Streszczenie
Chociaż anorexia nervosa jest powszechnie uważana za chorobę charakterystyczną dla adolescencji, niewątpliwie może się ona pojawiać także u osób starszych. Niestety, anorexia nervosa w wieku starszym jest nadal traktowana przez wielu naukowców i klinicystów ze sceptycyzmem, co znajduje odzwierciedlenie między innymi w obowiązujących od wielu lat kryteriach diagnostycznych tej choroby. W artykule autorka podejmuje próbę analizy różnych konceptualizacji i uwarunkowań tej choroby, przy czym szczególną uwagę zwraca na najistotniejsze różnice między przyczynami i przebiegiem anorexia nervosa w adolescencji i wieku starszym. Wreszcie autorka stawia kilka prowokujących pytań dotyczących powodów deprecjacji anorexia nervosa w starszym wieku we współczesnej nauce oraz etycznych aspektów tej niepokojącej tendencji.

Summary
Although anorexia nervosa is a condition typically associated with adolescence, there is no doubt that it can occur also among elderly. Unfortunately, old age anorexia nervosa is still regarded by many scientists and clinicians with scepticism, what is mirrored, among others, in diagnostic criteria of this condition, being in force for years. In this article the author attempts to analyse various conceptualizations and causes of this condition, at the same time, the most outstanding differences between adolescent anorexia nervosa and anorexia tardive are particularly underlined. Finally, the author puts some challenging questions concerning causes of depreciation old age anorexia nervosa in modern science and ethical aspects of this alarming tendency.

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Introduction

Anorexia nervosa is a serious psychiatric disorder characterized by distorted body image which triggers intensive self-starvation (individuals with anorexia repeatedly control body weight by voluntary starvation and excessive exercise) and - as a consequence - significantly diminished body weight. The very essence of this eating disorder is a categorical refusal to change in conjunction with a profound denial of illness. Clinicians working with anorexia nervosa patients must face not only chronic, but also life-threatening nature of this illness and this is probably the most difficult aspect of their work [1, 2]. Anorexia nervosa has one of the highest mortality rates of any psychiatric condition, with approximately 18% (crude mortality among anorexia nervosa patients is between 4-20 %) [3, 4, 5] of people diagnosed with the condition eventually dying due to malnutrition. This high mortality in anorexic patients is mainly due to starvation (which causes: electrolyte imbalance and heart complications, mainly - silent pericardial effusion, and liver failure) [6, 7, 8], suicide [8, 9, 10] and alcohol poisoning [8].

There is little doubt that anorexia nervosa can be described as "the 'challenge' of psychiatric terminology" [11, s. s. 824]. Anorexia nervosa is a grave and perplexing illness that has afflicted patients and challenged health care providers for centuries [12].

On the one hand for many clinicians anorexia nervosa is an intriguing, poorly understood illness and its cause and cure are unknown. According to Keywood [13, p 6] „Anorexia nervosa exemplifies the arbitrariness inherent in labelling individuals mentally ill". Guntrip [14, p. 26] defines anorexia as "hardly so much a symptom as a guiding principle of life". This problem is presented in Crisp’s textbook “Anorexia nervosa: Let me be”: Crisp – widely recognised as an international expert on eating disorders – claims in the first chapter that in his opinion the condition is an illness (...). Nevertheless, he almost invariably puts ‘illness’ in inverted commas when referring to anorexia” [3, p. 129].

On the other hand, most authors underline anorexia nervosa is a grave mental disorder that raises questions concerning the use of compulsory treatment [15].

In spite of this long-lasting and fierce debate over the nature of anorexia nervosa, researchers and clinicians still have little to say about a highly specific case of anorexia nervosa in the elderly. Undoubtedly such case remains mysterious and deserves thorough analysis.

Diagnostic criteria of anorexia nervosa are inadequate for the old

Undoubtedly, anorexia nervosa starts mostly in adolescence [16]. Thus it is to some extend understandable that researchers and clinicians truthfully underline that this condition primarily affects young adolescent girls in the Western world, but thereby they seem to depreciate both existing and potential old individuals who suffer from this dangerous condition. This underestimation of seriousness of anorexia nervosa in old age results not only from relative rarity of anorexia in old age (although some scientists alarm that more and more women develop anorexia nervosa after 40), but from the indeed cautious attitude of many scientists towards this phenomenon. Wills and Olivieri [17] underline that not only early descriptions of anorexia nervosa in the elderly have been met with distrust, but “Anorexia nervosa in the elderly is still regarded by many physicians with scepticism” [p. 240], thus the position of this condition in the scientific world “appears essentially unchanged today” [p. 240] . Even such medical and psychological authorities as Selvini-Palazzoli [18] or Feighner and others [19] state that the term ”anorexia nervosa” should be reserved for a special clinical syndrome occurring in prepubertal and pubertal girls.
This too restrictive approach to anorexia nervosa [17] influences especially significantly diagnostic criteria for anorexia nervosa. Let’s scrutinize them.

