

A MODEL STRUGGLE

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A.M.A.P., female, 20 years-old, Photography Model, natural from Covilhã - Portugal, resident at the same location. Presented 4 weeks prior to diagnosis several times in the Emergency Room (ER) with recurrent and persistent vomiting, reduction of appetite and weight loss of approximately 7 kgs within the last month. She was observed several times by Internal Medicine. Blood tests, abdominal ultrasound and upper GY endoscopy were performed and all came back negative, after which the patient was referred to Psychiatric ER. At the time of examination, patient was well groomed and dressed, awake, alert, oriented to person, place and date. No observed abnormalities in terms of posture, gait or motor movement. Eye contact was good. Rapport seemed adequate. She answered questions spontaneously, although at slow rate and speed. She denied suicidal or homicidal ideations, auditory or visual hallucinations. There was no current evidence for formal thought disorder. Judgment and insight were deemed to be adequate at the time. Overall mood was moderated depressed with clear signs of anxiety and despair when speaking about her vomiting problem. Affect was full range and appropriate. She also mentioned initial insomnia since the past 2 weeks. She started on Omeprazol 20 mg daily, Domperidone 10 mg 30 minutes prior to the meals during the 1st 2 weeks, Mirtazapine 30 mg daily and Alprazolam 0.5 mg as anxiety SOS. Patient was symptom free after 3 weeks of treatment and returned to her normal routine stabilized on Mirtazapina 30 mg daily attending Psychology and Psychiatry outpatient clinics.