03 - Anorexia

Anorexia

© SPMM Course EEG No need for routine EEG. But rapid onset dementia may suggest CJD for which EEG and MRI are warranted.

Anorexia Several abnormalities are expected in physical investigation in anorexic subjects: (The list below is adapted from Fairburn & Harrison, 2003) Endocrine Low concentrations of luteinising hormone, follicle stimulating hormone, and oestradiol Low T3, T4 in low normal range, normal concentrations of thyroid stimulating hormone (low T3 syndrome) Mild increase in plasma cortisol Raised growth hormone concentration Severe hypoglycaemia (rare) Low leptin (but possibly higher than would be expected for bodyweight) Cardiovascular ECG abnormalities (especially in those with electrolyte disturbance): conduction defects, especially prolongation of the Q-T interval, of major concern Gastrointestinal Delayed gastric emptying Decreased colonic motility (secondary to chronic laxative misuse) Acute gastric dilatation (rare, secondary to binge eating or excessive re-feeding) Haematological Moderate normocytic normochromic anaemia Mild leucopenia with relative lymphocytosis Thrombocytopenia Other metabolic abnormalities Hypercholesterolaemia Raised serum carotene Hypophosphataemia (exaggerated during refeeding) Dehydration Electrolyte disturbance o Varied in form; present in those who frequently vomit or misuse large quantities of laxatives or diuretics o Vomiting results in metabolic alkalosis and hypokalaemia. o In repetitive vomiting, loss of hydrochloric acid from gastric juices leads to metabolic alkalosis (loss of acid – alkalosis). o Laxative misuse results in metabolic acidosis, hyponatraemia, hypokalemia

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