To be diagnosed as having anorexia nervosa, according to the DSM-IV-TR [20], a person must display:

- Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).
- Intense fear of gaining weight or becoming fat.
- Disturbance in the way in which one’s body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
- In postmenarcheal, premenopausal females (women who have had their first menstrual period but have not yet gone through menopause), amenorrhea (the absence of at least three consecutive menstrual cycles).

The ICD-10 [21] criteria are similar, but in addition, they describe:

- ways that individuals might induce weight-loss or maintain low body weight (avoiding fattening foods, excessive exercise);
- physiological features, including widespread endocrine disorder involving hypothalamic-pituitary-gonadal axis is manifest in women as amenorrhoea and in men as loss of sexual interest and potency. There may also be elevated levels of growth hormones, raised cortisol levels, changes in the peripheral metabolism of thyroid hormone and abnormalities of insulin secretion;
- cases in which development is delayed or arrested, if the onset of anorexia is before puberty.

It is easy to notice that diagnostic criteria of anorexia nervosa are applicable only to young women.

Trials of definition and classification old age anorexia nervosa

Thanks to these scientists who appreciate old age anorexia nervosa and who devote their time to research on this condition, more and more articles carefully analyse this phenomenon. Very early, in 1939, Carrier introduced the concept of anorexia tardive. Although contemporary scientists also call this condition “anorexia tardive”, but they understand the term “tardive” (more exactly: “late-onset”) in various ways [17].

On the one hand, Russell and Gilbert anorexia tardive refers to elderly patients, but the word “elderly” for the authors implies “after age 25” [22]. Before this last conclusion, the authors has described three diagnostic groups:

1. patients with “classical” anorexia nervosa of less than 5 years duration;
2. patients older than 25 who had been chronically ill for more than 5 years; and
3. patients in whom the symptoms had begun after the age of 25.

They found that statistically significant differences distinguished the third group as a distinct diagnostic entity, namely the association of loss precipitants and depressive symptoms has practical implications in the management of this true anorexia tardive.

On the other hand, Dally [23] reintroduced the term “anorexia tardive” to describe women who develop anorexia nervosa at or after the time of their marriages. The author divided 50 inquired women with anorexia tardive into 4 groups; those who developed anorexia tardive:

1. in the engaged period,
2. after marriage and before pregnancy,
3. after childbirth and
4. at or after the menopause.
Interestingly, in the first three groups anorexia tardive developed as a maladaptive solution to a growing marital crisis. Many of the husbands were immature men who readily accepted a sick dependent wife. Group 4 women differed in a number of respects and their loss of weight ultimately came to express a desire to die. Noteworthy, five years before, namely in 1979, Dally and Gomez [24] set an upper age limit for anorexia nervosa at 35.

Finally, Wills and Olivieri [17] conceptualize anorexia tardive as anorexia nervosa which occurs after 65. They describe six patients with anorexia nervosa (consecutively aged: 74, 67, 72, 84, 75, 67) The authors underline that “Several other authors have described elderly patients with AN (anorexia nervosa – the footnote of the author of this article) and encouraged further reporting” [17, p. 143]. It is worthy of attention that Mermelstein and Basu [25] described a woman first diagnosed with anorexia nervosa at age 92.

It must be added that to some extend extreme caution of many researchers concerning old age anorexia nervosa is understandable because sometimes elderly people with serious organic disease are misdiagnosed with anorexia nervosa and vice versa. The older patient gets, the more likely he becomes the victim of misdiagnosis. Additionally even in the case of relatively health old people many sensory systems decline with aging, these declines influence food choice and acceptability and may manifest conditions which are very similar to anorexia tardive (Elsner uses the term “geriatric anorexia”) [26]

Russell and others [27] described the case of an elderly woman in whom rapid severe weight loss appeared initially to be of psychogenic origin and self-induced. A diagnosis of late-onset anorexia nervosa was made when early investigations revealed no abnormality apart from changes that were consistent with malnutrition, and when typical behavioural and psychological factors together with putative psychodynamic issues were revealed. At first, nasogastric feeding was beneficial, but a stormy hospital course ensued. Further investigations revealed the presence of neoplastic disease which at post-mortem examination proved to be small-cell carcinoma of the lung. According to Mermelstein and Basu [25], “there have been cases of presumed anorexia that have actually been due to hypothalamic tumors and dysfunction” [p. 125].

