

Adolescent Anorexia Nervosa and Cognitive Behavioural Therapy

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Abstract

The treatment of anorexia nervosa is still up for debate. Though cognitive behavioural therapy appears to be effective, there is no conclusive evidence pointing to a single treatment of choice. The case presented in this paper looks at how a patient with anorexia nervosa was treated with CBT. Evaluation/diagnosis: A 17-year-old adolescent girl voluntarily attends psychological therapy to address eating behaviour issues. A psychopathological profile is obtained in addition to a clinical interview for assessment, providing a diagnosis of anorexia nervosa and restricting subtype. The therapeutic goals were to achieve a healthy weight for the patient's age and height, as well as to change the structure of thoughts, feelings, and behaviour that were justifying and maintaining the disorder.

Keywords: Eating disorders • Anorexia nervosa • Cognitive behavioural therapy • Psychological treatment

Introduction

Eating disorders continue to be a major public health issue in today's society. Their incidence and prevalence remain high in Western countries, including Latin America, with comparable rates. Patients' symptoms, both physical and psychological, are frequently severe. Furthermore, given that anorexia nervosa has the highest mortality rate of any psychiatric illness, determining which treatments are most effective in treating patients is critical. Although cognitive behavioural therapy has been shown to be effective in treating some types of eating disorders, such as bulimia nervosa and binge eating disorder, there is less evidence that it is effective in treating anorexia nervosa patients. Anorexia nervosa is defined by significant weight loss and a pathological desire to be thin. The patient was treated at Guadalajara's Centro de Orientación y Atención Psicológica Integral, which is part of the Department of Psychology at the Universidad del Valle de Atemajac. She was seen by a psychologist who was trained in cognitive behavioural therapy as well as a nutritionist. The patient initially sought nutritional counselling services in order to improve her diet. However, this service suspected the presence of a psychological illness and referred the patient to COAPI. The treatment was carried out in accordance with the university's Department of Psychology's ethical and professional guidelines, and under the supervision of COAPI's director. The patient gave written permission to publish this case anonymously.

Literature Review

The patient comes to the first interview with her mother, and they are both invited to be present in the first session together. The patient is a 17-year-old girl who lives at home with her family. Her physical condition is emaciated and she is extremely thin. There are no signs of confusion, disorientation, or agitated thought or speech. The patient is aware she has a problem and that it is getting worse, but she does not consider it especially serious nor does she recognise it as anything specific, only calling it "problems with food". She does, however, admit to eating very little, with only two or three pieces of fruit on some days.

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A portion of the interview investigates whether the patient recalls any episodes of trauma from her childhood; no significant findings are obtained in this regard, which could indicate a favourable prognosis. The patient's academic performance has always been excellent, and she has consistently received high grades, indicating a perfectionist personality trait. She is concerned about her grades dropping because she has recently missed some days of school due to fatigue or dizziness. The patient does not believe she is in poor health and, at first, does not appear to be interested in making changes. She is adamant about staying thin no matter what.

Discussion

As evidenced by the results, the cognitive-behavioral approach to therapy was effective in this case. The proposed goals were met in a relatively short period of time, and the patient recovered successfully. Several considerations must be made, which arose in the case and influenced the therapy in some way. For example, in some cases, the family's socioeconomic status made it difficult to establish certain healthy eating patterns and limited the use of material reinforcement. The elevated absence of a family structure also proved to be a determining factor, necessitating individual intervention with each member of the family, as group therapy could not be used. Nonetheless, all of the family members were clearly concerned about the situation and offered their assistance in achieving the therapy objectives.

Positive factors included the patient's strong desire to change and her growing concern with improving her physical appearance as well as her social and sentimental relationships. It appears that the patient's physical recovery was accompanied by the resumption of menstruation and other physiological changes associated with puberty, which had been delayed for several years due to the extreme thinness and had been a source of great concern for the patient. It is important to note that two factors were present that favoured the treatment's success: The recognition of the existence of a health issue. The positive initial results of some of the techniques used gave the patient a high level of confidence in the therapy and bolstered her commitment. For example, despite the fact that the first meals had caused significant physical discomfort, the use of muscle relaxation techniques following meals proved extremely beneficial in resolving one of the main reasons for not continuing with the proposed meal plan. The primarily behavioural and cognitive techniques used were supplemented with more familiar strategies, which are thought to have been critical to the success achieved. The strategy used was one that is commonly recommended for a cognitive behavioural approach, beginning with more behavior-related techniques to establish eating habits and recover weight, and then applying cognitive techniques to disarm the pathological cognitive style and replace it with a more adaptive one [1-5].

Conclusion

As a result, it can be concluded that the cognitive-behavioral approach was successful in treating a case of anorexia nervosa in this case, which is consistent with other findings in different settings, such as hospitals. However, despite the fact that attempts have been made to discover enriched variations of this therapy in pursuit of a more efficient type of therapy, this approach has not always received the same level of support in scientific literature. This has been the case with enhanced cognitive behaviour therapy, for which there are currently insufficient studies to determine its efficacy, though preliminary results show promise.

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Conflict of Interest

There are no conflicts of interest by author.

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