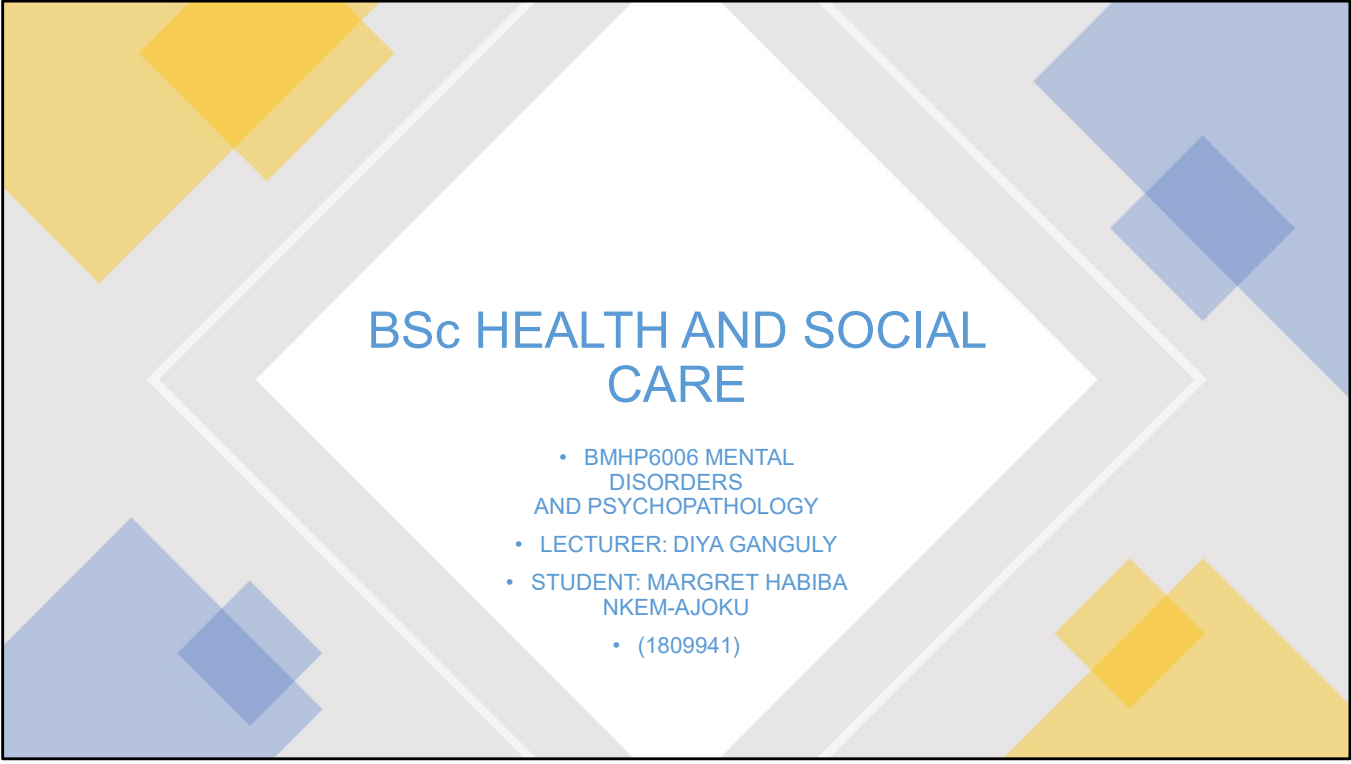




BSc HEALTH AND SOCIAL CARE

- BMHP6006 MENTAL
DISORDERS
AND PSYCHOPATHOLOGY
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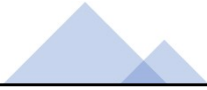


Introduction To Mental and Behavioural Disorders

“No health without mental health” (WHO)

- It is characterised by changes in perception thoughts, behavior or emotions that negatively impacts on the individual patient.
- It is an important cause of long term disability and dependency
- It has diverse and long term negative effect on individuals,their families and society.
- Genetics,stress,nutrition,perinatal infections and exposure to environmental hazards are contributing factors to mental health disorders.

