

Emanuel Martinez, MD Moshe Bitterman, MD Alba Pergjika, MD MPH
Ann & Robert H. Lurie Children's Hospital of Chicago

Introduction

- AN is a life-threatening illness that can present with medical and psychiatric symptoms.²
- There are few reports of AN presenting with catatonia and psychosis, and no RTC's discussing treatment of such complex cases.
- We present a case of severe AN in an adult at a pediatric hospital who exhibited signs of psychosis, catatonia, and delirium.

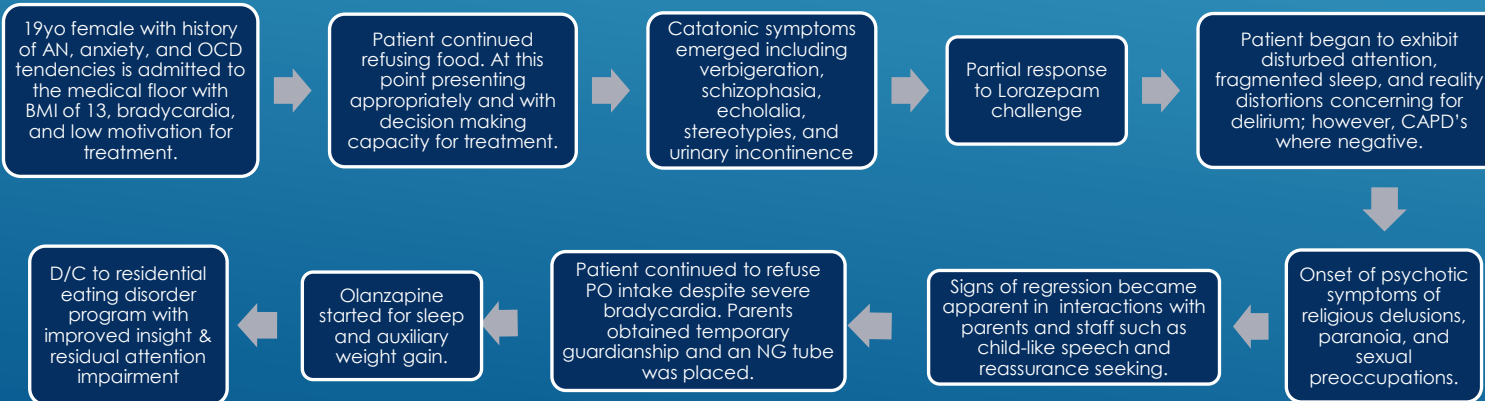
Figure 2. Ethical Principles in our Case^{1,3}

Ethical Principle	Definition	Application to Case
Autonomy	Principle of self governance	Patient did not have capacity to refuse life saving treatment, so the team had to rely on paternalism to insert NG tube for feeding.
Beneficence	Obligation to act in best interest of patient	Administration of life saving treatment despite patient's refusal was clearly in the patient's best interest.
Nonmaleficence	Obligation of the physician not to harm the patient	Use of PRN medications despite patient's objections to address agitation and attempts to elope diminished the risk of the patient harming themselves and others.

Discussion

- Accurate diagnosis was essential because each treatment option could exacerbate the symptoms of the alternative etiologies.
- Compulsory treatment of AN can worsen the disease by creating fixation on perceived loss of control.¹
- Lack of capacity was attributable to cognitive rigidity, para-delusional beliefs characteristic of AN, and neurocognitive vulnerabilities inherent in severe malnutrition and refeeding.

Figure 1. Case Summary



References

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2. Westmorland, P., Krantz, M. J. & Mehler, P.S. (2016). Medical Complications of Anorexia Nervosa and Bulimia. *Am J Med*, 129(1):30-7
3. Varkey, B. (2020). Principles of clinical ethics and their application to practice. *Medical Principles and Practice*, 30(1), 17-28.