

Physical and Psychological Morbidity in Adolescents with Atypical Anorexia Nervosa  
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We often think of low body weight as a defining criterion of anorexia nervosa (AN). However, many patients struggling with restrictive eating disorders remain at higher weights. Atypical anorexia nervosa is defined by the DSM-V as an eating disorder wherein “all of the criteria for AN are met, except that despite significant weight loss, the individual’s weight is within or above the normal range.” A research study by Sawyer et al (2016) examined adolescents with atypical AN and compared them to adolescents with full-threshold AN to assess how the physical and psychological complications of these two illnesses compare.

The researchers evaluated 256 adolescents presenting to an eating disorder treatment program (providing both in-patient and out-patient services) for a first course of treatment. Participants were assessed using the Eating Disorder Examination (EDE), anthropometric measurement, and measures of eating and weight concerns, bingeing, purging, compulsive exercise, and psychiatric comorbidity. Forty-two (16%) participants were diagnosed with atypical AN and 118 (46%) had full-threshold AN.

Results indicated that, when compared with full-threshold AN, adolescents diagnosed with atypical AN were more likely to have a history of meeting BMI criteria for “overweight” or “obese,” had lost more weight over a longer period of time (mean weight loss was 17.6 kg over 13.3 months vs. 11.0 kg over 10.2 months), and were less likely to experience amenorrhea. There were no significant differences between participants diagnosed with AN and atypical AN on resting pulse rate, frequency of bradycardia, marked orthostatic changes, hypothermia, or requiring hospital admission. Adolescents with atypical AN reported more severe eating disorder symptoms and lower self-esteem. There were no significant differences between the AN and atypical AN groups on measures of binge eating, purging, psychiatric comorbidity, use of psychotropic medications, self-harm, suicidal ideation, severity of depressive symptomology, or obsessive compulsiveness.

The authors conclude that atypical AN in adolescents is a major psychiatric illness with physical and psychological complications similar to full-threshold AN, except with more severe distress related to eating and body image. Despite not being underweight, nearly 1 in 4 adolescents in this study with atypical AN had bradycardia, 1 in 3 had amenorrhea, and more than 40% required inpatient hospitalization. Thirty-eight percent had a psychiatric comorbidity (depressive disorders were most common at 31% followed by anxiety disorders at 17% and obsessive-compulsive disorder at 5%) and 43% experienced self-harm or suicidal ideation.

This study emphasizes that we must look beyond body weight when diagnosing eating disorders. Substantial and/or rapid weight loss may be detrimental to physical health even when patients are not underweight. Clinicians should screen for eating disorder symptoms in all patients who experience weight loss, regardless of their size or BMI. Patients with restrictive eating disorders at higher weights are more likely to experience delayed diagnosis, sometimes not being diagnosed until they meet full criteria for AN, or not be diagnosed at all. In our weight-loss focused culture, people at higher weights are often praised for losing weight, with caretakers and providers turning a blind eye to or even encouraging eating disorder symptoms. The authors underscore the importance of assessing all adolescents who have lost weight, even

those who appear to be at a “healthy” weight, and that even small amounts of weight loss may signal an underlying eating disorder.

Reference: Sawyer SM, Whitelaw M, Le Grange D, et al. Physical and Psychological Morbidity in Adolescents With Atypical Anorexia Nervosa. *Pediatrics*. 2016; 137 (4).