(Oldershaw 2019)



Bollton (2008) maintains that the effects of mental disorder are pervasive and apparent.in loss of freedom,in suffering, a deprivation in life opportunities,negative impact on work satisfaction and productivity.

Writers suggest that Mental illness is a worldwide public concern.Bell et al (2019) argue that the United Kingdom is experiencing a high prevalence of poor mental wellbeing and mental illness in its populace espercially among young people.

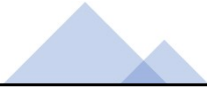
Again,the World Health Organization states that the burden brought on by mental disorders continues to grow with major impacts on health and significant human,social and economic consequences in countries of the world,(WHO 2017)



ICD-10

- ICD-10 is relied on in the uk for the classification of mental and behavioural disorders.
- Provides diagnostic guidelines for mental disorders
- Comes under the umbrella of World Health Organization
- ICD-10 being international has its roots in European psychiatry.

World Health Organization 1992





Definition of Anorexia Nervosa

- Anorexia Nervosa is an eating disorder marked with food restriction, poor body image and extreme weight loss. It is characterised by
 - Fear of certain food groups
 - Fear of obesity
 - Extreme thinness and being underweight
 - A wrong perception of current body weight
 - Often seen in adolescent females
- (Health Guide, 2021)

Individuals who struggle with what they eat and in the way they think and view food and their body may have an eating disorder. (Weight Matters)

Anorexia nervosa is addressed as a mental illness that is serious and causes extreme impairment and suffering and carries a high risk of morbidity with rates of up to 85 percent. (Levinson et al 2019)

Other writers, Kamil et al (2020) draw attention to the fact that anorexia nervosa is a disorder that has the highest rate of mortality from among all psychiatric diseases however the understanding of its pathophysiological components remains fragmentary (Kamil et al 2020)

Anorexia nervosa is argued to be a mental disorder that is characterised by a continuing restriction of intake of energy which invariably results in body weight that is significantly lower than what is expected for age and height (Guido et al 2019)

Individuals who suffer from anorexia nervosa have an intense fear of becoming fat or gaining weight or they may have a persistent behaviour that interferes with gaining weight. Writers also bring to the fore that individuals who suffer from this condition lack the recognition of the seriousness of the current low body weight (Frank et al 2019).

Individuals who suffer from this condition (AN) have a fear that is intense for adding

weight,they refuse to maintain healthy weight and the body image they have of themselves is distorted.Individuals who have this condition experience abnormal loss of appetite for food and attempt to avoid food,(ICD10)

Anorexia nervosa has the highest mortality rate of any psychiatric illness.The restriction of food intake can have serious health consequences(Weight matters)

Anorexia nervosa exhibits a complex interplay between psychological,neurobiological and environmental factors and is a serious disorder with high relapse frequency, a chronic disease burden with high cost(Frank et al 2019)

As a result of suffering from anorexia nervosa in the long term serious health problems may occur as a result of the body not getting the right treatments.Complications are known to arise as a result of this disorder and they are-fertility problems,bowel or kidney problems,loss of fertility,low sex drive,a weak immune system and problems with the heart and blood vessels,an irregular heartbeat,swelling in the feet and hands or face(NHS2020)

