

Clinical Case Study: Patty Bensusan

At the time of her first visit to the outpatients department of a busy hospital, Patty was a 19 year old Caucasian young woman who had recently moved from home to attend University. During her final year of College she had been admitted into hospital for one month as an inpatient from extreme weight loss because of her restrictive food intake and intense fear of gaining weight. On admission she was 5ft 4" tall and weighed 92 pounds. Her BMI was 15.8 indicating that she weighed 69% of her ideal body weight.

She attempted to avoid eating altogether and would not eat with her family. She ate only when her relentless attempts at restriction were overcome by hunger. When she ate, she experienced a sense of failure and humiliation. She would run multiple miles per day in addition to her swim practices at school and would often run on a treadmill at night when her parents slept.

Her food restriction and drive for weight loss began to have many serious consequences. Her academic performance declined due to an inability to concentrate. She was fatigued and obsessed with thoughts of eating and food. She became depressed and socially withdrawn. She was worried continuously about social interactions in College. Although Patty was coach of her College swimming team, the coach asked her to stop swimming when her weight loss became very pronounced. This request followed an incident when she was unable to finish an important race because of fatigue due to weight loss. Her health was markedly compromised by her weight loss and excessive exercise. She stopped menstruating and was plagued by illness and infection, constantly contracting viruses and bacterial infections. At the request of her parents and the College, Patty went through a comprehensive medical examination which indicated cardiac problems; a low pulse and a substantial loss of bone density.

At this time Patty was told to leave College and enter an inpatient facility where she was expected to gain weight up to 85% of her ideal body weight as a condition to graduating from College and moving to University. Although she was resistant to treatment and gaining weight, these conditions forced her to gain the minimum weight necessary to move to University. Both her parents and GP wanted her to continue receiving treatment whilst at University, therefore she was referred to a specialist eating disorders clinic. Patty's mother was reassured that treatment would take place near the university to lessen the chances that Patty would lose the motivation to travel any distance for therapy. Patty did not speak to the therapist prior to the first meeting, which she attended with both of her parents.

Clinical History:

Patty was the second of two children, she had a sister two years her senior. She was raised in a happy middle class family. There was no history of psychological problems in her first degree relatives. She was a good student in school, achieving mainly A's and B's. She felt that she was not as strong as her elder sister academically, who had received straight A's and graduated at the top of her class. Patty was very close to her sister and had a good group of close friends. She chose to attend the University close to her home as she was also close to her parents.

The emergence of her eating disorder began in the final year of high school, after she had learned that she had been accepted into the University of her choice. This coincided at the same time as personal distress resulting from estrangement of a long-term friend and learning about the infidelity of her ex-boyfriend whilst they had been together.

Her problem began with a desire to lose weight even though she was always slightly underweight. Her concern with weight led to increased elective exercise and food restriction. She initially limited fats, sugar and carbohydrates but this led to skipping meals and reducing her overall intake. She would miss breakfast, eat crackers for lunch and remain in College as long as possible to avoid having to eat with the family. She would eat a small portion of left overs and then go running. As she began to lose weight, her concern with her weight increased and thoughts about her weight and food started to interfere with her attention and concentration. In 8 weeks she had lost 15 pounds.

Initially she was pleased with the weight loss and energised by the challenge of losing weight. Focussing on losing weight helped with the distress of her social life. She felt proud of her discipline and self-control, she went shopping and bought new clothes to flatter her figure. Others did not give her positive feedback about her weight loss because she was slim already, but they became increasingly worried as it became more apparent. Her swimming coach first suggested that it was interfering with her performance and then her health, but this had no effect, although Patty felt guilty and worried, she could not stop restricting her food. After two of her friends contacted her ex-boyfriend and expressed concern, he phoned her and told her he was worried. She had mixed feelings about this because whilst she felt guilty that he was worried and she wanted to please him, she was also pleased that he was worried and developed a desire to continue her behaviour to maintain his attention.

The severity of her symptoms increased quickly and led to serious health and social consequences, including a major depressive episode. Patty became sad, socially withdrawn, self-critical and anhedonic. She experienced considerable sleep difficulties and ended up hospitalised for a month on a 3,000 calories a day diet. Upon release she was treated as an outpatient on a 2,500 calorie a day diet and she complied with instructions to not weigh herself. She gained 7 pounds, her BMI rose to 17 and her weight stopped at just under 100 pounds. She was told that she had to gain at least 85% of her body weight to be able to go to University. During August she gained 8 pounds and thus was allowed to attend University.

Patty planned to attend University following a detailed food plan designed for her by a nutritionist and attend a clinic close to the University itself. At the time she entered the clinic, her BMI was 18.5, an ideal body weight of 80% and she weighed 107 pounds. She attended the clinic due to her parents' wishes but she fluctuated between being aware of her severe symptoms and being in denial. She recognised the price she had paid in terms of the traumatic separation from her family whilst an inpatient, the faltering in swimming and athletics, the embarrassment of quitting school and the difficulty of maintaining a high calorie diet whilst fearing weight gain and body image concern. She did not agree with the doctors, she thought that they were overreacting and was furious that they forced her to eat such a high calorie diet. Whilst her food intake continued to be restrictive, when questioned she would argue that she ate three meals and three snacks per day. When specifically asked about the percentage of the meals/snacks eaten she would answer honestly and admit to not usually eating breakfast or evening meals. Rarely did she eat over 2,000 calories per day. Socialising and eating in front of people embarrassed her, she preferred to eat in secret feeling guilty if she ate. She had a definite desire to have an empty stomach each day and was constantly preoccupied with food. Although never engaging with bingeing or purging, Patty had an intense fear of losing control over her eating. She was not permitted to exercise due to her low pulse, although she walked very briskly every day.

In summary, at the time of her initial visit to the clinic she was extremely self-critical, dissatisfied and unhappy with her shape and weight and her primary sense of self evaluation and self-esteem was to lose weight and reach her target of 95 pounds.