

M. GORDILLO MONTA—O¹, S. Fuentes Marquez¹, R. Alonso Diaz¹, M. Ramirez Dominguez¹, C. Gonzalez Macías¹, E. Guillen Guillen¹

¹Psiquiatria, Hospital Juan Ramón Jiménez, Huelva, Spain

In this exhibition we aim to describe a clinical case and the different consequences that may present additional problems with eating disorders, focusing with emphasis on development and clinical picture. This disorder usually occurs in non-obese adolescents accused, showing symptoms significantly related to interpersonal functioning of these adolescents, who tend to be isolated or seek company of younger guys. They are characteristic of obsessive-compulsive disorders related or unrelated to the food. Dietary restriction involves biological and physical changes, highlighting the alteration of hypothalamic and endocrine system, leading to signs and symptoms such as amenorrhea, cold intolerance, hypotension ... Neurochemical changes have also been attributed to malnutrition.

The present case is a 31 year old woman. Initiates contact with Mental Health at age 15 by anorexia nervosa. Patient requests for worsening nutritional status, family relationships , and alcohol consumption, being the turning point and main motivation , the birth of his daughter. 8 months ago gave birth, being an unexpected delivery at home. Unaware that pregnancy, justifying as secondary amenorrhea eating disorder and abdominal inflammation malnutrition. Daughter born seven months income requires low weight and withdrawal symptoms during pregnancy as continuous with anxiolytic and antidepressant treatment.

It has a favorable, always maintaining therapeutic commitment announced at the beginning of tratamiento. Currently still in out patient reviews with Psychiatry, Clinical Psychology, Nursing and Nutrition.