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ABSTRACT

Considering the severity of anorexia nervosa in adolescents, this study aims to understand some aspects involving this disease in female adolescence. To achieve this purpose, a literature review was carried out in the online databases: Virtual Health Library (VHL) and Scientific Electronic Library Online (SCIELO) digital library, obtaining as a final result nine studies from research with primary data, which met the objectives proposed here. Data analysis allowed presenting some causes of anorexia nervosa; Certain

difficulties experienced by female adolescents with anorexia nervosa, due to this disorder; Demonstrating the relationships between adolescents diagnosed with AN and their mothers, and the challenges faced by the latter. Also, the care provided by health professionals to adolescents diagnosed with anorexia nervosa, and the difficulties they face at work. In addition to suggestions for intervention in the face of this serious public health condition. The relevance of this work is to present the context of anorexia nervosa, that is, the various aspects and implications of this disorder, which negatively affects, mainly, women in adolescence, but also their families, and poses challenges to public health, with the possibility of forming challenges to health professionals who provide services to this public. This means that the anorexia nervosa phenomenon in adolescence is also a serious social problem, which lacks discussions like the present one, to raise awareness among the population, and thus point out this problem, which is often overlooked by the competent authorities. As well as supporting actions aimed at obtaining the necessary subsidies in the fight to save the lives of people affected by this sad condition.

Keywords: Adolescence, anorexia nervosa, public health.

1 INTRODUCTION

In recent years, various spheres are dedicated to the aesthetic work of the human body. And the different media are great allies in this process because a large part of all media worships female and male bodies that approach the perfection advocated. This reality, commonly, influences thousands of people to seek bodily beauty, practically imposed and socially accepted. In addition, dissatisfaction with the body image of subjects considered outside the established aesthetic standards is also portrayed on a large scale by multiple media outlets, which can cause low self-esteem and other forms of suffering in many individuals who, among other consequences, develop certain eating disorders (FERREIRA, 2018).

Eating disorders (ED) consist of serious diseases, called psychiatric syndromes that mainly affect adolescent and young adult women, which are affected both biologically and psychically.

Therefore, diseases with high morbidity and mortality, chronic flow, and difficulty to be treated, are still characterized by divisions regarding the nutritional status of the sick person, since they can lead to both malnutrition and obesity. Among the main EDs is anorexia nervosa (AN), diagnosed in individuals who refuse to eat food, feel strongly afraid of acquiring weight, have altered body image perception, and deny that this condition is unhealthy (CASTRO; BRANDÃO, 2018).

Since then, doctors and other scientists/researchers have constantly investigated both the biological and psychological changes that can lead to the cause and support of this psychological disorder, described by some authors as a psychiatric condition (NÓBREGA; BUENO, 2014).

Regarding the expansion of anorexia nervosa (AN), Marques and Heller (2006) state that the last century, the 1960s was a milestone in the history of eating disorders (ED) due to the increased interest, especially in anorexia nervosa and bulimia nervosa (BN), both by the scientific community and by society in general, due to the visibility of these disorders provided by the media through the presentation of cases of celebrities affected by them, and also due to the increased appreciation of the thin body by society. Thus, there is the principle of apology for thinness, the consequent desire for the body considered perfect, and still a kind of synonym between beauty and a thin body. These events were responsible for the disorderly increase in ED cases, especially cases of AN and BN.

Currently, criteria for diagnosing anorexia nervosa can be found in the Diagnostic and Statistical Manual of Mental Disorders – DSM -5, (2014, p. 338-339), namely:

A. Restriction of caloric intake about needs, leading to a significantly low body weight in the context of age, gender, developmental trajectory, and physical health. *Significantly low* weight is defined as a weight lower than the minimum normal weight or, in the case of children and adolescents, lower than the minimally expected. B. Intense fear of gaining weight or gaining weight, or persistent behavior that interferes with weight gain, even though you are significantly underweight. C. Disturbance in the way one's own weight or body shape is experienced, undue influence of weight or body shape on self-assessment or persistent lack of recognition of the severity of current low body weight.