Clearly, such mistakes, even if serious, are, fortunately, accidental and don’t release of scientists and clinicians from their obligation of proper diagnosis of anorexia tardive and providing optimal treatment.

Causes of old age anorexia nervosa

According to Hsu and Zimmer [28], the eating disorders, especially anorexia nervosa and bulimia nervosa, are becoming more common among the elderly for two reasons: “First, there has been a dramatic increase in the incidence of the eating disorders in the last three decades (..). Since at least 20 % of the patients become chronic (..), and not all of them shed their illness at the end of their reproductive life (..), some are likely to remain anorectic and bulimic in their old age. Second, it is possible that even elderly women are beginning to succumb to the social pressures to be slim (..)” [28, p. 133]. The authors [28] underline that the pattern of onset of eating disorders seemed to vary: in some patients, the disorders followed a life-long preoccupation with weight and dieting, whereas in history of others it was impossible to find any prior eating difficulties. Many patients often report that their dieting gives them a sense of control in times of uncertainty and personal loss. Dally [23] and Kirikke and others [29] treat anorexia tardive as a maladaptive solution to a growing marital crisis, but it must be underlined that many patients developed the illness during bereavement. Similarly Russell and Gilbert [22] and Hill and others [16] claim that anorexia tardive is precipitated by loss and depression.

Similarities and differences between old and young anorexic patients

There are a lot of similarities between anorexia nervosa in young and old age. Firstly, both young and (not always) [30] old patients have resistance to eating in order to get thinner and more attractive [17]. Hsu and Zimmer [28] claim that all their elderly patients, as their younger counterparts, showed a fear of fatness, the sine qua non of eating disorders in youths. Secondly, anorexia nervosa seems to
give sufferers a feeling of control, notwithstanding their age. According to Wills and Olivieri [17], "(...) elderly patients, either they had developed AN in their youth or in later years, were clearly displaying a pattern of phobia which reflected a drive to [re-]establish their control over their lives. AN gave them control, it re-empowered them". Thirdly, both old and young individuals which suffer from anorexia nervosa, denied that they were ill [28].

On the other hand there are meaningful differences between anorexia nervosa in old and young patients. Firstly, as was mentioned above, anorexia tardive, unlike adolescent anorexia nervosa, is often precipitated by bereavement and grief [17, 25], but it should be noted that sometimes anorexia tardive develops out of sadness over a loss such as bereavement, divorce, and fear or anxiety for the future [30]. Secondly, anorexia nervosa in the elderly is accompanied by grief and depression and dementia [25], when in young age this condition is accompanied by elation and educational successes. Thirdly, unlike young anorexics, symptoms of old age anorexia don’t focus on the disposal of food or increasing physical activity [17]; "This may be due to their upbringing and attitudes to wastefulness and limited physical capabilities due to their age" [17, p. 243]. Finally, sexual conflicts, which precipitate an eating disorder in youths, don’t appear to be important in the onset of illness in any of the elderly patients. Interestingly, Hsu and Zimmer [28] notice only this difference between anorexia tardive and anorexia in youths: “Apart from this one exception it seems to us that the clinical picture of eating disorders in the elderly resemble closely that in younger patients” [28, p. 137]

Discussion

Anorexia nervosa is considered be many as prerogative of young people, especially young women. Such restrictive conceptualization of this condition provokes many challenging questions. It is tempting to enumerate them, instead of conclusion.

- Firstly, don’t anorexia tardive deserve such attention from scientific world as anorexia nervosa in adolescence?
- Secondly, do media promoting youth, take their share of this bias?
- Thirdly, Is it possible that in the case of anorexia tardive science supports the image of an anorexic woman fueled by media?
- Fourthly, ironically, isn’t anorexia nervosa in adolescence simply more fashionable than anorexia tardive?
- Fiftly, Does depreciation of anorexia nervosa in old age result from a strong conviction that these people, one way or another, will shortly die, so it’s a waste of time to treat them?
- Finally, shouldn’t the position of anorexia tardive in contemporary science alarm us that nowadays wisdom [31, 32], moral and spiritual values, craving for freedom and regard – the main features of old age are depreciating? Possibly, in many cases of anorexic old patients, „decision-making and responsibility for their own life had been removed, sometimes with such disregard for personal freedom as to constitute abuse” [17, p.244]. It is highly probable that in such cases, anorexia nervosa gives the illusion of lost freedom and dignity.

References


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