



## Anorexia Nervosa with Obsessive-Compulsive Features Case Study: How Culture Perpetuates Disorders in Pakistan

*Iqra Ali Mirza<sup>a</sup>, Fajar Aabid Niazi<sup>b</sup>, Zain ul Abidin<sup>c</sup>, Huzaifa Ali Ahfaz<sup>d</sup>, Ifrah Taqdees<sup>e</sup>*

<sup>a</sup> Department of Psychology, School of Social Sciences and Humanities, National University of Sciences and Technology (NUST), Pakistan

<sup>b</sup> Department of Psychology, School of Social Sciences and Humanities, National University of Sciences and Technology (NUST), Pakistan

<sup>c</sup> Department of Psychology, School of Social Sciences and Humanities National University of Sciences and Technology (NUST), Pakistan

<sup>d</sup> Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology (NUST), Pakistan.

<sup>e</sup> Atta-ur-Rahman School of Applied Biosciences, National University of Sciences and Technology (NUST), Pakistan.

DOI: <https://doi.org/10.55248/gengpi.4.823.51880>

### ABSTRACT

This case report delves into the intricate presentation of Anorexia Nervosa, a severe eating disorder characterized by weight obsession and extreme food restriction. The report revolves around Ms.K, a 19-year-old Pakistani girl, who exhibited physical and psychological symptoms associated with the disorder. Her case highlights the interplay between cultural beauty standards, self-esteem issues, and the onset of her condition. The report outlines her diagnostic evaluation, revealing a severe case of Anorexia Nervosa with obsessive-compulsive features. To address her complex condition, an integrative treatment plan is proposed, combining Cognitive Behavioral Therapy, Cognitive Remediation Therapy, and Family therapy tailored to her cultural context. This holistic approach aims to target both the physical and psychological dimensions of her disorder, with a focus on weight restoration and cognitive restructuring, while acknowledging the family's role in her recovery.

Keywords: Anorexia Nervosa, eating disorder, obsessive compulsive features, culture

### 1. Introduction

Anorexia Nervosa is an **eating disorder** characterized by an intense obsession with weight and food [2]. It involves extreme food restriction and relentless fear of weight gain. It often begins in adolescence and peaks in early adulthood, primarily affecting women vis-a-vis men. DSM-V characterizes the disorder into two main types: restrictive, which includes severe dietary reduction and augmented exercise, and purging which includes the use of laxatives to induce vomiting; according to [10]. Furthermore, the condition is often **comorbid** with major depression, obsessive-compulsive disorder, and substance use disorder.

[10] The following case report is **culturally relevant** to the Pakistani society since beauty standards deeply embedded in this culture serve as breeding grounds for self-esteem issues that need further exploration.

### 2. Case Report

Ms.K, a 19-year-old girl, was referred by her General Physician after she had lost a significant amount of weight. Ms.K presented with **tachycardia** and **cold extremities**, with extremely low **BMI** of **14** and low **blood pressure** of **80/60 mm Hg**. Upon examination, she appeared to be immensely dehydrated, malnourished, and emaciated, with minimal apparent **secondary sexual characteristics**. She also experienced **amenorrhea** for the last six months, and her test reports revealed that she was severely **anemic (Hb 8.5)**. Her nails were **brittle**, and she reported disturbances in her **sleep pattern**. Her daily diet consisted of **7 apples** and half a **glass of milk**, but she believed this exceeded her daily self-set limit of **1200 calories**

