

ANOREXIA NERVOSA BEYOND PSYCHIATRY

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INTRODUCTION

Anorexia nervosa (AN) is associated with severe systemic complications, despite being a psychiatric condition. The endocrine complications of AN are an opportunity for the diagnosis and treatment of this entity. The authors report the experience of the Endocrinology Department in the treatment of these patients in inpatient setting.

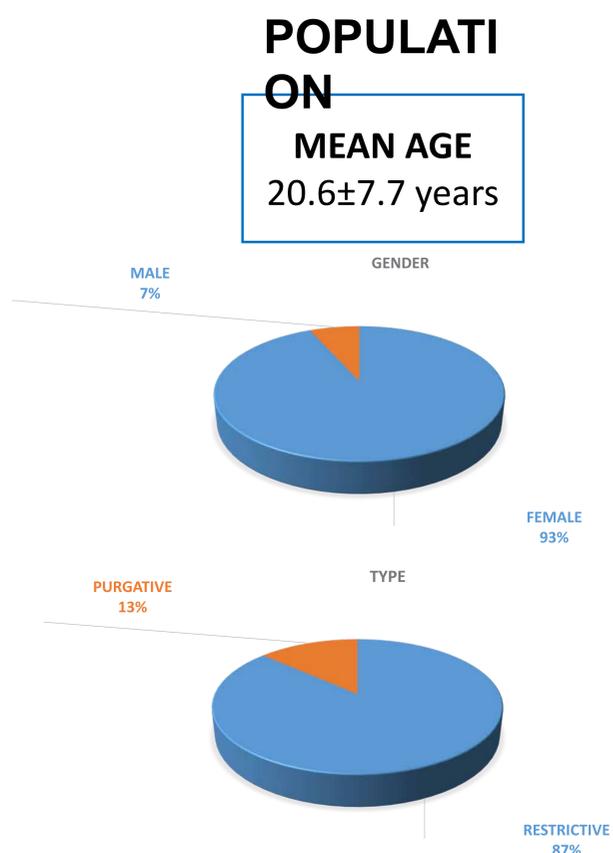
METHODS



Daily multidisciplinary monitoring, involving **endocrinology**, **psychology**, **nutrition** and **nursing**, with the support from **psychiatry** whenever needed.

Investigation included **clinical** characterization, collection of **blood samples** and **other exams** (electrocardiography and bone densitometry) immediately after admission.

RESULTS



CHARACTERISTICS ON ADMISSION

| CLINICAL | |
|---|----------------------------|
| AMENORRHEA | 48.9% (n=22) |
| BODY MASS INDEX (mean±standard deviation) | 14.3±1.6 Kg/m ² |
| % FAT MASS (mean±standard deviation) | 4.2±2.4 |
| ANALYTICAL | |
| LOW T ₃ SYNDROME | 15.6% (n=7) |
| HIPOGONADOTROPHIC HIPOGONADISM | 51.1% (n=23) |
| ANEMIA | 33.3% (n=15) |
| LEUKOPENIA | 37.8% (n=17) |
| OTHER | |
| SINUS BRADYCARDIA | 22.2% (n=10) |
| OSTEOPENIA | 57.1% (n=24) |
| OSTEOPOROSIS | 31.0% (n=13) |

EVOLUTION



CONCLUSION

The most frequent **endocrine-metabolic complications** are the **decrease of bone mass (88.1%)**, **hipogonadotrophic hipogonadism (51.1%)** and the **low T3 syndrome (15.6%)**. Despite the long hospital stay, the admission in inpatient setting was useful, with improvement of **clinical and analytical parameters**. These patients need a tight follow-up because of the high risk of relapse.

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