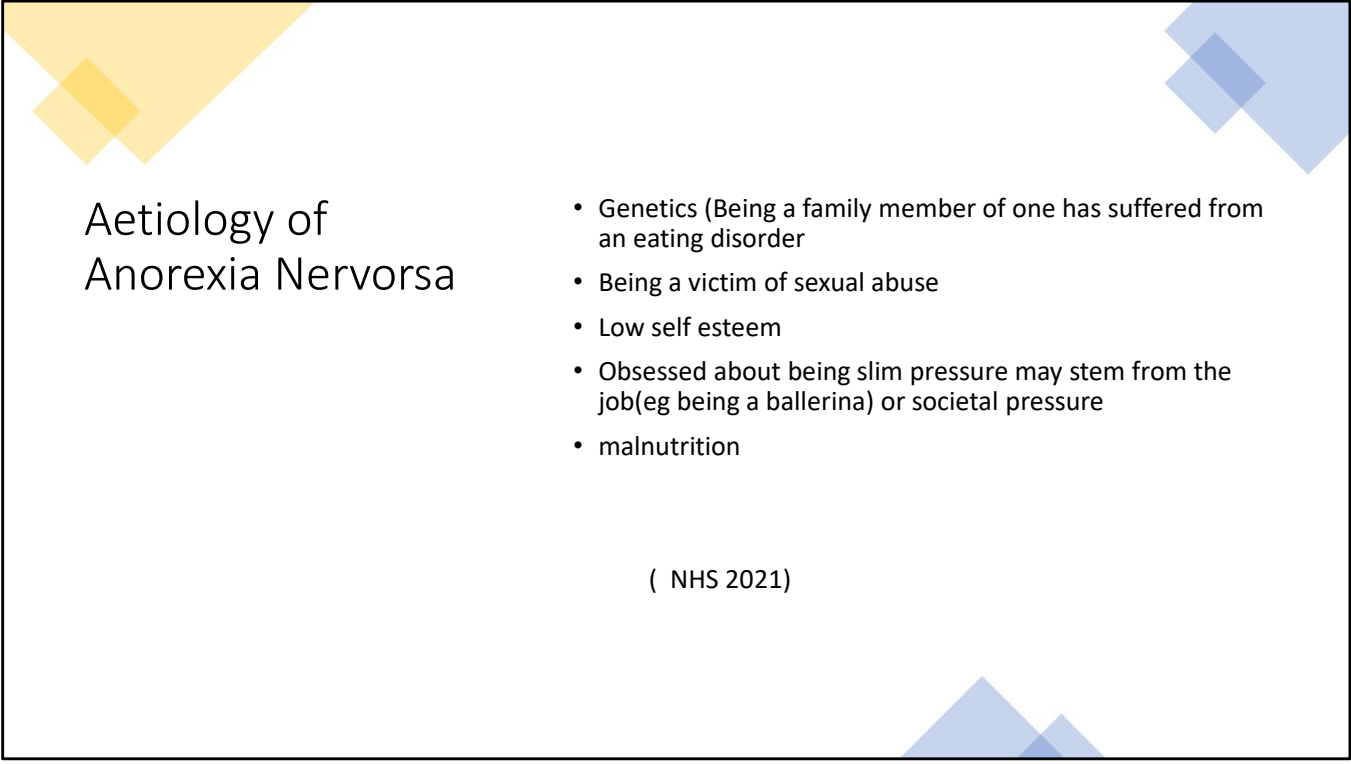
Anorexia nervosa (AN) has been suggested to affect mostly young girls and adolescent girls.

Classification within ICD-10

With reference to ICD-10
Anorexia nervosa is classified
within F50- F59

Behavioral syndromes associated
with physiological disturbances
and physical factors

F50.0 Anorexia Nervosa



Aetiology of Anorexia Nervosa

- Genetics (Being a family member of one has suffered from an eating disorder)
- Being a victim of sexual abuse
- Low self esteem
- Obsessed about being slim pressure may stem from the job(eg being a ballerina) or societal pressure
- malnutrition

(NHS 2021)

Dahlman et al (2011) maintain that anorexia nervosa is a predominant form of eating disorder and that it has morbidity and mortality rates that has significant functional impairment.

A study shows that anorexia nervosa is a complex disorder that is genetic and is revealed mainly by certain traits in childhood. This includes perfectionism, inhibition and harm avoidance.

Dahlman et al (2011) also suggest that deficits in social cognition may contribute to the onset of anorexia nervosa. Furthermore the writers argue that psychological and physiological changes and societal pressure that happens at the onset of puberty may trigger the onset of anorexia nervosa.