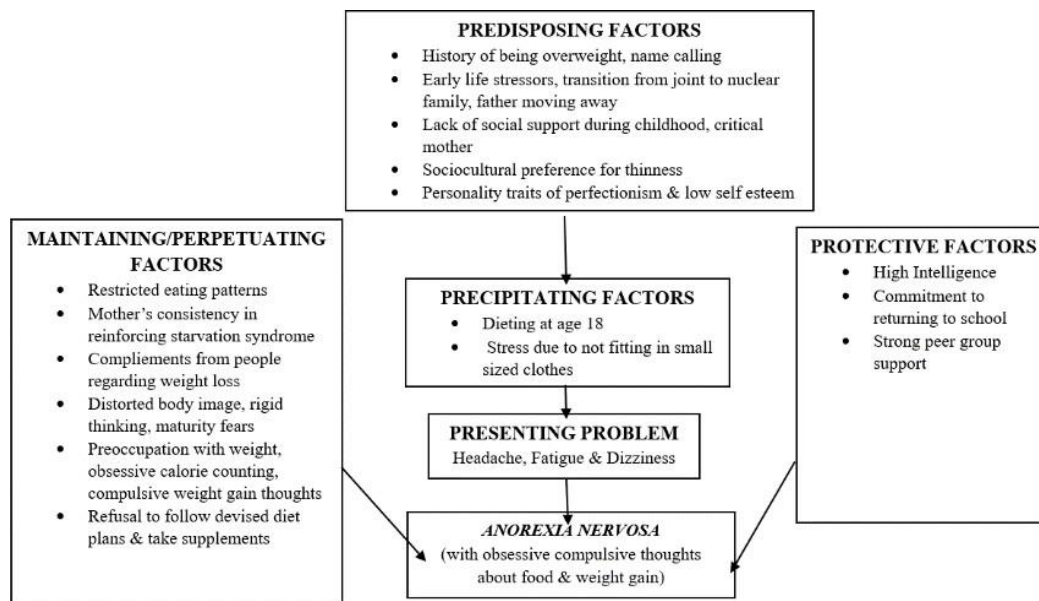
Ms.K's **menarche** was at the age of **12**, and she was initially undergoing regular **7/28 days** of menstruation. She lived in a joint family household as a child and witnessed excessive interpersonal conflicts amongst her extended family, felt rejected by her mother, and mocked by her peers for being overweight. She experienced a life transition to a nuclear household when she was 13. She revealed that her mother and other elderly figures would also criticize her for being overweight around this time.

Ms.K started "**dieting**" around **18** by skipping most of her meals, and consequently lost 12 kgs over the next year. She reported experiencing occasional headaches and fatigue but kept this to herself. The **headaches** and **fatigue** became more frequent, followed by **dizziness** and **hair fall**, which exacerbated as she started exercising at home and lost more weight.

Ms.K also found herself to be markedly larger than her actual size. Ms.K had thoughts of her mother deliberately trying to make her gain weight so that she could criticize her. She revealed that she was able to disregard these thoughts as "made up" but found it onerous to discard them.

The **Eating Disorder Inventory-3** [6] was administered to Ms.K. She scored exceptionally high on the drive for thinness, body dissatisfaction, low self-esteem, perfectionism, maturity fears, and interpersonal insecurity subscales. Additionally, Ms.K was screened for OCD through the **Obsessive Compulsive Inventory-Revised** [1] by an expert. Her scores were high on two out of the six subscales, obsessing and checking. She possessed an invasive dogma about the significance of controlling what she ate.

She presented with Anorexia Nervosa (restricting/non-purging type) of extreme severity; with a BMI of less than 15 [5] alongside obsessive-compulsive features, specifically thoughts and behaviors related to food, body image, and weight gain with fair insight. The Anorexia Nervosa diagnosis was reached as all three diagnostic criteria of DSM-V were met. Ms.K demonstrated restricted energy intake, intense fear of gaining weight, and attributing her self-worth to her weight. The DSM-V criteria for OCD were not met wholly. Thus, her obsessions and compulsions presented as features instead of a disorder. A visual depiction of her case formulation is as follows:



### 3. Proposed Treatment Plan

Research has shown a positive relationship between the psychopathology of eating disorders worsening and the perceived low quality of **therapeutic relationships** [8]. Ms.K believes her worth in any relationship is tied to her weight, and this belief is further reinforced when her mother's punitive lectures lessen when she weighs less.pee

In order to successfully target maintenance factors as well as address the predisposing factors, Ms.K would likely be better off with an **integrative model**. Her treatment should begin with **inpatient care** as her BMI is less than 15 kg/m, her weight loss has been more than 20%, and she is at a high physical risk [10].

CBT is the most commonly practiced psychological intervention used for adults with Anorexia Nervosa [7]. **Cognitive Behavioral Therapy** is helpful in the cognitive restructuring of unhelpful thinking patterns. Ms.K has schemas set in her childhood that are maintaining her eating disorder, specifically ones that tie her self-worth to her weight.

Furthermore, **Cognitive Remediation Therapy** will be utilized as it has shown higher success with anorexia nervosa patients when used with CBT as compared to CBT alone [11]. It is constructive with clients with obsessive preoccupations about weight and food and who engage in ritualistic behaviors (, which is relevant to Ms.K's case.

**Brief Emotion Focused Family therapy** with parents of children with mental health problems has been shown to assist in the children's treatment [4]Froa. Although this therapy is mainly used with children and adolescents and Ms.K is an adult, in light of her case's cultural and individual context, this therapy is likely helpful. Pakistan is a collectivist culture; thus, it is family oriented. This therapy will reduce the risk of **relapse** compared to individual patient therapy [2] After being admitted, the immediate focus should be on her weight gain and nutritional management. For inpatients, five of the many global **evidence-based guidelines** suggested a weekly increase of **0.5 kgs** [10]. Following [3] this model of **CBT** should take **20 sessions**.

