible, even led to an extreme, of a pathological nature, embodied in the constant refusal to eat and the fear of gaining weight (Masoumeh, 2019). The image of one's own body is not accepted, in the vision of teenage girls, who manifest this disease, the desire to be as slim as possible, equals the physical beauty and the image of others about them (the notion of being popular, among groups.). With an ever-increasing incidence, in recent decades, anorexia nervosa is the mental disorder that presents the highest risk of mortality among adolescents and whose treatment is often extremely difficult, (Enea & Dafinoiu, 2012). Teenage girls are the ones who adopt different diets, to have an enviable figure, even resorting to extreme gestures, starvation, diets, low in protein and vitamins, with rituals in general behavior. The psychological profile of the patient with anorexia nervosa, is structured, mainly by the form of temperament- impulsive - with very high thoughts or standards of self-assessment, unrealistic, with mental inability, to rapport to notions of the super, ideals and personal needs (Radulescu et al., 2020). Scientific research (Acasandre & Bancov, 2020; Chaikovska et al., 2020; Georgescu et al., 2020; Marin, 2018) estimates that this condition has a multicausal origin related to factors: family factors; cultural factors and individual factors (other psychiatric disorders).

Modern western culture promotes anorexic silhouette in general, models are the ones that confront this aspect, and teenage girls take over, through the media such models of behavior, being very careful with the fashion style and diets, to gain popularity and notoriety among young people. DSM classifies eating disorders based on the age of onset and the similarities between the symptoms and the food behavior of the infant period or the small childhood, characterized by persistent disturbances of the feeding process (rumination and feeding), (American Psychiatric Association, 2000). Moreover, anorexia is a mental disorder, presenting an increased risk of death, a risk 4 times higher than in the case of major depression; and the risk increases, around the age of 20.

Anorexia involves a grueling lifestyle with certain symptoms:

1. Imposing drastic limits on the amount of food allowed.
2. Intense fear of gaining weight.
3. Less weight than normal; distorted perception of one's own body, appreciation as overweight.
4. The challenge of vomiting, which develops others.
5. Cutting food into very small portions.
6. Use of diuretics, laxatives or appetite-reducing medicines to lose weight.
7. A draconian exercise program.
8. Refusal to eat with other people.
9. Hide or remove food.
10. Hiding food or removing it covertly during meals.
11. Avoid topics targeting eating disorders.
12. Letprogy, fatigue, slow thinking, confusion.

13. Muscle weakness and loss of muscle mass.
14. Edema of the extremities.
15. Feeling cold, intolerance to low temperatures.
16. Constipations.
17. Irritable colon, (Anorexie..., n.d.).

Treatment for anorexia is carried out through an intradisciplinary therapeutic approach (doctors, mental health specialists, dietitians, psychologists, psychotherapists). The alternative to the treatment of anorexia is supportive psychotherapy and CBT. Family therapy is another therapeutic method, especially in the case of adolescents, who cannot make good decisions about eating or the process of growth and education.

Warning signs to best identify anorexia nervosa, emotionally and behaviorally:

1. Dramatic weight loss.
2. Wearing loose clothing to hide weight loss.
3. The teenager is concerned about weight, food, calories, grams of fat and diets, excessively.
4. Refuses to eat certain foods, switching to restrictions against certain categories of foods (e.g. no carbs).
5. Complains of constipation, abdominal pain, cold intolerance, lethargy and or excess energy.
6. Develop food rituals (e.g. eating food in a certain order, excessive chewing, rearranging food on a plate.)
7. Arranges meals for others but without eating.
8. He seeks excuses to avoid meal times or situations involving food.
9. Expresses the need to burn calories taken.
10. Maintains an excessive and rigid exercise regime, despite weather, fatigue, illness or injury.
11. Retires socially from the group of friends and ordinary activities.
12. Has limited social spontaneity.
13. He has an intense fear of gaining weight or being fat, even if he is underweight, (Dafinoiu, 2010).

