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ORGANIC EATING DISORDERS OF MORBID HUNGER & HYPERPHAGIA AFTER TRAUMATIC BRAIN INJURY (TBI): PRESENTATION AND PREVALENCE

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Background: Morbid Hunger or persistent Hyperphagia are rare conditions after TBI and can pose life threatening health risks to the patient, risks of aggression towards professional and family carers managing this behaviour, and the ability to function in social settings.

Method:

1. Systematic search of Medline, Embase, PsychInfo, CINAHL, DARE, Cochrane Database of Systematic Reviews, and Cochrane Clinical Trials Register, using terms Eating Disorders, Organic Eating Disorders, Binge Eating, Anorexia Nervosa, Hyperphagia, Morbid Hunger, Satiety, Hypothalamus, Pituitary Glands, Traumatic Brain Injury, and Acquired Brain Injury.
2. Diagnostic review of currently admitted hospital patients at a tertiary care brain injury rehabilitation centre in order to establish point prevalence.
3. Review of Dietetic records to establish clinical presentation and management principles.

Results:

1. Systematic review identified case reports and case series of these disorders, providing description of three distinct traumatic presentations:
 - a. Persistent Hyperphagia after head injury.
 - b. Serious food seeking behaviour and overeating after surgery for neoplasm resulting in pituitary/ hypothalamic injury.
 - c. Head Injury variant of Kleine Levine Syndrome presenting with Hyperphagia, Hypersomnolence, and Hypersexuality.
2. Diagnostic review of 88 admitted patients identified 2 (3%) patients presenting with this condition.
3. Review of dietetic records confirmed the persistent and serious nature of this presentation and identified a high need for environmental and cue exposure control in management of this condition.

Conclusions: Organic eating disorders are rare but potentially life threatening conditions, requiring formal cataloguing and recognition in diagnostic classifications to facilitate systematic study of pathophysiology and relevant management strategies.