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The information presented is anonymised, and should be treated in the strictest confidence

The author has no related outside interests or affiliations.

Case #1
Initial presentation

- David, a 28 y.o. man, was seen in OPD for assessment following GP referral.
- He had no previous history of a diagnosed eating disorder, though he weighed 140kg from teen years (BMI 44).
- At assessment he was emaciated, unable to climb stairs to office without assistance, bradycardia of 42 b.p.m, hypothermic, blood glucose 2.1.
- He weighed 66kg giving a BMI 21.
- Diagnosis: Severe, acute Anorexia Nervosa, requiring immediate admission.

History of Eating Disorder

- David reported feeling ‘disgusting and overweight’ as a young teenager.
- There were large portions of food served at home, and Mum used food to reward, comfort, and ‘treat’ them.
- David developed anxiety and panic attacks when he went to College to study Science.
- He attended a GP for anxiety who treated him with Xanax QDS and Lexapro 20mg for three years, over which time David could not cope, and dropped out of College.
- His friends finally intervened, he withdrew from the medication by himself, returned to College and completed his degree. He also attended a group CBT course.

ED History 2

- David weighed 140kg in College. He began to diet – smaller portions & 45 mins exercise per day.
- He started to binge, and then began to feel guilty about any eating+++.
- His training in the gym increased to 3 hours per day, and he restricted his diet+++.
- David qualified from College, and took a job abroad as a medical devices engineer. He deliberately worked abroad so he could continue his ED without his family noticing.

ED History 3

- David's girlfriend visited him abroad and was horrified by his gaunt appearance. His legs were swollen, and he was too weak to exercise/ work.

- He attended the work doctor at his GF's insistence, and was told that he had AN. He was signed off work and told to go back to Ireland. David did not believe the diagnosis, but he was very frightened and he flew home and attended the GP as he was told.

- He was then referred to our service.

ED History 4

- **David finished his relationship of > one year - ‘how could she possibly want me this fat?’**
- **He had been using laxatives several times a week, he had not used diet pills, and he vomited rarely. He described ‘bingeing’, but these were actually < normal meal sizes.**
- **He told me ‘I cant have AN, I am grossly obese. Nothing matters more than losing weight. I feel disgusting and a deviant if I eat. I must be having a breakdown.’**

ED Symptoms at Assessment

- **David had hollowed out cheeks and obvious muscle wasting.**
- **He constantly mirror checked, but was terrified of weighing himself. He refused to remain seated as this would increase his weight.**
- **He was bradycardic at 42 b.p.m, hypothermic, with a blood glucose of 2.1.**
- **There were some mildly raised LFTs, but FBC was normal (Hb, WCC, neutrophils).**

Past Psychiatric History

- David attended a psychologist at age 5 for anger and behavioural issues. His family were told that he was very bright and just bored. David said that he remembers feeling unhappy.
- Panic attacks and anxiety treated with Xanax and SSRI by GP.
- He attended a CBT course that he organised, and he found this helped his anxiety.
- David was diagnosed with AN by a work doctor prior to coming to our service.

Social History

- David lived with his cousin in Dublin following his return to Ireland.
- His family live in the Midlands in a rural area.
- He was on sick leave from work. His girlfriend remained in contact although he had rejected her.
- He rarely drank alcohol, and did not use recreational drugs. He had recently taken up smoking again after stopping some years before – 10/day.
- He previously enjoyed sport (football and rugby) as his main activities, but not well enough recently.

Personal History

- David is the 2nd of 4 ; 1 older brother and 2 younger sisters. He clashed with his younger sister but o/w got on fine.

- Dad is a quiet, old fashioned farmer, who went to work in a local company. His Mum is a H/W who also minds children at home. David reported getting on well with her, but she is an insecure person, and he often ended up supporting her emotionally. We could see this in action during his admission.

- He attended a local, country school, which he said got better as he got older. He was good at sport, art and studies. He had a close group of friends that he remains in contact with.

Personal History 2

- **His current GF was his most serious. Prior to her he felt ‘too fat’ to ask anyone out.**
- **He was very young finishing his LC, and worked in Dunnes for a year before going to College.**
- **David passed the GAMSAT after his degree finished, but did not feel ready for Medicine, so he took the job abroad.**

Course in Hospital

- David's physical condition stabilised quite quickly, but he lost 6.2kg in his first 4 weeks despite reasonable intake. Team felt this was due to lost muscle leading to high weight loss.
- He continued to identify himself as overweight.
- He finally began to restore weight by week 5.
- Team & David attributed this to: Meal support, Sertraline reducing anxiety, improved insight from Art Therapy and Psychotherapy all allowing him to eat more.
- He finally recognised that he was 'too skinny'.