Along with cognitive behavioral therapy, the therapist will also work on improving Ms.K's cognitive functions, specifically **cognitive inflexibility** and **central coherence**, which will likely assist in her treatments for both Anorexia Nervosa and obsessive-compulsive tendencies [9]Res. This will be done by the therapist teaching her some **neural activities**, such as changing the order of any routine behavior.

This **integrative model** will serve as a form of **Exposure and Response Prevention Therapy** for her, addressing both her obsessive-compulsive features and Anorexia Nervosa. Since she rated high on two OCD subscales, this is important to prevent the development of full fledged OCD.

Her progress would be measured through her weight gain, and the difference in her ratings on the **seven-column CBT thought record form**. Follow-up sessions would be arranged to monitor any signs of a **relapse**.

---

#### 4. Conclusion

Anorexia nervosa is a common healthcare problem in young adults, particularly women. In Pakistani context, anorexia nervosa is often co-related with the cultural beauty standards lowering one's self esteem. The source of body shaming in several cases in Pakistan happens to be the patient's immediate family. An anorexia patient should be treated through that integrative model that combined medical care with psychological care. Combinatorial therapy that includes Cognitive Behavioral Therapy, Cognitive Remediation Therapy, and Brief Emotion Focused Family Therapy is suitable for anorexia patients whose self-esteem issues arise from body shaming faced at the hands of family.

---

#### REFERENCES

- [1] Abramowitz, J. S., & Deacon, B. J. (2006). Psychometric properties and construct validity of the Obsessive–Compulsive Inventory—Revised: Replication and extension with a clinical sample. *Journal Of Anxiety Disorders*.
- [2] Carr, A. (2019, April). Family therapy and systemic interventions for child-focused problems: the current evidence base. *Journal of Family Therapy*, 42(2), 153-213. <https://doi.org/10.1111/1467-6427.12226>
- [3] Fairburn, C. G., Cooper, Z., Shafran, R., & Wilson, G. T. (2008). Eating disorders: A transdiagnostic protocol. In *Clinical handbook of psychological disorders: A step-by-step treatment manual* (Vol. 41, pp. 578-614). The Guilford Press. [https://doi.org/10.1016/S0005-7967\(02\)00088-8](https://doi.org/10.1016/S0005-7967(02)00088-8)
- [4] Foroughe, M., Stillar, A., Goldstein, L., Dolhanty, J., Goodcase, E. T., & Lafrance, A. (2019, July). Brief Emotion Focused Family Therapy: An Intervention for Parents of Children and Adolescents with Mental Health Issues. *Journal of Marital and Family Therapy*, 45(3), 410-430. <https://doi.org/10.1111/jmft.12351>
- [5] Froastad, S., & Mette Bentz. (2022). Anorexia nervosa: Outpatient treatment and medical management. *World Journal Of Psychiatry* .
- [6] Garner, D. M. (2004). Eating disorder inventory-3 (EDI-3) Professional Manual. Lutz, FL: Psychological Assessment Resources. *International Journal Of Eating Disorders* .
- [7] Hay, P. (2020, January 14). Current approach to eating disorders: a clinical update. *Internal Medicine Journal*, 50(1), 24-29. <https://doi.org/10.1111/imj.14691>
- [8] Monteleone, A. M., Cascino, G., Marciello, F., Abbate-Daga, G., Baiano, M., Balestrieri, M., & Barone, E. (2021). Risk and resilience factors for specific and general psychopathology worsening in people with Eating Disorders during COVID-19 pandemic: a retrospective Italian multicentre study. *Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity*, 26, 2443–2452. <https://doi.org/10.1007/s40519-020-01097-x>
- [9] Passel, B. V., Danner, U., Dingemans, A., Furth, E. V., Sternheim, L., & Elburg, A. V. (2016). Cognitive remediation therapy (CRT) as a treatment enhancer of eating disorders and obsessive compulsive disorders: study protocol for a randomized controlled trial. *BMC Psychiatry*, 16. <https://doi.org/10.1186/s12888-016-1109-x>
- [10] Resmark, G., Herpertz, S., Herpertz-Dahlmann, B., & Zeeck, A. (2019). Treatment of Anorexia Nervosa—New Evidence-Based Guidelines. *Journal of Clinical Medicine*, 8(2). <https://doi.org/10.3390/jcm8020153>
- [11] Zhu, J., Yang, Y., Touyz, S., Park, R., & Mo, P. (2020). Psychological Treatments for People With Severe and Enduring Anorexia Nervosa: A Mini Review. *Frontiers in Psychiatry*, 11. <https://doi.org/10.3389/fpsy.2020.00206>