



Jean-Louis Nandrino et al.

L'anorexie mentale

Des théories aux prises en charge

DUNOD

Lanorexie Mentale Des Theacuteories Aux Prises En Charge Psychologie Clinique

Jean-Louis Nandrino



L'anorexie Mentale Des Théories Aux Prises En Charge Psychologie Clinique:

L'anorexie mentale Jean-Louis Nandrino, 2015-03-18 L'anorexie mentale suscite toujours de nombreuses spéculations et interprétations comme en témoigne la diversité des modèles étiologiques de ce trouble. Il est désormais indispensable pour les chercheurs et les cliniciens de disposer de ces synthèses et d'une confrontation rigoureuse aux données de la littérature scientifique récente. Cet ouvrage rend compte de cette complexité en présentant des synthèses de travaux scientifiques et cliniques centrées sur des points majeurs permettant d'expliquer l'émergence de cette pathologie. Seront ainsi abordés successivement les modèles du trouble, hypothèses d'un trouble développemental lié à la régulation de facteurs de stress et de facteurs traumatiques ou d'un trouble de l'attachement, prévalences, vérifications expérimentales issues des modèles animaux, les types de dysfonctionnements observés avec l'installation des troubles alimentaires, déroulements du traitement, des informations motivationnelles, des déficits cognitifs, cascade de modifications physiologiques associées aux troubles alimentaires, les accompagnements psychothérapeutiques, nouvelles approches issues des thérapies cognitives et des thérapies brèves, formes d'accompagnement issues des approches psychodynamiques, techniques de thérapie familiale développées auprès des familles anorexiques, auprès des familles anorexiques.

L'anorexie mentale chez l'adolescente Clémence Schneider, 2021 L'anorexie mentale est une pathologie plurifactorielle qui peut se résumer au fait de refuser l'alimentation, alors même que la personne meurt de faim et de refuser la prise de poids, alors même que le corps est amaigri. Les complications de l'Anorexie Mentale (AM) sont somatiques et/ou psychiatriques. La prise en charge de l'AM est nutritionnelle, somatique et psychologique. Quel que soit le lieu choisi, les soins doivent associer médecin psychiatre, diététicien, nutritionniste, psychiatre, psychologue, infirmier, autres professionnels de santé et assistant social. L'AM est une maladie difficile à soigner. Il est important de développer des structures de soins adaptées. En France, 50% des personnes souffrant de troubles du comportement alimentaire (TCA) ne bénéficieraient pas d'une prise en charge médicale. Une prise en charge précoce du trouble est le meilleur garant d'un bon pronostic. Chez les jeunes femmes, les plus touchées, l'évolution peut être considérée comme favorable dans 50 % des cas si l'on considère uniquement la triade diagnostique : anorexie, amaigrissement, aménorrhée. Ce taux chute à 30% si l'on considère l'ensemble du tableau psychiatrique, ainsi que la qualité de vie, la vie relationnelle et l'insertion sociale. Le pharmacien hospitalier a un rôle, notamment dans la politique nutritionnelle, l'hôpital par son expertise galénique et relative aux dispositifs médicaux. Le pharmacien hospitalier apporte ainsi son soutien dans le domaine des nutriments, des questions galéniques et des dispositifs médicaux en collaboration avec les équipes soignantes. Le rôle du pharmacien dans la prise en charge de l'AM est de valoriser. Plus on agit tôt, plus on vit la chronicisation des TCA, il faut donc essayer de repérer les attitudes suspectes, l'officine et encourager les familles à consulter un médecin rapidement dès les premiers signes. L'important est de ne pas encourager leur tentative de maigrir et de montrer qu'on n'est pas dupe tout en adoptant une attitude d'empathie. Différents produits délivrés par l'officine peuvent faire partie du repérage et de la prévention de l'AM : l'officine comme les produits amincissants, l'officine

laxatifs et de complémentation nutritionnelle orale CNO Le pharmacien délivrera tous les conseils de prise associés et mettra en garde la patiente sur les risques d'effets indésirables Il peut apporter également des conseils afin de sensibiliser la patiente à l'importance d'une alimentation qui couvre tous ses besoins afin d'être en bonne santé en collaboration avec les nutritionnistes et diététiciens

Les Anorexies mentales Catherine Chabert, Sarah Vibert, 2022-04-27T00:00:00+02:00 Justifie au départ par un embonpoint supposé la restriction alimentaire est chez l'anorexique en réalité dictée par une lutte acharnée contre la sensation de faim La maigreur obtenue relativement rapidement renforce le sentiment de contrôle de soi et conforte dans une conduite de restriction de plus en plus systématique qui s'accompagne d'attitudes singulières ritualisées à l'égard des aliments Derrière ce comportement anorexique se situent des difficultés psychiques d'une grande variété et d'une extrême complexité C'est pourquoi la prise en charge de ce trouble alimentaire demeure si délicate En faisant le point sur ce que nous savons des anorexies mentales Sarah Vibert nous invite mieux comprendre les ressorts de ce trouble ce qu'il cache et dévoile et présente les traitements les plus efficaces

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