At Discharge

- **David was D/C after 10 weeks at 68kg. His mood was stable.**

His aftercare included:

- **Day Hospital illness prevention course**
- **Regular OPD reviews**
- **Dietetic Counselling**
- **Individual psychotherapy**
- **Art Therapy**

Course Post Discharge

- David had a fluctuating course over the following year. He had periods of bingeing leading to some weight gain. He began to increase exercise, leading to weight loss and he attended OPD increasingly less regularly.

- He was then accepted into UCL to do Medicine. His ED stabilised until he could not take up place due to insufficient funds, and the ED instability returned – though to a much lesser extent.

- Gradually David began to manage his ED. He was a normal weight, and was able to manage a normal meal pattern. He still needed to take daily exercise or he felt he would become overweight again.

- David disengaged from our service, but we are aware that he is well re his ED, though he is still struggling to find meaningful employment.

Case #2
Initial presentation

- **Owen was a 47 y.o. man with a 30 year dx of Anorexia Nervosa, but no previous eating disorder treatment.**
- **BIBA to the Emergency Department on 11/08/17.**
- **Found unconscious by his mother who called an ambulance.**
- **Blood sugar 0.6 and Glasgow Coma Scale 10.**
- **Glucose administered in the ambulance and on arrival, BS 2.2 and GCS 13.**
- **Hypotensive, hypothermic, hyponatraemic, hypoglycaemic.**
- **Treated with IV dextrose, bear hugger, warm fluids.**

Initial presentation 2

- **Owen's mother had recently been ill in hospital.**
- **Owen was visiting her frequently, and he was skipping meals. When she was discharged home, he was unable to re-establish his normal meal pattern.**
- **He hadn't eaten anything on that day. He was watching television and his vision began to blur. He attempted to speak but was unable. He lost consciousness and was found by his mother, who called the ambulance.**
- **Owen had one similar episode 2 weeks previously. He had eaten some ice cream and felt better.**

History of Eating Disorder

- **Owen reported that he had AN since his teens. He was overweight at 86kg (BMI 31kg/m2), and he experienced both verbal and physical bullying.**

- **He began to restrict calories. He denied over-exercise (however, it became apparent during his admission that he was constantly moving, but he had no insight into this).**

- **There was no history of bingeing, laxatives or use of diet pills.**

History of Eating Disorder 2

- **Owen said that he lost weight and felt better about himself. He started work in the bank and he made friends. His weight was stable at this time, and he was physically well.**

- **However, his friends moved on and he began to lose weight. He had short contracts in less skilled jobs e.g. Telesales, and he was last fit to work given low weight in 2010. He said his weight was low (but he was unable to quantify it).**

- **He finally went on Disability Pension and cared for his Mum who was housebound with agoraphobia.**

History of Eating Disorder 3

- **Owen reported a very rigid meal pattern x several years. He ate a cheese and ham sandwich x 2/day, +/- small evening portion of soup. He drank coffee continually through the day.**

- **He had experienced recent episodes of dizziness, blurring of vision and difficulty speaking. He recognised low blood sugar and ate ice cream, which 'cured' it.**

- **He strongly denied that his life was in danger. 'If it happens again, I just make sure I have a bit of ice cream and I will be fine.'**

Psychiatric Assessment

- **Owen described his mood as usually low. He often sat up late watching TV as he found it difficult to sleep, and then slept in in the morning. He drank 2-3 cans Guinness per night.**

- **He had body image distortion – he denied being too underweight, and pulled at the skin of his stomach saying 'sure look at that', and that he 'weighed plenty'.**

- **He had a fear of weight gain - he said that he would not want or need to gain more weight.**

- **He described oversensitivity to fullness "every meal feels like Christmas dinner."**

Medical Assessment

- **Owen weighed 33.3kg (BMI 11.9kg/m2).**
- **He had hyponatraemia (119), hypoglycaemia (2.2), hypotension (90/60), hypothermia (32.5C), and hypokalaemia (2.2).**
- **He was medically stabilised, but he refused to t/f to the inpatient ED programme (EDP).**
- **Given his significant risk of death without treatment, having a recognised mental disorder, and lacking insight into the need for treatment, Owen was transferred to the EDP under the MHA 15/08/17. Parents supportive of this.**

Past Psychiatric History

- Owen had previously attended his local Community Mental Health Service for 4 years with Depression and AN.
- He received CBT for depression, and was commenced on Sertraline.
- He was not interested in specific treatment for his AN, but he was on Fosamax for bone strengthening.
- He disengaged with their service, and was discharged to GP. However he hadn't seen GP in previous 6 months.

