Severe Complication and Shoplifting Behavior in a Young Man with Atypical Anorexia Nervosa: A Case Report

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Received date: Sep 3, 2015, Accepted date: Dec 4, 2015, Published date: Dec 15, 2015

Abstract

Anorexia nervosa (AN) is an eating disorder characterized by excessive restriction on food intake and irrational fear of gaining weight, often accompanied by a distorted body self-perception. It is rare among men. We report a case of a 20-year-old man who presented with gradual loss of weight and recurrent episodes of vomiting. Several biochemical and hormonal alterations, multiple medical complications, and cortical atrophy were ascertained. During hospitalization, he was at high risk due to those life-threatening severe refeeding syndrome. Furosemide and human serum albumin were used to control the refeeding syndrome, which achieved a rapid and significant curative effect. Body weight significantly gained, and the patient was discharged with various stable parameters. One year later, he was caught for shoplifting. There was no evidence suggesting any misdeeds to support that the stealing was intentional. The aim of this report was to remind us pay more attention to the male AN. A greater awareness of this condition in the male may lead to an early diagnosis and therapy for reducing morbidity and mortality.

Keywords: Anorexia nervosa; Shoplifting; Refeeding syndrome; BMI

Abbreviations


Introduction

Anorexia nervosa (AN) is an eating disorder characterized by excessive restriction on food intake and irrational fear of gaining weight, often accompanied by a distorted body self-perception [1]. It typically involves excessive weight loss which is usually found to occur more in females than in males. A growing body of literatures have demonstrated the association between decreased quality of life and severe AN. Musa Ram et al. [7] reported a male case of anorexia nervosa, presented with an episode of dissociative state during which he was caught for shoplifting. They thought that the dissociative episode was secondary to hypoglycemic state. The male AN case we present was also caught for shoplifting, but not in hypoglycemic state. To the authors’ knowledge, it is secondary to the personality changes or rooted the psychopathology of AN.

We believe the case is helpful for readers to study the symptoms, complications, and risk of male AN, how to handle the refeeding syndrome during the initial stage of treatment. At the same time, it is needed that further studies and debates on whether the shoplifting in AN physiological or psychological.

Case Presentation

Three years ago, Feng was a 17-year-old young male of 90 kg, 182 cm. He fell in love with a girl. But the girl complained his obesity. From then on, Feng lose weight by doing exercise excessively, avoiding high-calorie foods, and using slimming tea. Sometimes, he ate an apple one day. He felt unhappy because his poor attention and worse academic performance. Whenever unhappy, he ate a lot of pulfed foods and then used his fingers to induce vomiting in order to alleviate bloating. His teacher advised him to drop out for medical assessment because of the severe angular. However, he just stayed at home, refused to go to hospital and never attended any psychiatric treatment. He took only about 2 spoons of rice and a few vegetables in his daily diet. He refused to take food cooked by his mother, neither ate together with his parents. Two years ago, his weight continued to drop to 48 kg (body mass index, BMI 14.49). He felt breathless after climbing the stairs. He began to realize the need to see a doctor, presented to our hospital with complaints of gradual loss of weight, recurrent episodes of vomiting.

Feng came from a wealthy family. He was the only child at home. There was no family history of psychiatric illnesses particularly eating disorders or deviant eating habits. Parents had inconsistent views on his upbringing. His father was an authoritarian and strict person. Since Feng is the only son, he wanted Feng to achieve the best academically. Feng felt stressed ever since his childhood. His mother was more...
Discussion

In the past, less male AN coming to medical attention partially because this disease has been traditionally thought of as occurring in females [8]. In fact, AN in males in the community is more common, transient and accompanied by more substantial comorbidity than previously thought [9]. In the general population, some recent epidemiological data suggest that as much as 25% of people with AN are male [8]. As the recent retrospective cohort study suggests, there may in fact be a higher short term (less than 3 year) post treatment mortality in males compared to females [10]. So it is a very important question that we should pay more attention to the male AN.

AN is a response to contradicting and confusing experiences, which the patients cannot find another effective ways to solve. If women turn to their bodies as the way to modulate and resolve these stressors and mixed messages, the men would also express some of their distress through their bodies and would be at greater risk to develop AN or other eating disorder [11]. Feng represented a case of severe AN in a man with a probable precipitating factor being girlfriend's critical comment on his weight.

Refeeding syndrome, as a reflection of the shift from a catabolic to an anabolic state, may occur during the management of AN patients. It can be asymptomatic and manifested solely by changes in serum electrolyte levels or have severe clinical consequences [12]. At the beginning of treatment the present case, serious refeeding syndrome appeared, which was life threatening. To our knowledge, this is the first report of using Furosemide and HAS to treat the refeeding syndrome in male AN, achieving rapid and significant curative effect.

Shoplifting is an overlooked and severe symptom of AN. Musa Ram et al. [7] reported a male case of AN, presented with an episode of dissociative state during which he was caught for shoplifting. They thought that the dissociative episode was secondary to hypoglycemic state. We hereby present a young male AN patient who was also caught for shoplifting, not in hypoglycemic state. Before studies of the temporal relationship between the onset of eating disorder and the occurrence of impulsive behaviors maybe facilitate a better understanding of these issues [13]. A retrospective quasi-case-control study in a medical prison in Japan suggest that there were also significant relationships with low body weight, anorexia nervosa-restricting type, obsessive–compulsive behaviors, and obsessive–compulsive personality disorder in the shoplifting group [14]. This study found that the repeated shoplifting by these patients is unrelated to antisocial or impulsive characteristics but is deeply rooted in these patients' severe and undertreated eating disorder psychopathology. To the authors' knowledge, Feng's shoplifting was not in hypoglycemic state, but may be secondary to the obsessive–compulsive personality changes of AN.

Conclusion

AN in males is an overlooked disease. But, it is often severe and the risk of refeeding syndrome is not negligible. Shoplifting is an unusual symptom in AN, which always lead to serious consequences. A greater awareness and understanding of this condition in the male sex may lead to an early diagnosis and a tailored combined therapy thus reducing morbidity and mortality. It may be one the most effective therapeutic methods using HAS combined with Furosemide to treat the refeeding syndrome in AN. That have not been previously reported. We report this case to call for readers to pay more attention to male AN and give the closer follow-up after their discharge.
Ethical Considerations

The confidentiality of the identity of the patient has been ensured. The patient has been informed of the publication of the case. The case report is in the best interest of the community and to create awareness among mental and general health professionals. A copy of the article has been submitted to the ethical committee for clearance.

Sources of Funding

This work was supported by Education Department Foundation of Zhejiang Province (N20140223) to YR Lu.

References