Again, malnutrition during adulthood and adolescence is linked with neuropeptide and hormonal dysfunction that produces scars that are biological and may aggravate and accelerate the disorder and may lead to poor social functioning in adulthood as well as resulting in chronic mental health. (Dahlman et al, 2011)

Signs

- Skin signs are the expression of the medical consequences of starvation and vomiting (acne, hyperpigmentation and coldness of the hands)
- Extreme weight loss
- Fatigue
- Thinning of hair
- Vomiting (induced)
- Absence of periods in women

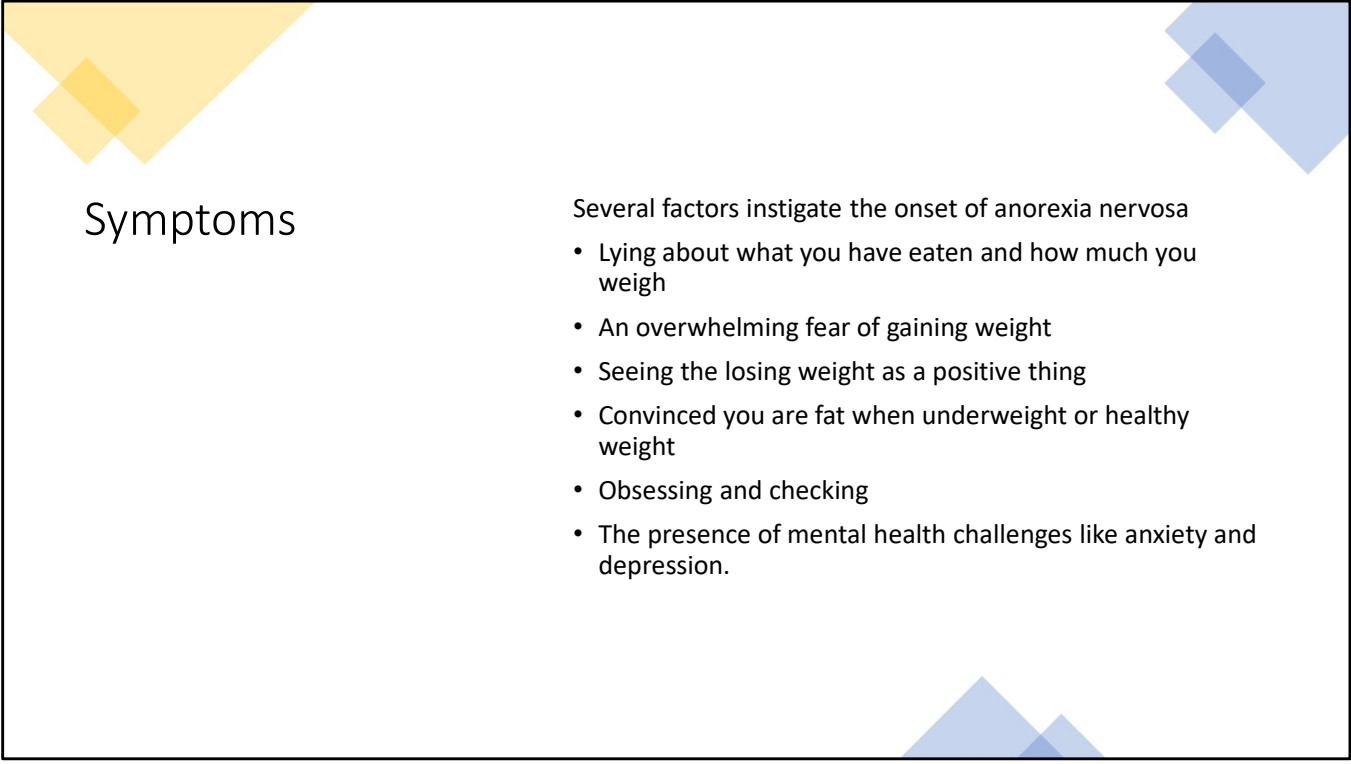
NHS 2021

The signs of anorexia nervosa are categorized into physical, psychological and behavioral signs. (Beat.org.uk)

Physical signs- Starvation has a negative impact on the organs of the body including the brain and muscle tissue. Individuals who suffer from this condition experience tiredness, stomach pain, hair loss, lack of sexual interest, difficulty sleeping, weight loss and absence of periods (Beat.org.uk)

