Early Onset Atypical Anorexia Nervosa Case Associated with Social Media in Pandemic Conditions

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Abstract
Although anorexia nervosa (AN) and other eating disorders are frequently seen in adolescence or early adulthood, recent studies show that the number of early-onset anorexia nervosa cases is increasing. Increased screen use has been reported in pandemic conditions, especially in school-age and adolescent groups. In this article, a 6-year-old girl who was unable to attend school due to the pandemic and developed AN associated with intensive social media use is discussed. This case report is presented to the clinicians to raise awareness about eating disorders seen in increasing rates in pandemic conditions.

Keywords: Anorexia Nervosa, Child, Early-Onset, Eating Disorder, Pandemic

INTRODUCTION
Anorexia nervosa (AN) is a psychiatric disorder that is mainly characterized by excessive restriction of food intake due to fear of weight gain voluntarily as well as behaviors such as self-vomiting, laxative, or diuretic use, and extreme exercises (1). In most cases, the disease starts in the adolescent period or in young adults. However, recent studies showed that there is an increase in the number of early-onset AN cases (2,3).

Here, we presented a 6-years old girl who developed anorexia nervosa associated with social media use during the Covid-19 pandemic.

CASE
The girl was referred to our outpatient clinic with complaints of not eating and fears of gaining weight. In the examination, it was found out that these complaints started about 4 weeks ago. The patient presented to the pediatrics outpatient clinic 6 days ago and no pathology other than low blood glucose and vitamin D deficiency was found in complete blood count, biochemistry and hormone panels; thus, the patient was referred to the child psychiatry department.

It was found that her body weight decreased from 32 kg to 26 kg within 4 weeks. The body weight and height were 26 kg and 128 cm at presentation, respectively. In history, it was found that the patient could not go to school due to the pandemic and did not go to park; thus, she spent most of her time at home. It was also found out that the patient was watching the internet videos called “Barbie” daylong over 1 year and she admired to Barbie babies, saying that “why my eyes are not colorful”, “I want to be lean as Barbie babies” or “why I am not beautiful”. The parents stated that she initially restricted food intake while she only drank juice and milk within prior 3 weeks and she vomited once. The parents also reported that she was oversensitive, unhappy, and weak and that she got angry when her father called her “my chubby”. Again, the parents stated that they could not control the time that she spent on social media and that they attempted to restrict time but they failed to do so. In addition, it was found that she is prissy and helps her

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mother to tidy up the house while she is angry when her sibling messes up and she likes cleaning and prinking. There was no marked finding in the history of her and her family.

In the initial assessment, the patient was dressed cleanly and attentively. She gave one-word answers with a hoarse voice to questions. She became more talkative when the interview progressed and her mood was compatible with anxious mood. She had fear of gaining weight in her thoughts. She did not define any obsession; however, she had subclinical washing and order compulsions. She did not define active or passive suicidal ideas. No perception disorder was identified. The intelligence was found to be normal. The patient had no insight into her condition. The vital signs were as follow: fever, 36.6 °C; heartbeat, 98/min; blood pressure, 103/81 mmHg; oxygen saturation, 99%. Complete blood count, biochemistry tests and an electrocardiogram were found to be normal. There was no selective eating, dietary restrictions or binge eating in the patient’s premorbid history. It was determined from the premorbid history of the patient that she had subclinical symptoms for obsessive compulsive disorder. The diagnosis of pediatric acute-onset neuropsychiatric syndrome was excluded because the patient’s food restriction developed slowly and there was no information from the history that she had any upper respiratory tract infection. The patient was diagnosed with atypical anorexia nervosa due to the presence of intensive fear of gaining weight; desire to lose weight, declination of eating, impaired body image and body weight within normal range. The patient was diagnosed with atypical AN, restrictive type because she only dieted and did not have binge eating or purging behavior. The treatment was prescribed to the patient and control visits were scheduled. In family sessions and individual sessions, information was given about the effects of malnutrition on nutrition, the time spent by the patient on the screen was limited, activities that would increase peer interaction were suggested, and meal plans were created in the presence of a dietitian.

Sertraline 25 mg was prescribed. The patient was seen in the outpatient clinic with an interval of one week. In the fourth month of treatment, the patient’s weight increased to 30 kg and height to 129 cm. Family and individual interviews continue with sertraline drug treatment of the patient, who has a significant decrease in his oppositional behaviors about eating. Written consent was received from the patient and his family for the publication of this report.

DISCUSSION

The case of a girl who could not attend school due to the pandemic and developed anorexia nervosa associated with extensive social media use was presented in this study. The Covid-19 disease has become a worldwide pandemic by spreading from Wuhan, China since December, 2019. The face-to-face interaction decreased due to pandemic and technology use by children was almost doubled during this period. It was reported that mean screen time for children of all ages was 3 hours daily while it was increased up to 6 hours after pandemic (4,5). It has been suggested that the increased screen use after the pandemic can cause sleep problems, less reading, less time spent with family and friends, fear of loss, mood disorders, poor body image and self-perception and decreased academic success (5,6). In a recent systematic review, the time and investment in social media was found to be associated with increased depression, anxiety and psychological distress (7). In an Australian study, the admission rate for anorexia nervosa in patients aged<16 years was increased by 104% in 2020 when compared to the previous 3 years. The authors proposed that decreased extracurricular activities, school routine, and peer relations open a field for intensification of eating disorder cognitions (8).

It was shown that the media has a strong influence on eating behavior in children and adolescents. It has been suggested that the effect of media on anorexia nervosa is associated with lean idea/image imposed (2). In a study on prepubertal girls, it was shown that the habit of watching soap operas and music channels was positively correlated with food restriction and body dissatisfaction while the habit of watching cartoon was negatively correlated with food restriction (9). In another study on 7,172 adolescents, an association was found between the desire to be perceived as a media figure of the same gender and purging behavior (10). On the other hand, it is stated that the incidence of AN is higher in individuals who show obsessional tendencies or develop anxiety disorders in childhood. We can say that obsessional tendency in our case is also a risk factor for the development of AN (11).

Although limited, studies are suggesting that AN onset can be as early as 8 years of age in the literature (2,11). In previous cases reported in the literature, it was shown that genetic factors together with environmental factors play an important role. In the current study, there was no history of eating disorder in the family; thus, media use, an environmental factor, was considered as a primary
factor that triggered the eating disorder. It was thought that obsessive temperament of the case may also have contributed to the development of an eating disorder. This case showed atypical characteristics based on DSM-5 criteria due to body weight within normal range and short disease duration. The case was presented to create awareness among clinicians about increased rates of feeding and eating disorders during pandemics.

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REFERENCES