

# Eating Disorders

UNIT 4

CHAPTER 21, F. A. DAVIS, PGS. 537-560

# INTRODUCTION

- The hypothalamus contains the appetite regulation center within the brain.
- It regulates the body's ability to recognize when it is hungry, when it is not hungry, and when it has been sated.



# INTRODUCTION (CONT'D)

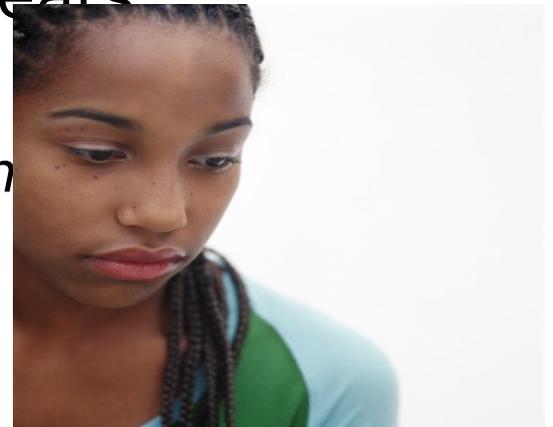
- Eating behaviors are influenced by:
  - Society
  - Culture
- Historically, society and culture also have influenced what is considered desirable in the female body.



# EPIDEMIOLOGICAL FACTORS

- Prevalence rate of anorexia nervosa among young women in the United States is approximately 1 percent.
- **Anorexia nervosa** occurs predominantly in girls and women ages 12 to 30 years
- *Leading cause of death for a mental illness with one in five deaths from suicide.*

National Association of Anorexia Nervosa and Associated Disorders



# EPIDEMIOLOGICAL FACTORS (CONT'D)

- **Bulimia nervosa** is decreasing in recent years, with a lifetime prevalence of 2% among women.
- The onset of bulimia nervosa occurs in late adolescence or early adulthood.
- It occurs primarily in societies that emphasize thinness.



# EPIDEMIOLOGICAL FACTORS (CONT'D)

- **Binge Eating Disorder (BED)**
- **Obesity** has been defined as a body mass index (BMI) of 30 or greater.
- 68.5 percent of adult Americans are overweight, and 35 percent of these are in the obese range.
- More prevalent in African American and Hispanic cultures as well as men and women with low income.



# EPIDEMIOLOGICAL FACTORS (CONT'D)

Why talk about obesity if it's not a mental disorder? (pg. 540)

- Because there are several mental disorders in which obesity is a significant problem and is often related to the side effects of psychotropic medications.
- Can also be risk factor for the development of depression.
- *And*, BED carries a high risk for weight gain and obesity.



# APPLICATION OF NURSING PROCESS

## Assessment

- Anorexia nervosa
  - Characterized by a *morbid* fear of obesity.
  - Symptoms include gross distortion of body image, preoccupation with food, and refusal



# ANOREXIA NERVOSA (CONT'D)

- Weight loss is extreme, usually weighing less than 85% of expected weight.
- Other symptoms:
  - Hypothermia, bradycardia
  - Hypotension, edema, lanugo
  - Variety of metabolic changes

What cues would you look for in an assessment of a patient suspected to have anorexia?



# ANOREXIA NERVOSA (CONT'D)

- Amenorrhea is typical and may even precede significant weight loss.
- There may be an obsession with food.
- Feelings of anxiety and depression are common.



# ANOREXIA NERVOSA (CONT'D)



Which is characteristic of the diagnosis of anorexia nervosa?

- a) Body image disturbance.
- b) Obsession with weight gain.
- c) Healthy family relationships.
- d) Disregard for the feelings of others.



# ANSWER

Correct answer: A

The distortion in body image by clients diagnosed with anorexia nervosa is manifested by thoughts that they are fat when they are obviously underweight or even emaciated.



# APPLICATION OF NURSING PROCESS

## Assessment

- Bulimia nervosa
  - Bulimia nervosa is an episodic, uncontrolled, compulsive, rapid ingestion of large quantities of food over a short period (binging).
  - The episode is followed by inappropriate compensatory behaviors to rid the body of the excess calories (self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

With these extremes of vomiting and misuse of laxatives, what is the patient at risk for?



# BULIMIA NERVOSA (CONT'D)

- Fasting or excessive exercise may also occur.
- Most patients with bulimia are within a normal weight range.
- Depression, anxiety, and substance abuse are not uncommon.
- Excessive vomiting and laxative or diuretic abuse may lead to problems with dehydration and electrolyte imbalances.