The causes of anorexia nervosa are multiplied and among them are: Biological factors such as genetic vulnerability; Individual factors: due to low self-esteem, derogatory comments received during childhood, and sexual abuse; Family factors: which usually happens in families that have difficulties to resolve conflicts, are overprotective and marked by rigid interfamily relationships; Sociocultural factors: overvaluation of the thin female body and the idealization of thinness. Anorexia nervosa can also result from stressful episodes during life, such as conflicts faced by the individual in certain situations (MARQUES; HELLER, 2006).

The sequelae of anorexia nervosa are mainly bodily and psychological. In the case of the former, the following stand out: hypothermia, migraine, drowsiness, hair and nail breakage, dryness and yellowing of the skin, cardiac arrhythmia, anemia, dizziness, low cold tolerance, and coagulation

problems, among others. These complications compromise the gastrointestinal, cardiovascular, renal, hematological, reproductive, metabolic, endocrinological, and other conditions arising from malnutrition. If these bodily changes are not treated properly, they can lead to the death of the person with AN. The psychological implications of anorexia nervosa are consistent with the fact that it is a psychological eating disorder and is the group responsible for the highest rates of death among all psychological disorders, with half of these deaths occurring by suicide (BARLOW; DURAND, 2011, *apud*, NOBREGA; BUENO, 2014).

In this direction, Costa-Val *et al* (2019, p. 02) highlight that anorexia nervosa affects, above all, adolescent and young adult women. Being the third "most prevalent chronic disease in adolescence and, among all psychiatric conditions, it is the one with the highest mortality rates. In addition, it is known that subjects with these symptoms have worse quality of life than those diagnosed with schizophrenia." They also point out serious impacts on the body of anorexic people, such as malnutrition and dehydration.

Regarding the risks for the development of anorexia nervosa in adolescents, Silva (2018) recognizes that AN has been consolidated as a serious psychiatric disorder, and when it comes to adolescence, this disorder is configured as the third most common chronic disease among girls. It is also characterized by the high rate of deaths resulting from this unhealthy condition. High mortality is generally characterized by the greatest brutality among all psychiatric illnesses, due to the culminating risk of suicide and its implementation. However, it also recognizes the need to consider anorexia nervosa as a social phenomenon, given the importance of understanding that adolescents and people, in general, are also constituted by social relations, crossed by historical, ideological, and cultural exteriorities, among others. That is, all these aspects of society may interfere in the development of AN in adolescents and the general population.

In this direction, Alves (2018) explains that anorexia nervosa in addition to being established by psychiatric medicine as a serious health problem, being a growing psychopathology, is also a historical and social phenomenon, considering that the increase of this disease has increased greatly in contemporaneity, mostly, since the end of the twentieth century, reaching different populations of different cultures, societies, and nations. In such a way, the referred disease in adolescents is also a phenomenological issue of the present time. In Brazil, while anorexia nervosa has come to be considered a psychiatric disorder that increases more and more over time, discourses, knowledge, and techniques about this disease are observed, as well as about the way of life of Brazilians.

In this line of reasoning, Crocetta and Gomes (2017) point out that anorexia nervosa affects, above all, female adolescents, due to the difficulties inherent to this phase faced by girls, but also by boys, because they are not exempt from developing this disorder. However, the high prevalence of

symptoms characteristic of AN, such as distorted body image perception, is found in girls between 10 and 19 years of age, signifying the premature manifestation of the disease. In addition, at least 15% (fifteen percent) of anorexic young people die, since mainly anorexic women commit excesses due to their health condition, which does not allow the real understanding that their behaviors can result in serious sequelae both for their body and their psyche. And, unfortunately, nowadays the media is one of those responsible for the risks for the triggering of this disorder, for worshipping thin bodies as ideals, among other actions.

Following the risks for the development of anorexia nervosa in adolescents, the study conducted by Coutinho (2018) in a state of the Northeast Brazil, with this scope, identified that such factors are of psychological origin, constituted by low self-esteem, unprejudiced temperament, perfectionist tendencies, among other psychic conditions. It also identified that the adolescents, most of whom belonged to the female sex, were influenced by the different media, especially when it comes to the dissemination of changes in dietary patterns and overestimation of the corporeal image within the standards of beauty established by society and disseminated by the different media.