Family Psychiatric History

- **Owen's GP reported that his mother had significant mental health issues including alcoholism, agoraphobia and depression.**

- **There was no known history of eating disorders**

Past Medical History

- **Asthma**
- **Osteoporosis**
- **Raynaud's Disease**

Personal History

- Owen was an only child who had always lived with his parents. Dad (late 70s) was a retired delivery man. Mum (late 60s) was a H/W.

- According to the GP the family lived an isolated existence, and Owen reported no social contacts. His only interest was watching sport on TV, which he was quite passionate about (football mainly).

- He hated school and was bullied.

- He left school after his LC and went to work in the Bank.

- He reported that he was heterosexual, and that he had not had any serious relationships.

Course in Hospital

- **NG feeding was the preferred option, but supplements were used plus meal plan, as Owen refused NG (NB Court Order considered).**
- **Difficulty eating meals within the assigned time frame - still eating previous meal when next meal due.**
- **Supervised meals and bed rest required.**
- **Medical issues managed – hypoglycaemia, re-feeding syndrome, pressure sores.**

Course in Hospital 2

Psychological challenges in treatment:

- **Owen's distress re held against his will, and possibility of being fed against his will.**
- **Duration of illness.**
- **Lack of insight.**
- **Body dysmorphia.**
- **Rigidity in thinking – low body weight.**

Course in Hospital 3

Psychological Treatments attempted:

- **Occupational Therapy**
  - **Offered opportunity to take part in multiple activities – he said he was 'too grumpy for group.'**
  - **Declined any input apart from borrowing DVDs.**

- **Psychology**
  - **Assessed once but refused to engage Assessment indicated that Owen was terrified of relationships, and that caring for his parents appeared a way to avoid taking control of his own life.**

- **Art Therapy**
  - **Declined.**

Course in Hospital 4

Behavioural difficulties:

- **Hiding food.**
- **Pouring away supplements.**
- **Pacing the room despite constant re-direction.**
- **Hostile towards staff members – irritable, rude, particularly to females.**
- **Unwilling to engage in any treatment, everything a battle.**

Course in Hospital 5

- **Weight restoration – 4kg.**
- **BMI from 11.9 to 13.3.**
- **Physically improved; pressure sores healed, electrolytes stabilised.**
- **Was taking nutritional supplements 3 times per day, plus meals, as at home.**
- **Minimal change in cognitions.**
- **Parents became very critical of Owen being 'policed' in hospital, and insisted he should be allowed go home**

Discharge

- **Owen essentially disengaged from treatment on the ward, and he began to lose weight.**

- **Given his lack of engagement, and his parents actively supporting him in this, the team came to the decision to discharge Owen on 19/09/17, and to follow up as an outpatient.**

- **Owen did not attend any of his OPD appointments. When I contacted him, he said that it was too far to attend for OPD, and that he would see his GP locally.**

Re-admission

- **Owen was re-admitted medically on 25/11/2017 following a similar presentation to his first admission (found unconscious at home, glucose 0.9, Na+ 119).**
- **Dad reported Owen having reduced to 1-2 meals per day.**
- **Weight 33.8kg, BMI 12.1 kg/m2.**
- **He voluntarily agreed to NG feeding and was T/F to EMU.**

Course in Hospital

- **Apart from accepting NG feeding, as on the last admission, Owen was hostile and confrontational, and he would not observe bed rest. He again declined to engage in any therapy.**
- **His NG required frequent re-siting due to dislodgement.**
- **When he was managing his usual meals plus Fresubin nutritional supplements, NG feeding was changed to oral feeding.**
- **Owen restored 4.3kg. Weight 38kg, BMI 13.7kg/m2.**
- **On January 1st Owen was found to have 3 empty Guinness cans on his locker, and other empty cans in the press. He was very confrontational with staff.**

Course in Hospital 2

- **Owen absconded from the ward that night. He phoned his father from outside the hospital – and his father brought him home.**
- **I contacted Owen the following day. He told me that he knew his AN would kill him, but he wasn't prepared to tolerate hospital any longer.**
- **He said that he was happy and at peace at home, and his parents wanted him there. He did not believe that further treatment would change his outcome as he would never cooperate.**

Final Update

- **The Team was contacted by Owen's GP in February this year.**
- **An ambulance had taken Dad to hospital with pneumonia.**
- **The following morning Mum found Owen 'unconscious', and she called the GP. On arrival Owen had been dead for some time.**
- **Due to Owen's history, the Coroner was happy for the GP to sign the death cert. without an autopsy, but GP hadn't seen him in months.**
- **We await the inquest report.**

Discussion Points

- **Patients with initial high muscle bulk can be emaciated at a normal BMI.**
- **Exercise behaviour is hard to change.**
- **Lack of meaningful occupation often leads to symptom recurrence.**
- **Difficulties in treating patients with a long history of untreated AN.**
- **The role of the MHA and/or coercive feeding in such patients who resist treatment repeatedly.**