

Mental Anorexia and Helicobacter pylori Infection About a Case

B. Raouf^{1*}, I. Adali¹, F. Manoudi¹

¹The Research Team for Mental Health of the University Psychiatric Service CHU MED VI, Marrakech

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*Corresponding author: B. Raouf

The Research Team for Mental Health of the University Psychiatric Service CHU MED VI, Marrakech

Abstract

Case Report

Anorexia nervosa is one of the eating disorders of multifactorial origin, which most often occurs around puberty. Our study concerns a 17-year-old patient followed for a *Helicobacter pylori* infection without improvement, revealing a later anorexia nervosa with good improvement and weight gain following Psychiatric follow-up whose main treatment is therapy. family in addition to secondary medical treatment.

Keywords: eating disorders, *Helicobacter pylori* infection, Anorexia nervosa, weight gain.

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1. INTRODUCTION AND HISTORY

Anorexia nervosa is one of the eating disorders of multifactorial origin, which most often occurs around puberty. It is an incessant search for slimness aimed at losing weight or not gaining weight during periods of growth.

In this clinical case, we report the case of a patient who presented for anorexia nervosa with some complications regarding irregularity of the menstrual cycle and associated gastrointestinal disorders.

2. OBSERVATION

This is a patient O. aged seventeen (17) years single, student originally and resident in Marrakech. She was brought back by her sister to the psychiatric emergency room for an objectifying eating disorder in the patient in a state of extreme thinness with a BMI < 17 KG per M² or < below the 5th percentile, as well as a delay in menstruation for nine years. (09) months, with irregular cycles since the age of fifteen (15) years.

At the end of the psychiatric interview:

The beginning of the symptomatology seems to date back to the age of fifteen by the restriction of food intake with the notion of extreme studies carried out by the patient regarding diets and calories in order to lose weight or not gain calories. moreover, while carrying a major concern about seeing his body image disturbed.

In addition, she performed intense physical exercises.

The diagnosis is confirmed clinically by a test (anorexia nervosa self-assessment scale "EAT" with a result reaching 23/26 items) and biologically by low gonadal hormone levels explaining the irregularity of menstrual cycles.

Concerning the gastrointestinal disorders (chronic abdominal pain, dyspepsia, nausea and vomiting), I referred the patient for gastrointestinal advice. Objectivating a *helicobacterpylori* infection in her.

Indeed, to deal with this case, I opted for the following behavior:

- The patient after three months of psychological therapy, which began with family therapy under the "Mandsley" model,
- Nutritional supplementation made by a nutritionist;
- The doctor-patient relationship was one of advice, guidance and meticulous and close monitoring in order to encourage a healthy and balanced diet;
- Medical treatment with antibiotic therapy to eradicate *Helicobacterpylori*.

3. DISCUSSION [1]

Amenorrhea is a characteristic sign of anorexia nervosa. Its cause is multifactorial and its resolution requires treatment of the underlying eating disorder.

¹ Anorexia nervosa: from diagnosis to treatment. Jean-Pierre Bouchard. Care. 2023

Neuroendocrine changes associated with menstrual abnormalities in underweight and recovered anorexia nervosa, recent research on osteopenia, and treatment recommendations are discussed.

New therapeutic approaches in anorexia nervosa. Anorexia nervosa is characterized by nutritional, somatic and psychiatric symptoms that require multidisciplinary approaches.

New therapeutic approaches have the effect of increasing the quality of the alliance between the patient and the therapist, and therefore facilitating the engagement process (as with motivational therapy);

These therapies also aim to facilitate mental flexibility, increase central coherence, develop new strategies for solving problems (such as with cognitive remediation and mindfulness-based cognitive therapy), and strengthen family resources (during marriage and family therapy).

This article provides background information, descriptions, and evidence for the newest treatments for adolescents with anorexia nervosa, including family

treatment, adolescent-focused therapy, cognitive behavioral therapy, therapy systemic family and psychopharmacological treatments. Currently, family-based treatment has the best evidence of effectiveness and cost-effectiveness.

Future directions for research into the treatment of anorexia nervosa in adolescents are discussed. Treatment primarily involves a combination of renutrition and psychotherapy, usually through family therapy, with drug therapy playing a secondary role.

4. CONCLUSION

Our patient who presented with anorexia nervosa after three months of relentless and multi-disciplined follow-up, she had an improvement with weight regain and a reduction in her excessive concerns about her worrying weight.

This outpatient treatment must be prioritized given its effectiveness and efficiency. Psychological therapies, the most relevant of which is family therapy, should be combined considering the multidimensional nature of the illness [2].

²Eating disorders among medical students in Marrakech, Cherradi Mohamed El Amine in 2018