On the media influence already highlighted at the beginning and in the course of this work, Fontenele *et al.* (2019) explain that especially social media are largely responsible for risk behaviors for the development of anorexia nervosa in adolescence, because they strongly contribute to adolescents, especially females, feel dissatisfied with the physical aspect of their bodies and start to exaggeratedly seek the standards of beauty determined by these media. Which abusively influences the propensity to develop AN, causing this population to generally start eating inappropriately, in addition to developing other various behaviors harmful to their health.

Therefore, it is important to understand anorexia nervosa also as a social phenomenon, and the understanding of this psychiatric disease that affects adolescents and individuals of different age groups, especially females, demands that its causes and pathogenic implications be considered, in the biological, and neurological and psychological sense, but that its sociocultural origins are also added.

This is because the historical conformation of the disease is essential, namely to think about the reasons for this eating disorder, still called psychopathological. After all, this understanding will make it possible to recognize the influence that the media has on health in general, as well as on the development of AN, by disseminating rules about female bodies, forming the social representation of who comes to be the beautiful and socially acceptable body (ALVES, 2018).

However, the biological aspects, subjective among others, should have the recognition at the height of their extreme importance for the development of anorexia nervosa in adolescence, because the understanding that this phase of life is a stage characterized by various hormonal changes, is conducive for adolescents to feel dissatisfied with their bodies and their physical appearance, make

them prone to this syndrome and its impacts on their health, in several dimensions. Therefore, studies with this focus are essential for AN to be recognized as a health problem that intervenes in the social and educational domains, but mainly, it compromises the quality of life of this population due to mental and physical suffering. In addition, research with this focus can offer subsidies for actions of access and precaution of this serious issue in the various circumstances in this regard that cross the daily life of health, especially in the public sphere (FONTENELE *et al.*, 2019).

Thus, conducting investigations on this theme allows the discovery of knowledge in this sense, about the origin of anorexia nervosa in adolescents in social, cultural, and scientific terms. Thus, researchers of the sciences: of medicine beyond psychiatry, as well as nutrition and psychology, among other scholars will be able to contribute a lot through their research and their actions to mitigate and/or diminish this sad reality (ALVES, 2018).

It is observed that medical researchers were concerned and dedicated to research on anorexia nervosa since the nineteenth century, as presented by Nóbrega and Bueno (2014). However, this psychological disorder increased, particularly in the twentieth century due to the media and the praise of the thin body by society. It should be noted that, since then, the cases of AN have progressively increased. Its causes are biological, individual, family, and sociocultural factors. And among its main sequelae are biological and psychological complications, which can lead to high mortality coefficients, especially in adolescence involving suicide (MARQUES; HELLER, 2006).

Despite the damage caused by anorexia nervosa, health services for eating disorders, which cover it, are generally available in public universities whose budget distribution almost always does not allow specialized professionals to be hired. In addition, the lack of public policies aimed at ED and the absence of commitment by the State to define the prevalence of such diseases in our country constitute major challenges to public health (CASTRO; BRANDÃO, 2018).

Therefore, studies focused on anorexia nervosa in adolescence, especially in the field of medicine, become increasingly necessary, because, in addition to offering knowledge about the disease, such as characteristics, diagnosis, and coping, among others, they may also present some challenges faced by public health professionals in the treatment of the disease and thus denounce this problem, many times, forgotten by the competent authorities.

Therefore, this study aims to, comprehend some aspects involving anorexia nervosa in female adolescence. To achieve this goal, the difficulties experienced by female adolescents with anorexia nervosa due to this disorder are presented. The relationships between adolescents diagnosed with anorexia nervosa and their mothers are evaluated and how health care is provided to adolescents diagnosed with anorexia nervosa is investigated.

2 METHODOLOGIES

The present study is constituted using a systematic review, which for De-La-Torre-Ugarte-Guanilo, Takahashi, and Bertolozzi (2011), is a methodology of great utility in research in the health area, because it allows the identification of scientific evidence on a given theme and summarizes them, aiming to substantiate suggestions for changes in the spheres of prevention, characteristics, diagnosis, treatment, and rehabilitation in the face of a given clinical picture. And also offer subsidies for evidence-based clinical practices, thus allowing the construction of studies in medicine that contribute in different ways to health in general. Therefore, this method meets the objectives proposed in this work.