In the self-starvation cycle of anorexia nervosa, the body is denied essential nutrients that it needs to function normally. Thus the body is forced to slow down all its processes to save energy, resulting in serious medical consequences.

CASE DESCRIPTION

C.R., aged 15, the student shows up for therapy, accompanied by her father. The patient was diagnosed with anorexia nervosa six months ago and is undergoing psychiatric treatment. In the last two months, the teenager, amid an overloaded period, has shown panic attacks, accompanied by feelings of helplessness and anxiety, about everything: that she will not pass the national evaluation exam and always finds it difficult to concentrate.

The patient experiences states of physical weakness and has an intense fear of gaining weight or being fat, even if it is underweight; has a limited spontaneity and withdraws from the group of friends and from ordinary activities and she becomes more and more socially isolated and considers that all children of her age are mischievous and often make comments to her physical appearance and her grades obtained at school. The teenager states that: she does not like school and the school environment, all this exhausts her mentally, daily and the only activity to which she responds with pleasure is: drawing, being passionate about cartoons — ANIME, spends a lot in front of the computer, watching movies and finds all kinds of excuses to avoid meal times or to participate actively in different tasks. The investigation of the more distant history shows that in the past the teenager had social relationship problems and was the victim of bullying, both in school and in the group of friends. Symptoms of anxiety, low self-esteem and pessimism are general states in its conduct.

C.R. is the third daughter in the family and is very attached to her father and the teenager mentions that he represents the reference person for her. The mother is hyperprotective and is always careful with the child's eating behavior and offers her a lot of information about nutrition, being the manager of a store profile. The affective relationship with the other two older sisters is deficient, with disorganized attachment, due to age differences between generations and that the two come from another marriage of the mother. The patient has also received psychological counseling and specialized therapeutic support, but considers that no specialist has so far been able to stimulate her, cognitively or emotionally, the teenager being very resistant to stimuli and manifesting states of chronic boredom and inner vacuum. It is observed from psychological examination, a marked and persistent disturbance of identity, with uncertainties regarding: self-image or sexual orientation, long-term objectives or vocational orientation, preferred type of friends and repeated self-mutilation behavior. The patient is extremely sensitive to the notion of rejection and experiences the feeling of abandonment, following the lowest stressor and therefore has a greater need for control and self-control. Cognitive style is described as inflexible and impulsive, with rigid abstractions, adolescent emotions fluctuate between hope and despair, because, consider that external circumstances are far beyond her control and therefore identify and the inability to tolerate frustration.

Supportive psychotherapy and CBT:

The purpose of therapeutic intervention, in this case was the realization of the following:

1. Immediate objectives: identifying and addressing the psychological causes that cause, precede and trigger disorders of food behavior; decrease in anxiety and catastrophic scenarios for interpreting somatic symptoms; increasing self-esteem and personal worthiness.

2. Long-term objectives: reducing negative distorted thinking; developing social skills and stimulating assertiveness; for panic attacks, the techniques used were: cognitive restructuring, to reduce catastrophic interpretations of automatic thoughts; distraction of attention to the symptom, with the dual purpose of arming with a way of rapid management of symptoms, but also to make her aware of the possibility of controlling (indirectly) the appearance of symptoms; breath control - by reducing anxiety; cognitive restructuring by modifying automatic thoughts and central beliefs; relaxation in order to reduce the states of excitability and chronic tension, which the patient experienced; assertive attachment, to improve social skills and facilitate emotional catharsis (decrease negative load.)

DISCUSSION

In meetings with the patient's parents, it was considered: to show gratification behavior, respectively to reduce the secondary benefits of the patient drifted from the existence of the status of anorexic patient (attention, which and unconditional support from the family combined with enraging social withdrawal).

The patient's parents were warned that the gratification of anxious behavior only leads to its amplification and they were asked to involve the patient as actively as possible, in various light and short-term chores and to seek new activities, to develop new skills and abilities, in order to increase the feeling of efficiency and responsibility which is very important in the harmonious development of adolescence.

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