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Functional Gastrointestinal Disorder and Emetophobia Misdiagnosed as Anorexia Nervosa - A Case Report

Functional Gastrointestinal Disorders (FGIDs) are disorders of brain-gut interaction, characterized by altered motility, visceral hypersensitivity, gut microbiota dysregulation, immune dysfunction, and central nervous system (CNS) processing abnormalities. Emetophobia, an intense fear of vomiting, is associated with avoidant/restrictive food intake disorder (ARFID) and shares clinical features with anxiety, depression, and obsessive-compulsive disorder (OCD), complicating diagnosis. The brain-gut axis, modulated by serotonin (5HT), the vagus nerve, inflammatory cytokines, and gut microbiota-derived metabolites, plays a critical role in FGID pathophysiology and psychiatric comorbidities.

A 24-year-old Hispanic female with OCD, depression, and anxiety presented with a three-year history of progressive food restriction, weight loss (38 lbs in three months), BMI of 16.4, and malnutrition. Despite initial concerns for anorexia nervosa, she lacked body image disturbance and reported fear-driven dietary restriction due to postprandial vomiting and diarrhea. Gastrointestinal (GI) workup, including imaging, serum studies, and biopsies, was unremarkable. She was diagnosed with FGID (intestinal motility disorder) and comorbid emetophobia.

Management included pantoprazole 40 mg daily, ondansetron 4 mg IM PRN, sertraline 50 mg daily, clonazepam 0.25 mg daily, and structured psychotherapy. She exhibited significant improvement over two weeks and was discharged. At one-month follow-up, she gained 28 lbs (BMI 20.1) with resolution of FGID symptoms.

This case highlights the diagnostic challenge of differentiating FGIDs and emetophobia from primary eating disorders. The bidirectional brain-gut axis underscores the intersection of FGIDs and psychiatric disorders, necessitating a multidisciplinary approach for accurate diagnosis and effective treatment. Addressing both GI and psychiatric components is critical to preventing misdiagnosis and optimizing clinical outcomes.