Data collection occurred through the search of scientific articles, in the databases: Virtual Health Library (VHL) and Scientific Electronic Library Online Digital Library (SCIELO), applying the terms: *Anorexia nervosa AND Adolescence*, AND *Anorexia nervosa in adolescents AND Health professionals*.

Among the literature found in the digital databases VHL and SciELO, it was selected to constitute this review, the part referring to the articles available in full and free texts, from primary data research, published between the years 2013 and 2023, in Portuguese and English, focused on the theme of this study.

3 RESULTS AND DISCUSSION

When applying the terms of mouth: *Anorexia nervosa AND Adolescence*, and *Anorexia nervosa in adolescence AND Health professionals*, in the SciELO database, initially appeared 72 results, which after submission to the inclusion criteria: Periodicity of publication equal 2013 and 2023; Articles available in full texts and free of charge, written in Portuguese and English languages; And articles from primary studies resulted in 37 papers, which had their titles and abstracts read, allowing us to conclude that 10 of them met the objectives proposed here, and thus were included in this research.

By using the same terms in the Virtual Health Library (VHL) database, initially, 86 articles were returned, which were submitted to the same inclusion criteria as in the previous database, to result in 16 articles, of which the titles and abstracts were read, and it was possible to verify that three met the objectives proposed by this research and therefore were included here.

Considering the two databases, after the first filters, 53 articles were obtained, from which titles and abstracts were read, were excluded: nine (09) articles for being literature reviews; Four (04), for having appeared in the two bases, thus forming six results, which with the exclusion of each repeated part, resulted in three; eight (08) studies on AN in adolescents in other countries; 11 texts for referring

to anorexia nervosa in adult women; Two (02) text for dealing with AN in children; Seven (07) for discussing other eating disorders, briefly mentioning anorexia nervosa or also adolescence, so as not to obey the proposals in this work.

Thus, nine (09) articles were chosen, because we understood that they would fit this research. Which have brief information arranged in the following table, organized in an increasing mode according to the year of publication.

Table 1 - Some information from scientific articles

AUTHORS	TITLE	YEAR OF PUBLICATION
VALDANHA-ORNELAS, Élide Dezoti; SCORSOLINI-COMIN, Fabio; SANTOS, Manoel Antonio dos.	Anorexia nervosa and transgenerational psychic transmission	2013
SILVA, Mariana Moraes Xavier da; DAMIANI, Durval; COMINATO, Louise.	Evaluation of bone mineral density in female adolescents with an eating disorder	2013
VALE, Beatriz, et al.	Menstrual disorders in adolescents with eating disorders – body mass index percentile target for resolution of menstrual disorders	2014
CASTRO-VIANEZ, Priscilla da Silva; BRANDÃO, Elaine Reis.	Ethical, methodological and personal/professional challenges of ethnographic practice in a public health service to attend eating disorders in the city of Rio January	2015
SOUZA, Laura Vilela; SANTOS, Manoel Antonio.	Success Stories of Healthcare Professionals in the Treatment of Eating Disorders	2015
VALDANHA-ORNELAS, Élide Dezoti; SANTOS, Manoel Antonio dos.	The Route and its Mishaps: Therapeutic Itinerary in Eating Disorders	2016
CASTRO-VIANEZ, Priscilla da Silva; BRANDÃO, Elaine Reis.	Challenges of attention to anorexia nervosa in adolescence: ethnography in a public health service in Rio de Janeiro, Brazil	2018
PIRES, Sofia Alexandra Pereira et al.	Outpatient laboratory evaluation in anorexia nervosa: the importance of venous blood gas analysis	2020
CALUGI, Simona et al.	The Role of Weight Suppression in Intensive Enhanced Cognitive Behavioral Therapy for Adolescents with Anorexia Nervosa: A Longitudinal Study	2023.

Source: Table prepared by the authors

The data found in the above studies were analyzed and stratified, allowing the formation of descriptive categories by theme, as observed below.

