

NUTRITION WATCH

Medical Mystery

WHY SOME CHEW ICE

WHAT BEGAN AS AN intense craving for ice had gotten worse, and the patient was worried. Two years earlier, the 37-year-old woman had undergone gastric bypass surgery, a medical weight-loss procedure in which the stomach is stapled to reduce its capacity. She had been losing weight, as intended, but during a follow-up at Northwestern Memorial Hospital Wellness Institute in Chicago, the patient revealed that fierce ice cravings had compelled her to purchase two snow-cone makers, one for home and the other for work. Each day she chewed on more than 200 ounces of ice, the equivalent of 25 cups or five of 7-Eleven's largest Slurpees. To stay warm, the patient resorted to evenings sitting in hot baths while eating vanilla-flavored slushy ice.

The doctor was concerned, but not surprised. As unusual as it sounds, the phenomenon is repeating itself as more and more obese patients turn to gastric bypass surgery for help. Excessive ice eating, dubbed pagophagia by medical professionals, is a form of pica, the compulsive ingestion of nonfood substances, and it is commonly associated with iron-deficiency anemia (IDA). Along with the patient's shrinking waistline, explains Robert Kushner, medical director at the institute, she had

suffered a significant drop in blood-iron levels—a side effect of her drastically reduced stomach size, which prevented her from fully absorbing the nutrients from foods that her body needed.



“IDA is one of the most common micronutrient deficiencies seen among patients who undergo bariatric surgery,” according to Kushner. Research has yet to explain why IDA manifests itself in ice cravings but medical professionals take the symptoms seriously. Not only can anemia lead to extreme fatigue and frequent headaches, but people with pagophagia often break teeth and cut their gums when chewing on ice.

Oral supplements were not quite enough, so Kushner prescribed an iron infusion for his patient and within two months her cravings disappeared. As for the snow-cone makers, they are tucked far back into a cabinet with the patient's hopes of never needing them again.

—Victoria Shanta Retelny, R.D.