**Introduction:**

Eating disorders are serious mental health conditions characterized by persistent disturbances in eating behaviours and related thoughts and emotions. They can affect individuals of any age, gender or background, and are often associated with distressing preoccupations with food, body weight and body shape.

while the exact causes of eating disorders are complex and multifactorial, they typically involve a combination of biological, Psychological and sociocultural factors.

These disorders often develop during adolescence or early adulthood, although they appear at any age.

**Prevalence of Eating Disorders and Anorexia Nervosa:**

Eating disorders are increasingly recognized as significant public health concerns worldwide. According to the world Health organisation (WHO) and various epidemiological studies.

Approximately 97. of global population is estimated to be affected by on eating disorder at some point in their life.

The prevalence of eating disorders has been rising, especially in high-income and urbanized societies, due in port to increased awareness, diagnostics improvements and sociocultural Pressures-

Anorexia nervosa is relatively rare compared to other eating disorders but has the highest mortality rate of any psychiatric disorder. due to its physical and psychological risks.

Anorenio nervoso have prevalence of 0.9% of women and 0-37. of men are affected globally.

DSM-5 classification of Ealing disorders are:

1) Anorexic nervosa

4) Bulimia nervosa

3. Binge rating

4. Avoidant-restrictive food intake disorder.

5. Pico

6. Kumination-regurgitation disorders.

**Anorexia Nervosa (6880):**

Anorexia Nervosa is characterized by behavioural and psychological symptoms and significant Jomatis signs. Majority are females and onset is during adolescence.

**Meaning:**

Anorexia nervosa is on eating disorders defined by restriction of high calorie food intake relative to requirements leading to a significant low body weight. Patient have a intense fear of gaining weight and distorted body image with the inability to recognize the seriousness of their significant low body weight.

**Definition:**

Anorexia nervosa is an eating disorder characterised by immoderate food restriction, inappropriate eating habits or rituals, obsession with having a thin figure and irrational fear distorted body velt-Perception. Of weight gain as well as

* ***P. Prokash.***

Αποτρηία πειναςα is a psychiatric disease in which patients restrict their food intake relative to their energy requirements through eating less, exercising more or purging fund through laxativel and vomiting.

* ***Rsleevani***

**Etrology of the Anorexia Nervosa:**

1. **Biological factors:**

a) **Genetics:** Family history of rating disorders, depression, or anxiety increases risk.

b) **Neurotransmitles imbalances:** low serotonin and dopamine levels are linked to mood and appetite disturbances.

c) **Hormonal dysregulation:** disturbances in the leptin, ghrelin and cortisol alter the hunger and metabolism.

Ghrelin hormones are in stomach that stimulates hunger. in anorexia nervusa ghrelio level toe due to slarvatran, but the patrent resist eating.

Leptin is a hormone produced by adipocytes that suppresses appetite. In anoreare the leptin level is low and brore thinks body is slaring which leads to persistent hunger Signals which are paradexically ignored due to Prychologrial factor.

cortisol: A hormone produced by the adrenal gland and vs 13 q stress hormone. functrow to suppress rmmunity

In anorexia nervula, the starvation and stress elevale cortisol and leads to behe loss or anxiety or altered mood.

d) **Puberty**: Hormonal and physical changes during adolessence can trigger body dissatisfaction.

**2)Psychoanalytical factors**: According to Nahier, restriction of separatron-indirduation and autonomy (independema) stage in theory of Child development may lead to anovenia nervosa

**a) Protectionism:** High personal standard and self certaim.

**b) Low self-esteem:** Feeling of inadequacy or worthlessness

**c) Body image distortren:** seeing oneself as overweight even when underweight.

**d) obsessive-compulsive traits:** Rigid Thinking and need of control.

**e) Depression e anxiety:** common Coexisting condition.

**3)Sociocultural factors:**

1. **Acuitural pressure for thinness:** idealisation of silm budy types in the mass media, beauty contet or fashion induty
2. **Sucral comparison**: Especially prevalent among adolescent and young aduib
3. **Peer pressure and bullying:** Teasing about werght or body can trigger drsordered eating.

**4) Family and Environmental factors:**

- Overprotective or controlling family or parents.

- Critical comments about weight or appearance

- Family **history of rating or** mood disorder.

- Trauma or abwe (emotional (sexual or physical).

**5. Other factors:**

1. Dieting: frequent or extreme dieting can trigger anorexia.
2. Athletic or performance pressure dancers, gymnast, models.
3. Major lite transition: starting college, breakup of parental divorce.

**Pathophysrology of Anorexia Nervosa:**

Genetic, psychological sericultural & environmental factors

↓

Fear of weight gain & budyrmage distertron.

↓

Intentional calorie rolrichron

↓

Starvation & malnutrition.