3.1 CERTAIN CAUSES OF ANOREXIA

Valdanha, Scorsolini-Comin and Santos (2013), evaluated Anorexia nervosa resulting from transgenerational psychic transmission, through a case study, on three women, namely: grandmother, mother and daughter, and the latter, although already an adult, had been diagnosed with AN associated with borderline personality disorder, still in adolescence. It should be noted that the authors did not inform if the mother and grandmother suffered from the same disorders, but they claim to have clearly stated the difficulties and affective generational afflictions in the three women, because they cultivated incomplete relationships with the opposite sex, due to betrayal behaviors and the addiction of alcoholism. And, therefore, difficulties in connection with the male gender.

This is because the three occupied a space of inexhaustible subservience, maintained restricted social relations and demonstrated repeated frustrations in interpersonal relationships.

Thus, Anorexia Nervosa appears, in the evaluated family, as an indication of the difficulties and sufferings that occur in relationships in which being a woman is characterized by fragility, incapacity and by enduring and forgiving, at the cost of much humiliation. Such unfortunate conditions seem to have been constituted, in this case, as a reaction to an environment in which privacy was not respected, unstable and lacking in the sense of caring for emotional needs.

On the other hand, the insecurity and inconstancy of the affectionate supply, received from the family environment, activate the subjection to unsatisfactory relationships with parental figures, with a predominance of exacerbated involvement, so that there is no respect for the boundaries that trace the identities, harming individuality, necessary for psychic and physical health (VALDANHA, SCORSOLINI-COMIN, SANTOS, 2013).

With this, it is analyzed that Anorexia nervosa also results from the injured female, as a result of abusive relationships with the male gender and family relationships marked by difficulties and suffering. The different relationships developed are unstable, since the three generations suffered due to this scenario, to transmit psychic anguish. Still repeat behaviors of submission, which leads to illness, such as the development of Anorexia nervosa.

3.2 CHALLENGES OF MOTHERS OF ANOREXIC ADOLESCENTS

Regarding the challenges also faced by the relatives of anorexic adolescents, especially by their mothers, the study by Valdanha-Ornelas and Santos (2016) presents the path in the search for health care, diagnosis and treatment, followed by these mothers. The study was constituted using exploratory, descriptive, and cross-sectional research, with a qualitative approach, since the data were obtained through semi-structured interviews.

The results showed that the path of these women was hard and tortuous, due to the many obstacles, being characterized mainly by the problems for their daughters to receive the diagnosis of anorexia nervosa, due to the complexity of this disorder, which is a recurrent health condition (Valdanha-Ornelas; Santos, 2016).

The difficulties to diagnose anorexia nervosa, result from several compatible factors, such as the little social understanding, which reflects in the low sensitivity of the family to identify and decode signs and symptoms that suggest AN; Still, the little technical qualification of health professionals. These barriers prevent the early detection of the disease and the referral of suspected cases to appropriate health services. Added to these obstacles is the scarcity and extreme limitation of specialized therapeutic resources, even in the large urban centers of Brazil (VALDANHA-ORNELAS; SAINTS, 2016).

3.3 COMPLICATIONS SUFFERED BY ANOREXIC ADOLESCENTS

The study by Silva, Damiani and Cominato, published in 2013, consists of the evaluation of bone mineral density of 21 female adolescents diagnosed with anorexia nervosa, who were submitted to psychic treatment, and follow-ups: psychiatric, endocrinological and nutritional therapeutics. This is because these girls presented, in addition to problems involving the number of minerals existing in the volume of bone tissue, other difficulties such as malnutrition, primary amenorrhea¹, and secondary amenorrhea².

The authors observed them for one year and stated that after six months, they noticed a significant increase in weight, height and muscle mass index. Still, a considerable nutritional development.

At the end of one year, bone age improved, and 70% of young women with secondary amenorrhea restored their menstrual cycles. This indicates that there has been nutritional recovery, which plays an anabolic result in the bones. Despite this, there was no significant difference when the lumbar bone densitometry tests of the studied group were observed during this period (SILVA; DAMIANI; COMINATO, 2013).

