

兒童及青少年精神科 飲食失調症診所

厭食症簡介

厭食症是一種飲食失調症，發病時間多為十多至二十歲。其病徵如下：

- ◆ 體重下降及BMI少於17.5
 - ◆ 刻意拒絕進食，增加運動，甚至扣喉嘔吐或使用瀉藥
 - ◆ 扭曲健康身體的形象——雖然消瘦但仍害怕體重增加
 - ◆ 內分泌失調，如女性會停經3個月或以上
- 目前學者仍未就厭食症的成因有一致定論——遺傳、社會風氣、心理狀況等因素均有影響。一個由多專業治療團隊制定的有系統行為治療計劃，以及家人的正面支持對治療至為重要。

除此之外，瑪麗醫院兒童及青少年精神科於2010年開始定期舉行名為「分甘同食」的飲食失調症之家屬支援小組，為家屬提供照顧患者的技巧及心理支援。

轉介方法:

本診所接受衛生署兒童體能智力測試中心、私營診所醫生、醫院管理局及普通科門診醫生、教育局、學校及社工的轉介個案。

服務範圍

提供的評估和治療包括:

- ◆ 醫生面診
兒童及青少年精神科醫生會會見病人及家人，以了解其病歷及作出臨床評估和診斷。因應病情安排門診、覆診，日間醫院治療或入院治療。
- ◆ 日間醫院
日間醫院提供膳食監督，以及定期舉行多專業個案會議。
- ◆ 「分甘同食」— 飲食失調症之家屬支援小組
支援小組根據英國 Maudsley family therapy理論，為患者在家中建立一個治療團隊，幫助患者早日康復。
- ◆ 多專業治療團隊
除醫生護士以外，營養師、臨床心理學家、職業治療師、紅十字會醫院學校老師及社工均會參與治療。營養師會提供飲食建議，護士則負責監察飲食及支援；臨床心理學家會提供個人或家庭心理治療；職業治療師會提供有關提昇社交技巧及個人情緒管理的訓練；老師則為住院學生上課以減少住院對學習的影響；社工負責聯絡學校提供支援。

治療過程

一般分為三個部份，包括：

- ◆ 為患者制定治療目標（目標體重）及飲食餐單，教導患者及照顧者有關適量飲食的正確知識，冀能逐步增加患者體重至正常範圍。

- ◆ 由護士提供飲食監察及在進食時給予支持和鼓勵，以幫助患者克服進食時的焦慮和恐懼，培養正常飲食習慣。
- ◆ 在門診提供個人或家庭心理治療。處理個別厭食症的成因；協助患者康復及減低復發機會。

坊間傳言和事實真相

- ◆ 「厭食只是一種生活態度」
飲食失調為精神病的一種，嚴重時足以致命。如病發時為發育時期，能導致發育遲緩。
- ◆ 「不可理喻! 先看看身在鬧飢荒地區的孩子吧! 身在福中不知福!」
飲食失調不只是心理問題，而是腦部功能異常。目前證據顯示飲食失調有很強的遺傳性，腦部掃描亦顯示出患者腦部結構異常。怪責患者對康復沒有幫助。
- ◆ 「飲食失調是管教問題所致」
飲食失調是腦部功能異常引致的問題，目前沒有醫學證據確切證明家庭問題會引致飲食失調。
- ◆ 「我很滿意自己現在的體形和食量，體重亦沒有再下降，我覺得我現在的身體情況很好!」
千萬不要跟病魔妥協，要以康復及維持正常體重（BMI 18.5 — 24.9）為首要目標！


以上資料由瑪麗醫院精神科提供。



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兒童及青少年精神科
DEPARTMENT OF PSYCHIATRY
CHILD AND ADOLESCENT
PSYCHIATRIC SERVICE

飲食失調症診所
Eating Disorder Clinic

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DEPARTMENT OF PSYCHIATRY CHILD AND ADOLESCENT PSYCHIATRIC SERVICE EATING DISORDER CLINIC

Background

Anorexia Nervosa (AN) is an eating disorder with underlying biological and genetic basis. The onset is often during teen years or early adulthood. It is characterised by:

- ◆ Weight loss and a BMI lower than 17.5;
- ◆ Food restriction with possible self-induced vomiting or abuse of laxatives, and increased exercise;
- ◆ Distorted body image with a desire of becoming thin and;
- ◆ Endocrine disorders (such as stop of the menstrual period in female).

The cause is still unknown. Anorexia Nervosa is a complicated disorder to which genetic, biological, psychological and socio-cultural factors all are their contributions. Structured behavioral interventions backed up by a multi-disciplinary team together with family support are crucial to cure the disorder.

In 2010, the Child and Adolescent Psychiatry Team of Queen Mary Hospital established the eating-disorder carers support group programme, aiming at empowering the caretakers of AN patients.

Sources of referral:

We accept referrals from Child Assessment Centre of Department of Health, general practitioners, doctors of Hospital Authority and General Out-Patient Clinics, professionals from Education Bureau, schools and social workers.

Scope of Services

- ◆ Medical consultation
Patients and their relatives will be seen by a child and adolescent psychiatrist for initial history taking and clinical assessment. The patient may be hospitalised or regularly followed up in day-hospital or outpatient clinic based on the severity of the disorder.
- ◆ Day hospital
Meal supervision and multi-disciplinary meetings are carried out in day hospital.
- ◆ Eating-disorder carers support group
Based on Maudsley family therapy, the group creates the family team which battles together against a personified enemy--the eating disorder that has taken their child hostage.
- ◆ Multi-disciplinary Team
Apart from doctors and nurses, dietitians, clinical psychologists, occupational therapists, Hong Kong Red Cross Hospital School teachers and medical social workers are all involved in the treatment. While dietitians

provide dietary advice and set up a meal plan, nurses help supervise mealtaking and provide emotional support during meal-time. Clinical psychologists provide individual or family-based psychotherapy. Occupational therapists help brush up patient's social skills and emotional control skills, and establish a work-leisure balance. Teachers help patient with their school work during in-patient stay, and social workers help liaise with the child's school and family for support and supervision arrangement.

◆ Treatment process

In general, the treatment process is divided into 3 different stages:

- Setting up of a healthy body weight and meal plans with dietitians. Discussion with the child and carers on calorie intake, nutritional content and weight gain progress. The target is to achieve weight gain gradually to a normal range.
- Meal supervision and supported eating by psychiatric nurses to help the child overcome the anxiety and avoidance over eating. The target is to achieve a "normal eating habit".
- Individual or family-based psychotherapy in the out-patient clinic with the target to manage causative factors of eating disorder to help with recovery and relapse prevention.

MythBuster

- ◆ "Anorexia Nervosa is merely a choice of lifestyle."
Complications arising from AN can be fatal -- examples include irregular heart rate and fatty liver. If the onset is before puberty, it may result in growth retardation.
- ◆ "I cannot understand why you can't just simply eat more. Look at those kids in famine! You should be grateful that you have food to eat."
AN is not merely psychological. It is a brain disorder, evidenced by its high heritability. Brain imaging also shows altered activity in insula (a part of the brain) of AN patients. Patients should not be blamed for their illness.
- ◆ "AN is due to parenting problems."
Research has not confirmed that family functioning is a specific risk factor for eating disorders. Parents, are not to be blamed as well.
- ◆ "I am happy with my current body weight. I feel perfectly comfortable with the amount of food I am taking. And my weight has been stable these months. Why can't I just keep my slim figure? I am totally healthy at this body weight."
Do not negotiate with the disease. Recovery and gaining a normal BMI (18.5-24.9) must be the first priority!