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/m²
  - % Fat Mass (mean±standard deviation): 4.2±2.4

- Analytical:
  - Low T₃ Syndrome: 15.6% (n=7)
  - Hypogonadotrophic Hypogonadism: 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

- Mean Hospital Stay: 44±20 days
- BMI Increase: 1.7±2.3 Kg/m²
- Readmission: 35.6% (n=16)

CONCLUSION
The most frequent endocrine-metabolic complications are the decrease of bone mass (88.1%), hypogonadotrophinogonadism (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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