The study by Vale et al. (2014) was constructed by retrospective descriptive research, in which they analyzed the clinical records of adolescents who had received care for eating disorders in a clinic focused on the treatment of the aforementioned disorders, to discover the progression of the body index-BMI of 62 adolescents with eating disorders, from the beginning to the end of therapy.

¹ Absence of any menstrual flow until the age of 16 years.

² Absence of menstruation for at least 6 months in women with irregular cycles or for a period equivalent to 3 menstrual cycles in patients who previously menstruated regularly.

Among the 62 girls, 10 had been diagnosed with anorexia nervosa. In this group (called anorectics), secondary amenorrhea was located approximately 1 month after the disease, associated with a loss of 22% of the initial weight. It is noteworthy that none of them was overweight or obese. On average, the cases of secondary amenorrhea that were solved, occurred at 24 months of AN treatment, along with the recovery of 92.6% of the initial weight. However, the study also revealed that four of them, that is, 40% of anorexic women remained amenorrheic at the end of treatment (VALE et al., 2014).

The study by Pires et al. (2020) resulted from analyses of the laboratory development, particularly of venous blood gas analysis, in anorexia nervosa (AN), through retrospective research with 21 adolescents diagnosed with this disease, most of whom were aged between 15 and 17 years, and had presented the first symptoms of the disease approximately seven weeks before receiving the first care. 88% of the sample had amenorrhea. The evaluation was performed taking into account the comparison of three evaluations: (t1) first consultation; (t2) consultation with a lower body mass index (BMI) Z score; and (t3) consultation with a higher BMI Z score (PIRES et al., 2020, p .04).

In the second visit, the laboratory alterations discovered were: venous blood gas analysis corrupted in 100%, elevated ferritin in 72%, corrupted thyroid function due to 53% with thyroxine cooling, urea elevation in 25%, the elevation of alanine aminotransferase in 14%, hypoglycemia in 14% and anemia in 9%. Acute or recurrent imbalances of the respiratory system that compromise the effectiveness of carbon dioxide clearance (respiratory acidosis) were present in 91% on the first visit, 100% on the second, and 94% on the third visit (PIRES et al., 2020).

The authors found that there was a significant reduction between t2 and t3 in the partial pressure of mean CO₂ (pCO₂) (57.2 versus 53.6 mmHg; p=0.009) and mean HCO₃ (30.0 versus 28.8 mEq/L; p=0.023) (PIRES et al., 2020, p.06). Also, the most frequent laboratory changes were the levels of gases present in the breath, which balance the acid-base (ph) of the body, that is, venous blood gas analysis and ferritin. The presence of respiratory acidosis in the venous blood gas analysis of these patients was associated with greater clinical worsening and may be an early indicator of decompensation (PIRES et al., 2020).

They suggest, therefore, that venous blood gas and ferritin tests need to be included in the laboratory analysis of patients with anorexia nervosa because especially venous blood gas analysis is important to assess the severity and monitor this disease (PIRES et al., 2020).

3.4 THE BEHAVIOR OBSERVED IN ADOLESCENTS WITH ANOREXIA NERVOSA

Castro-Vianez (2015) stated that he encountered difficulties when in contact with adolescents, mainly due to their silence and the absence of positioning themselves when answering the questions

presented to them. The author infers that such behaviors may come from the fact that they are not recognized as autonomous subjects, coupled with the severity of anorexia nervosa, which increases vigilance over them.

And this was considered a very important fact by the researcher, who believes that if the interviews had taken place away from the presence of authority figures, especially parents and/or guardians, the silence would have been broken. In addition, they highlighted the lack of specialized health services in the care of EDs (CASTRO-VIANEZ; BRANDÃO, 2015).

This study demonstrates the difficulties of both anorexic adolescents and their families and health professionals, confirming that anorexia nervosa in adolescence is a highly complex condition.

In a more recent version of their research Castro-Vianez and Brandão (2018), also present the difficulties experienced by anorexic adolescents constituted by the many circumstances in which they leave treatment, suffer relapses and need to be hospitalized again, until the dramatic confrontation of suicidal ideation. These obstacles are also experienced by health professionals, due to the professional-patient relationship.

