

CASE STUDY 2 – Patient with Anorexia**A. Case Study**

Mrs. Luisa is a 16-year-old female, single.

Conflicting family environment. During childhood, her mother called her “chubby” and was always compared to her young sister, who was thinner. Luisa’s menstrual cycle started at age 12. During puberty, her body structure changed making him uncomfortable.

Around 14 years old, she measured about 1.56 meters and weighed 48 kg, but she felt fat. So, he decided to improve his diet, influenced by his mother. At first, she excluded all fats and sweets and went for a run every morning with her mother. Over time, it also excluded dairy products, cereals, meat, poultry, and fish, claiming that they were not healthy. Their diet became increasingly restrictive in terms of quantity and variety of foods. Currently, she only consumes foods that she prepares herself. It takes hours to prepare and eat meals and only eat during lunch and dinner.

She reports consuming a large amount of water (4L/day), as it helps to feel less hungry. Run for 1 hour every day in the morning before going to school and another 1 hour at night. Has brittle nails and hair, skin xerosis, and amenorrhea for at least 6 months.

Weight: 34.5 Kg; Height: 1.56 m; Arm circumference: 17.6 cm

Glucose: 62 mg/dl (60-100 – children/teenagers) Cholesterol: 210 mg/dL (<200 mg/dL)

K: 3.1 mmol/dl (3.3 – 4.6)

Na: 138 mmol/L (134-145)

Ca: 2.0 mmol/L (2.2 - 2.7)

Mg: 0.8 mmol/L (0.6 - 0.95)

B. Discussion points

- Assess nutritional status according to ABCD Method
- What anthropometric values are important for anorexic patients?
- What are the most common biochemical changes in eating disorders?
- What are the signs and symptoms present in the patient? What other signs and symptoms can be found in patients with anorexia?
- About dietary assessment: identifying whether the preferences and aversions are of later origin to the disorder or triggered by it.

