

兒童及青少年精神科 飲食失調症診所 (孩子篇)

厭食症簡介

厭食症是一種飲食失調症，發病時間多為十多二十歲。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。

我錯了嗎？

厭食症不只是一個心理問題，它是一個腦部功能異常所引致的問題，腦部掃描亦顯示出腦部結構異常。因此，不要責怪自己，就如你不會責怪自己得了感冒一樣！

我為何對食物失去興趣？

我們也沒有確實答案，腦掃描顯示患者在腦部負責食慾的部分不太活躍，此是一個生理現象。另外，自己對體形的不滿、外在的社會風氣和過往因體形而被取笑的經歷也會增加你對食物的厭惡。

吃得太少對我的身體有何影響？

厭食症是可以致命的，也會對身體各部分的機能有不同程度的影響，例如手腳冰冷、容易疲倦、心跳減慢、腹部鼓漲（不是脂肪！）、頭髮變疏、皮膚變黃、女孩子會停經等等。你的心情也會受影響，例如出現情緒不穩以及想逃避家人朋友。嚴重時會出現心律不齊、脂肪肝、抽筋等致命併發症。

我會接受什麼評估和治療？

- ◆ 醫生面診
兒童及青少年精神科醫生會會見你及你的家人，以了解病歷及作出臨床評估和診斷。因應你的病情安排門診、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，為你在家中建立一個治療團隊，幫助你早日康復。
- ◆ 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，老師為住院學生上課以減少因住院對學習的影響

；社工負責聯絡學校提供支援。

治療過程

一般分為三個部分，包括：

- 為你制定治療目標（目標體重）及飲食餐單，教導你及你的家人有關適量飲食的正確知識，冀能協助你逐步增加體重至正常範圍。
- 由護士提供飲食監察及在進食時給予支持和鼓勵，以幫助你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，協助你康復及減低復發機會。

我會康復嗎？

根據現有數據顯示，有一半的女性患者能完全康復，另有20—30%的患者會有明顯進步。只有20%患者會變成長期病患。就青少年而言，有九成患者在完成家庭治療後能完全康復。

會有機會復發嗎？

約三分之一的病人會在出院後有復發的機會，而高峰期為出院後半年至年半內。若你能保持正常體重，復發機會就會較低。

請謹記：

- ◆ 康復是首要目標！
- ◆ 食物就是良藥。
- ◆ 你的任務就是要食得其所，家人的支持也至為重要。
- ◆ 厭食症不是你或家人的錯。


以上資料由瑪麗醫院精神科提供。



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Queen Mary Hospital

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

飲食失調症診所 (孩子篇)
Eating Disorder Clinic
(Eating Disorder Individual)

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What is Anorexia Nervosa?

Anorexia Nervosa (AN) is an eating disorder with underlying biological and genetic basis. The onset is often during teenage 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 of AN is still unknown. Anorexia Nervosa is a complicated disorder which genetic, biological, psychological and socio-cultural factors all have their contributions.

Is it my fault?

AN is not merely psychological. It is a brain disorder, evidenced by its heritability as high as 50-83%. Studies show that genes play a major role in eating disorders.

Brain imaging also shows altered activity in insula (a part of the brain) of AN patients. Do not blame yourself- would you blame yourself for catching a common cold?

Is it my parents' fault?

Research has not confirmed that family functioning is a specific risk factor for eating disorders.

Why do I lose interests in food?

We are not entirely sure about this. There are some hints though. Brain imaging studies show a decrease in activity in your insula (a part of your brain) when you are eating. This is what happens biologically. There are other contributing factors, including body dissatisfaction, higher weight, adoption of the socially endorsed thin body ideal as a personal standard, being bullied due to appearance.

What happens to my body when I eat less?

AN can be fatal. It destroys your body (and appearance!) in many aspects. For girls, your menses may stop. For both girls and boys, your hair will be brittle and your skin becomes yellow. You may feel cold all the time and your body temperature may become low. Your heart may beat slower and your tummy may become distended- not filled with fat but with fluid. It also affects your mood; you may feel 'low', or have rapid mood swings. You may want to avoid friends and family in fear of being criticised about your figure. Fatal complications include irregular heartbeat, fatty liver and seizures.

What assessment and treatment will I undergo?

- ◆ Medical consultation
You and your family will be seen by a child and adolescent psychiatrist for initial history taking and clinical assessment. You may be hospitalised or regularly followed up in an outpatient clinic depending on the severity of the disorder.
- ◆ Day hospital
Meal supervisions and multi-disciplinary

meetings are carried out in day hospital.

- ◆ Eating-disorder carers support group
Based on Maudsley family therapy, the group helps form a family team which battles together against a personified enemy--the eating disorder that has taken you hostage. Family is the resource to aid in your recovery. Poor family communications is the consequence, but not the root of the illness.
- ◆ 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 to supervise your meal and provide emotional support during meal time. Clinical psychologists provide individual or family-based psychotherapy. Occupational therapists help you in brushing up your social skills and emotional control skills, and to establish a work-leisure balance. Teachers help keep up with your school work during your in-patient stay, and social workers help to liaise with your school and family for support and supervision arrangement.
- ◆ Treatment process
In general, the treatment process is divided into 3 different stages:
 - Setting up a healthy body weight and meal plan with dietitian. Discussion with you and your family on calorie intake, nutritional content and weight gain progress. Your target is to achieve weight gain gradually to a normal range.

- Meal supervision and supported eating by psychiatric nurses to help you overcome the anxiety and avoidance over eating. Your target is to achieve a "normal eating habit".
- Individual or family-based psychotherapy in out-patient clinic with the target to manage the causative factors of eating disorder which help with recovery and prevent relapse.

Will I be cured?

Half of the female patients with AN achieved a full recovery, while an additional 20-30% partially recovered. 90% of the adolescent patients with AN recovered after completing family-based therapy.

Will it occur again?

Relapse occurs in approximately a third of people in hospital, and the greatest risk is in the first 6-18 months after discharged from a hospital. The longer you maintain a normal body weight, the less chance you have a relapse.

Take-Home Message

- ◆ Recovery comes first and must be the first priority
- ◆ Prescription: Food!
- ◆ Family is your resource.
- ◆ Your job is to eat and utilise skills and support.
- ◆ Parents do not cause eating disorders, patients are not to blame for their eating disorder.

Information provided by Department of Psychiatry,
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