Behavioural signs- A change is most often seen in the behavior of people developing AN. Changes in behavior precede physical changes. The signs are are- they do not like to eat with people, in the habit of hiding food, eat food slowly, miss meals, fast and are untruthful about how much weight they have lost. Wear bulky clothes to hide how much weight they have lost. (Beat.org.uk)

Psychological signs- Anorexia is a mental illness and as such the psychological signs include denying the seriousness of the problem, spending most of their time thinking about food. They exhibit low confidence and self esteem (Beat.org.uk)



Symptoms

Several factors instigate the onset of anorexia nervosa

- Lying about what you have eaten and how much you weigh
- An overwhelming fear of gaining weight
- Seeing the losing weight as a positive thing
- Convinced you are fat when underweight or healthy weight
- Obsessing and checking
- The presence of mental health challenges like anxiety and depression.

Individuals who suffer from anorexia nervosa have a preoccupation with weight loss and dieting that results in emaciation and may lead to death sometimes. Kaye et al (2009) state that these symptoms are a consequence of anxiety and obsessions or show primary disturbance of brain appetitive circuits.

Individuals with anorexia nervosa restrict their intake of calories. A sudden drop in weight shows anxiety concerning their weight gain and isolate themselves socially. Individuals suffering from anorexia nervosa have dieting routines that are seen as extreme. (Weight watchers)

Other writers (Levinson 2019) suggest that anorexia nervosa and obsessive compulsive disorder are strongly comorbid.

Writers, Pleple et al (2021) state categorically that the mental disorder anorexia nervosa is marked with both somatic and psychiatric symptoms and that it is marked with severe weight loss, extreme dieting which leads to malnourishment. Again Pleple et al (2021) suggest that clinical symptoms of anorexia nervosa include depressive and anxious symptoms.

Christina et al (2021) argue that anxiety, lack of sleep and worry are strongly related to psychiatric illness and eating disorder in particular.

Amenorrhea commonly occurs in cases of anorexia nervosa and was a diagnostic criterion however it has been eliminated because patients who have periods can meet the criteria for anorexia nervosa (Kamil et al 2020).



Diagnosis

- Physical examination by a General Practitioner or specialist
- Conducting tests in a laboratory
- Psychological evaluation
- Xrays to check broken bones or stress fractures

(NICE)



General Principle of Care

The National Institute of Care and Health Excellence (NICE) states that it should be taken into cognizance that people suffering from eating disorders may:

- Be susceptible to shame and stigma
- Find it difficult and tasking to talk about their condition
- Need intervention and information appropriate for their age and level of development

(National Institute for Health and Care Excellence)

NICE promulgates that in treating anorexia nervosa health care providers should educate about the disorder, monitor mental and physical activity, weight should be monitored and there should be a cohesive multi disciplinary team that is coordinated between services, Family members should also be involved when appropriate. (NICE)

Treatment

The NHS offers treatments for adults, adolescent and young children.

- Maudsley Anorexia Nervosa Treatment for Adults (Involves talking with a therapist to understand cause of the eating disorder)
- Specialist Supportive clinical Management (SSCM) Involves learning about nutrition.
- Children under 18 are offered family therapy
- Young adults are offered adolescent focused psychotherapy
- Medicine-anti depressants such as prozac is given with combination of therapy
- Bone health – Bone density scans are conducted to check the health of bones
- Diet advice

NHS 2021

Available treatments for anorexia nervosa are mainly psychological and focus is on nutritional rehabilitation. Writers, Hay and Claudino (2012) opine that pharmacological efficacy for anorexia nervosa is low on this premise they argue that more research needs to be done in order to come up with novel treatment.

Cognitive remediation therapy (CRT) seeks to address neuropsychological inefficiencies that are common characteristic of anorexia nervosa. Lang et al (2014) suggest that poor cognitive set shifting and weak central coherence are features of AN. CRT seeks to improve cognitive function by using a variety of exercises designed to strengthen holistic information, processing and cognitive flexibility (Lang et al 2014)

NICE (National Institute for Health and Care Excellence) postulates that the treatment for anorexia nervosa is considered difficult to treat. Treatment outcomes show an unexplained discrepancy between theoretical postulations and clinical outcomes (Oldershaw 2019)

The National Health Service relies on therapies and pharmacological drugs for the treatment of anorexia nervosa.

