PICA in Pregnancy

Background
1. Definition
   o Persistent eating of non-nutritive substances or substances that are not considered food
     - Lasting >1 month
     - At an age when developmentally inappropriate

Pathophysiology
1. Pathology
   o Some cases related to nutritional deficiency such as zinc or iron deficiency
   o Other theories include
     - Cultural influence
     - Stress reaction
     - Malnutrition or starvation

2. Incidence, prevalence
   o True prevalence unknown
   o Usually occurs in a first pregnancy in adolescent or early adult years
   o Rare in developed countries

3. Risk factors
   o Pregnancy
   o Mental retardation
   o Certain African and Turkish people groups

4. Morbidity / mortality
   o May play a part in accidental poisoning or ingestion of infectious agents
   o Causes
     - Intestinal obstructions
     - Ulcerations
     - Perforations
     - Life threatening toxicities such as lead poisoning

Diagnostics
1. History
   o May report a variety of symptoms due to different types of ingestions

2. Physical exam
   o Same variability as history
   o Signs of lead toxicity:
     - Neuro
       - Lethargy, ataxia, incoordination, seizures
     - GI
       - Pain, nausea, vomiting, diarrhea
   o Signs of parasitic or bacterial infection

3. Diagnostic testing
   o Blood lead level
   o Blood mineral levels
Imaging studies
- Abdominal X-ray
- Upper and lower barium series
- Endoscopy to look for GI complications

Differential Diagnosis
1. Attention seeking behavior
2. Suicide attempt
3. Other eating disorders

Therapeutics
1. Acute treatment
   - Correction of any nutritional deficiencies if present
2. Long-term care
   - Social work evaluation
   - Psychological evaluation
   - Continued psychological treatment as necessary with
     - Behavioral intervention
     - Aversion therapy
     - Discrimination training
   - Removal from or control of environment such as cleaning lead deposits,
     social work in the home
   - Assessment of nutritional beliefs and teaching appropriate dietary habits

Prognosis
1. Can remit in pregnant women
2. Can persist for years in patients with developmental disabilities

Prevention
1. No true prevention available

References
5. Forman, Sara F. M.D. "Eating Disorders: Epidemiology, pathogenesis and clinical features" Up to Date. 2006.
7. Lusskin, Shari I. M.D., FAPA and Misri, Shaila M.D., FRCPC. "Eating disorders in pregnant women" Up to Date. 2006.
8. Moreno, Megan A M.D., MSEd. And Judd, Robert M.D. "Eating Disorder: Bulimia" Up to Date. May 3, 2006
http://healthpsych.psy.vanderbilt.edu/HealthPsych/pregnancy_and_eating_disorders.htm

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