A CASE OF SEVERE PERCEIVED FOOD INTOLERANCE THAT RESPONDED TO EATING DISORDER INTERVENTIONS

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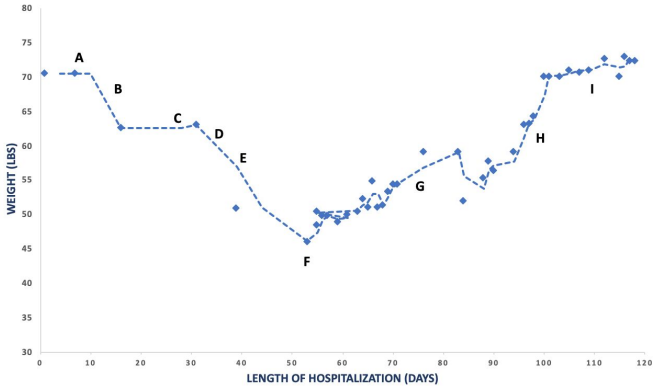
BACKGROUND

- **Perceived food intolerance (PFI)**, or symptoms related to the intake of food without objective findings, is reported by up to 35% of individuals
- People with PFI report more depression, anxiety, and somatic complaints compared with the general population (De Petrillo, 2021)
- PFI can be associated with disordered eating behaviors, though there is limited literature exploring this relationship.
- Guidelines exist for management of severe eating disorders, but their applicability to patients with severe PFI is unclear (MARSIPAN, 2012)

Case:

- Ms. N is a 24 year-old with a history of social reclusiveness, severe depression, and years of reported somatic symptoms triggered by food leading to refusal of oral intake, admitted with BMI 14
- Reported symptoms included: increased mucus, flushing, blistering, hives/rashes, fatigue, and muscle weakness
- Extensive workup to date with gastroenterology, allergy, rheumatology, dermatology, genetics had been unrevealing
- Patient denied the desire to lose weight, have thinner body habitus, purging behaviors, or aversion to sensorial component of food
- During hospitalization, she continued to lose weight despite being on total parenteral nutrition, eventually developing liver failure
- Enteral feeding via nasogastric tube was initiated over her objection
- She frequently requested interruptions to feeding, citing various somatic complaints
- Given treatment-interfering behaviors similar to those seen in eating disorders, the CL team recommended interventions drawn from treatment protocols for severe anorexia

FIGURE 1: WEIGHT AND KEY EVENTS DURING HOSPITALIZATION



DISCUSSION

- Despite clear overlap with patients with eating disorders (specifically ARFID), and somatic symptom disorder, patients with PFI have not necessarily been conceptualized in the same way
- Formulation of PFI as an eating disorder may have implications for management
- In this case, interventions adapted from eating disorder treatment protocols were effective in bringing about patient improvement

CONCLUSIONS

- Conceptualizing PFI as an eating disorder may be useful in providing a framework for the formulation of treatment strategies
- Further research into the applicability of eating disorder interventions to severe PFI could advance care for these patients

	Key events
A	1. PPN started
B	1. Patient frequently requesting lower PPN rates or breaks 2. Refusing weighing
C	1. PPN stopped due to acute liver injury 2. Patient refusing switch to enteral feeding 3. CL Psych finds patient lacks capacity to refuse enteral feeding
D	1. NGT placed
E	1. NGT feeds frequently stopped and rates lowered due to patient's various reports of pain, bloating, nausea
F	1. Interdisciplinary meeting with Psych CL, Liver, Medicine, Nursing leadership 2. 1:1 observation initiated 3. Weights required 2-3x per week 4. Feeds switched from rate-based to volume-based approach
G	1. Hospital visitation rules enforced, mother no longer staying overnight 2. Limits set around use of IV benadryl and dilaudid use
H	1. Increased oral intake, patient walking around unit, off all IV medication
I	1. NGT removed given maintenance of weight with oral intake

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