Other behaviors of anorexic adolescents observed by Castro-Vianez and Brandão (2018), were: the development by them of different bonds with the members of the health team – formed by psychologists, nutritionists, doctors: general practitioners and psychiatrists, in the sense of expressing what they were experiencing for a certain professional and in the next consultation refusing to confirm the experiences expressed to the previous professional. This is because they confided to a certain member of the team that they were not using the medication, but asked him to keep this fact a secret from his colleagues or the family members of the adolescent. In addition, certain anorexic girls tried to manipulate the professionals, using ideas from other team members.

Because of the above, it is understood that such behaviors are generally attributed to the difficult condition that anorexia nervosa led to adolescents, and, unfortunately, they cause damage, primarily, to them, since they constitute obstacles to the good development of multi-professional work and this results in obstacles to the treatment of the serious health condition that affected them.

3.5 ANOREXIA NERVOSA AND TREATMENT POSSIBILITIES: PERFORMANCE AND CHALLENGES OF HEALTH PROFESSIONALS

In cases of Anorexia Nervosa, resulting from the transgenerational psychic transfer, it is up to the mental health professional, when programming multidisciplinary welcoming strategies, to establish spaces that enable dialogue between the family and the patient with AN, so that the family members can express how they feel when living with the symptoms of the woman affected by this disorder, still exchange information, share their anxieties, strengthen psychological defense mechanisms. So that the

therapeutic space for this purpose, promotes family connection, and can be an exchange of solutions to face this disease (VALDANHA, SCORSOLINI-COMIN, SANTOS, 2013).

Regarding the actions of health professionals in this context, Castro-Vianez's research, published in 2015, also focused on the daily functioning of a public health service, a reference in the care of adolescents with anorexia nervosa. The investigation was then composed by observing the daily practices of professionals working in the referred service and after that, through certain approximations with certain adolescents contacted in this environment, to interview them.

The researcher observed that the health team consisted of two psychologists; a nutritionist; a physician and a physician, both clinicians and by the residents of these specialties. In this team, members are more engaged in welcoming and more assertive approaches to adolescents diagnosed with anorexia nervosa. And this resulted in the best professional-patient interaction (CASTRO-VIANEZ; BRANDÃO, 2015).

In a more recent version of their research, Castro-Vianez and Brandão (2018), present difficulties and challenges faced by public health professionals when caring for adolescents with anorexia nervosa and their families. And that such difficulties range from defining a precise diagnosis to the fact of circumventing the family conflicts that arise from this disease.

In turn, Souza and Santos (2015), explain that although adolescents and adults diagnosed with anorexia nervosa can improve significantly thanks to outpatient care, this context still constitutes many challenges, mainly due to the high rates of abandonment of therapy by these patients. However, these authors conducted a study with six professionals working in an outpatient care service in anorexia nervosa of a teaching hospital, aiming to present successful narratives of health professionals when caring for people with AN.

The professional team consisted of:

[...] a nutritionist, a psychiatrist, two nutritionists, and two psychologists. The outpatient clinic operated once a week, following a schedule of individual consultations with doctors, nutritionists, and psychologists, individual psychotherapy, a psychological support group for patients, a multifamily group and a clinical-nutritional guidance group for companions. The interval of return of patients in the service was variable, defined on a case-by-case basis. The patients seen had an average of three years of treatment. The mean age of the patients was 23 years. All professionals, except for the medical coordinator of the service, worked in the service voluntarily (SOUZA; SAINTS, 2015, 531).

In addition to the services offered, these professionals were successful with these patients, after changing the concept of what the patient would be considered difficult, they cared to focus on the professional-patient relationship, instead of the symptoms of the disorder, they perceived individuals with anorexia nervosa as subjects who offered them knowledge, dedicated themselves to approaching them effectively, sought alternatives to the divergence of truths between professional and patient, and

submitted to the psychotherapeutic process aimed at self-reflection regarding their ways of attending this group (SOUZA; SAINTS, 2015).