↓

Kedured glucose & we of fat and muscles for energy

↓

Keduced far and muscle mass leads to cataboh’s state

↓

Freptin, cortisol and thehrelin leading to hormonal

Dysregulation.

Multisystem effect: (Amenorrhea, bradycardia, cold intolerance, ostro porest, electrolyte imbalance)

Anorexia Nervosa.

**Types of Anorexia Net Tua:**

1. **Restoreting type:** wirght loss by excess starvation or rigid exercise.
2. **Binge eating purging type:** weight loss by binge eating and purging (we of laxatives, druretres and self-romiting).

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Clinical feature of Anorexia Nervesa.

1. Physical signs.

Body weight 1 157 below standard weight.

Amenorrhea

* Farmling & drazines)

-poor sleep.

* Looks pale, sunken ryu, fine hair on lair & hudy.

-delayed gastric emptying, constipation -hypotension, bradycardia, hypothermia.

Vomiting and abuse of lanatires lead to electrolyte disturbance.

1. Psychological signi

Preoccupation with body size, distorted body image, description of herself as fat

There 13 an intense fear of becoming evenit person lose the werght grossly. Obese, which doesnot reduse as become thin.

There a body image daturbance with the patient being unable to perceive the body size accurately.

Being extremely dissatisfied with therr body.

Depression and anxiety

Berng anxiow, perfectionism and leaving rigid thoughts about food.

3. Behavioral sigru.

Patront generally eat little and set themselves daily calorie limits. And set themselves darly calorie limits (Often 600-1000 calorie)

Some achieve weight two by induering vomiting, excessive exercive, mousing laxatives or diuretrd.

Counting calurres, avoiding foud ursurirdas attempth.

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Dragnosis of Amoreχία Nestosα:

1. History Taking:

Jewish weight loss & food avoidance

Menstrual hritory

Enerepe and boay-checking behaviorn

-fear of garning wirght

* Ford rituals and calorie counting.

A physrial examination:

Complete physical examination including endocrine, metaboli’s and central nervuw system abnormalrtro; cancer & masatsuptron syndrome that cawer physical wasting.

Check the Anthropometry: BANT, NUAC, wailt to Hip ratio & skin foldr.

1. Laboratory investigatrons.

Check the CBC: Anemia, leukopenia, thrombocytopenia.

Electrolytes: Hypokalemia, hyponatremia

Thyroid profile: low 1, 174 and normal 7.

Liter enzymes: mild elevation posirbir. ۱۶.

Hormone levels:

Testrogen &

Dexa sean, check for bune loss (Dotro porosis).

VECH: Bradycardia, 27 prolongation.

4 Psycho metric Assessment scale:

1 Body image Assessment (BIA)

1. Eating Allitudes To1-24 (EA1-26)

s. Private Body Talk Questionnaite (P879)

1. Fating Habits Questionnarse (EHQ).
2. Srek, Contest, one, far, Food (SCOFF) Questionnaire
3. Appearance Schemas Inventory AsJ
4. Beck Depression Inventory (807) e Deck Anniety Inventory (BAI)

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SDSM-5 diagnostic Certerra fur Anorexia Nervoid.

A diagnosis of anorexia nervesa requires all three of following criteria:

1. Kutriction of energy frmake:

Pennient restriction of mod leading la significantly low hody weight lessthan 887. Of rapicted hocly werght. IBNI 217.5kg/m²

B.

Intense Fear of gaining weight is becoming fat: even though the person is underweight

* This fear deont decreous as weight continues to drop.

1. Disturbance in body image of self perception:

Dintaturled body image overestimation of body s170

Undur influence of hody weight of shape on self evaluation.

Denial of Seriousness of low body weight us health.

b) ICD-11 Dragnostic criteria of Anorexia Nervosa (6Bro):

The core features of fellowing must be present:

1 signifrrantly low body weight:

Body weight is persistently below normal for age, sex or height

2.

In adolescent: failure to garn expected weight or height.

Persistent restriction of energy intake:

Sapinduced rollictim of fred intake.

-Behavion included dieting, fasting, skipping meals.

3. Strong fear of weight garn or becoming fat.

Interve pear that persists despite being under weight

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1. Ditilled body image or weight perceptron:

Hody shape or weight overly influences selt worth or denral of serrowness of low weight.

5.

Physical counsequence of starvation:

Amenorrhea, bradycardia, growth delay, hy potension, hypothermia, delayed growth in children and osteoporotin.

Diagnosis 13 confirmed:

If all s cure criteria are present.

Vother medreal Ipigchraties rawes are ruled out.

6.

Differential Diagnosis:

Rule out other psychiatris dilerders like substance abwe, anurery drorder, body dysmorphic disorders, mood clrsorders, schizophrenia.