NICE subscribes for the following therapies in the United Kingdom. Cognitive Behavioral Therapy places emphasis on symptom based accounts

valuation, control of shape (weight, low self-esteem, interpersonal difficulties). This technique aims to promote weight gain while tackling concerns and also seeks to increase motivation to change (Oldershaw 2019).

MANTRA focuses on socio-motional difficulties, positive beliefs about the value of Anorexia Nervosa and rigid detail focused as treatment targets. These mentioned factors intensify once in a starved state. (Oldershaw 2019).

Specialist SSCM- This technique combines supportive psychotherapy and clinical management to provide support that is practical and is not formulation based. It is focused on resumption of eating, psycho-education and normalization of weight.

Treatment for anorexia nervosa can be life saving and is more effective when conducted before the individual becomes severely underweight. When left untreated anorexia nervosa is associated with a significant increase in the risk of death. Early intervention goes a long way in addressing this order. (Weight matters)

Support groups for Anorexia nervosa suggest that

- Eating disorders result in emotional, physical and social consequences which limit people from leading fulfilling lives (Weight Matters)

Weight Matters a charity in the United Kingdom provides support in various capacities. Online therapy and online counseling, nutrition therapy is also foremost on their agenda. The aim of this is to improve the wellbeing of individuals who suffer from this eating disorder.

Statistics

- 1.25 million people in the United Kingdom have an eating disorder.
- 25% of this population are male
- 46% of nervosa anorexia patients fully recover, 33 % improving and 20% remain chronically ill

(Beat charity)

Legislature

- Mental health Act (2007)
- Disability Act (2010)
- Mental capacity act (2005)

(gov.co.uk)

Mental health Act of 2007 was enacted to protect people who suffer from mental disorders and also for those with limited mental capacity. Treatment and assessment is given regardless of their consent when the health intervention is for their overall health benefit. (Gov.Co.UK)

Disability Equality Act 2010 states that you are disabled if you have a mental or physical impairment that has a long term and substantive negative effect on your ability to do everyday normal activities. Rights under this Act gives the disabled person access to financial help and benefits. Benefits available include employment and support allowances, carers allowance and disabled childrens allowance. (Gov.co.UK)

Mental capacity Act 2005 is a covering for individuals in England and Wales who are unable to make some or all decisions for themselves. Being able to understand and make decisions when it needs to be made is called mental capacity. Under the Mental Capacity Act people who provide care for adults who lack capacity to make decisions on their own have a legal duty to uphold the code of practice.

Conclusion

- Mental health disorders undeniably leaves detrimental impacts on adults, adolescents and children. The impact on society is not far fetched.
- Challenges abound in the treatment of eating disorders (resistance to treatment, increase in relapse cases, developmental and maintaining factors)
- Young people especially young female girls suffer from anorexia nervosa as a result of several factors. Is enough been done?
- Inadequate research remains a problem on the condition anorexia nervosa as we are yet to see a breakthrough in treatment
- Statistics remain scarce on the condition
- More definitive Acts need to be promulgated to protect already vulnerable sufferers of mental health

Recomendation

- To fight this illness, It is imperative that health bodies enhance understanding of the underlying biological and psychosocial mechanisms so as to produce lasting pharmacological cures.
- Improve strategies for early intervention and prevention and better target our treatments through improved understanding of specific disease mechanisms.
- Government should provide funding for further research
- Laws and Legislatures should be promulgated to control the negative impact social media plays in putting pressure on impressionable teenagers

Bulik (2014) suggests that the evidence for the treatment of anorexic nervosa is negligible compared to the measure this disorder reduces the quality of life and causes the death of many people.

Bulik(2014) further argues that clinical trialsfor anorexia nervosa are challenging to conduct because anorexic nervosa patients pull out of trials,there is also the challenge of giving the appropriate treatment to eliminate the symptoms clients are attached to.

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