Given the above, it is understood that the meanings and attitudes of the referred professionals constitute an invitation to change the professional posture that is reflected in the improvement of patients with anorexia nervosa, configuring, therefore, success stories for both the former and the latter. Therefore, although it is a challenging context, humanized actions are essential to reduce the challenges and sufferings involving this sad disorder.

3.6 INTERVENTIONS IN THE FACE OF ANOREXIA NERVOSA IN ADOLESCENTS

To explain the process involving weight loss in adolescents with anorexia nervosa, Calugi et al. (2023) observed 128 young people aged between 14 and 19 years who were in psychological treatment through intensive cognitive-behavioral approach psychotherapy (CBT-E) for 20 weeks.

The analysis included weight, height, a questionnaire to identify eating disorders and a symptom inventory. The difference between z-BMI, i.e., BMI z-scores, was also calculated. The mean baseline z-BMI was -4.01 (SD = 2.27) and the mean DWS was 4.2 (SD = 2.3). 107 patients (83.4%) of the sample completed the treatment and gained considerable weight. In this group, 72.9% completed the 20-week follow-up and cultivated the improvement acquired at the end of the treatment. Thus, indicating that psychotherapeutic treatment through intensive cognitive-behavioral therapy (CBT-E) is hopeful for treating adolescents with anorexia nervosa (CALUGI *et al.*, 2023).

In addition, Valdanha-Ornelas and Santos (2016), highlight the need for anorexia outpatient clinics to increase the integration between health services and rearrange welcoming actions, both in primary, secondary, and tertiary care.

4 CONCLUSIONS

This study consists of a literature review, aimed at understanding some aspects involving anorexia nervosa in female adolescence. The data found in digital scientific sources provided the understanding demonstrated below.

The main causes of anorexia nervosa in female adolescents are Abusive relationships, subservience, and oppression by the opposite sex that have permeated previous generations; Unstable family relationships; Shaken psyche; Other psychiatric disorders and generational transmission of psychic suffering.

Public health care for anorexia nervosa is still scarce in Brazil, and this reflects on challenges for people other than those affected by the disease, such as the mothers of anorexic adolescents who face a delicate path, full of obstacles constituted, above all, by the problems involving the diagnostic

conclusion of this disorder, due to the clinical complexity that involves it. In addition to society's lack of understanding of AN, which reflects on the difficulty of perceiving the symptoms of the families, and the lack of preparation of certain health professionals to deal with this serious issue.

Other barriers that postpone the treatment of the disease are the failure to make an early diagnosis and the non-referral of suspected cases to appropriate health services. In addition to the lack of specialized therapeutic resources, including in large urban centers.

The main sequelae of anorexia nervosa for adolescents suffering from this disease are: aggressive and accelerated weight loss, malnutrition, problems in bone mineral density, primary amenorrhea, and secondary amenorrhea, and this complication is present in most of the cases evaluated. In even more complex cases, relapses of the disease are noted due to leaving treatment, requiring new hospitalizations, to control, above all, the desire for death – suicidal thoughts.

Adolescents with anorexia nervosa in the treatment of the disease, demonstrate certain difficulties to create bonds, and thus, trust more in a certain professional and less in another, or even in another adult figure, being familiar or not. In more extreme cases, they abandon treatment.

These behaviors reflect negatively on the work of health professionals because the high rates of treatment abandonment by these patients and the difficulties in defining the diagnosis associated with the fact that, sometimes, circumventing family conflicts arising due to AN, were cited as the main challenges of these professionals.

It is thus understood that the anorexia nervosa phenomenon in adolescence, especially in women, in addition to causing very serious damage to them, represents problems to their families, health professionals, public health and society in general.

However, this research also provided some possibilities for intervention to alleviate this problem, namely: multidisciplinary welcoming strategies aimed at adolescents and their families and always ensuring the professional-patient relationship. In addition to the importance of more comprehensive laboratory analyses to better monitor the disease. Psychotherapeutic treatment is also highlighted as an adjunct in the treatment of anorexia nervosa.

Therefore, it is necessary to make government investments in more service environments. Also, the integration between health services for welcoming actions, at different levels of health care. And actions aimed at obtaining the elements essential to the fight to save the lives of people with anorexia nervosa.

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