# ASSESSMENT CUES



# BULIMIA NERVOSA (CONT'D)



Which assessment finding would the nurse expect in clients diagnosed with bulimia?

- a) They are below normal weight.
- b) They binge when they experience hunger.
- c) They will be highly motivated to seek help.
- d) They are within their normal weight range.



# ANSWER

Correct answer: D

Clients diagnosed with bulimia nervosa are often able to maintain a normal weight by purging after binging.



# APPLICATION OF NURSING PROCESS

## Assessment

- Binge Eating Disorder (BED)
  - The *DSM-5* identifies binge eating disorder (BED) as an eating disorder that can lead to obesity.
  - The individual binges on large amounts of food, as in bulimia nervosa.
  - BED differs from bulimia nervosa in that the individual does not engage in behaviors to rid the body of the excess calories.



# PREDISPOSING FACTORS

- Biological influences
  - Genetics: A hereditary predisposition to eating disorders has been hypothesized.
    - Anorexia nervosa is more common among sisters and mothers of those with the disorder than it is among the general population.
    - Possible chromosomal linkage sites have been suggested.



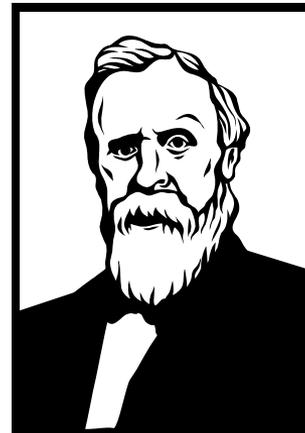
# PREDISPOSING FACTORS (CONT'D)

- Biological influences (cont'd)
  - Neuroendocrine abnormalities
    - There has been some speculation about a primary hypothalamic dysfunction in anorexia nervosa.
  - Neurochemical influences
    - Bulimia nervosa may be associated with the neurotransmitters serotonin and norepinephrine.
    - Anorexia nervosa may be associated with high levels of endogenous opioids.
    - BED may be associated with reward and pleasure responses in the brain similar to those with addictions.



# PREDISPOSING FACTORS (CONT'D)

- Psychodynamic influences
  - Suggests that eating disorders result from very early and profound disturbances in mother-infant interactions, resulting in:
    - Unfulfilled sense of separation-individuation
    - Delayed ego development - events threaten a vulnerable ego resulting in the need to exert control
  - Control over food provides that control



**Freud**



# PREDISPOSING FACTORS (CONT'D)

- Family influences
  - Historically, family influences were heavily considered as factors, but there is not sufficient evidence to support these claims.
  - Family members should be involved in treatment rather than blamed for the issue.



# BODY MASS INDEX

- A BMI range for normal weight is 20 to 24.9.
- Obesity is defined as a BMI of 30 or greater.
- Anorexia nervosa is characterized by a BMI of 17 or lower, or less than 15 in extreme cases.

$$\text{BMI} = \frac{\text{weight (kg)}}{\text{height (m}^2\text{)}}$$



# NURSING PROCESS

## ○ Nursing diagnoses

- Imbalanced nutrition: Less than body requirements related to refusal to eat
- Deficient fluid volume (risk for or actual) related to decreased fluid intake, self-induced vomiting, and laxative and/or diuretic abuse
- Ineffective denial related to delayed ego development and fear of losing the only aspect of life over which he or she perceives some control (eating)
- Imbalanced nutrition: More than body requirements related to compulsive overeating
- Disturbed body image related to ineffective coping, guilt or shame, trauma history, dissatisfaction with appearance
- Anxiety (moderate to severe) related to feelings of helplessness and lack of control over life events



# OUTCOMES

## The patient

- Has achieved and maintained at least 80% of expected body weight.
- Has vital signs, blood pressure, and laboratory serum studies within normal limits.
- Verbalizes importance of adequate nutrition.



# OUTCOMES (CONT'D)

## The patient (cont'd)

- Verbalizes knowledge regarding consequences of fluid loss caused by self-induced vomiting (or laxative/diuretic abuse) and importance of adequate fluid intake.
- Verbalizes events that precipitate anxiety and demonstrates techniques for its reduction.



# OUTCOMES (CONT'D)

## The patient (cont'd)

- Verbalizes ways in which he or she may gain more control of the environment and thereby reduce feelings of powerlessness.
- Expresses interest in welfare of others and less preoccupation with own appearance.



# OUTCOMES (CONT'D)

## The patient (cont'd)

- Verbalizes that image of body as “fat” was misperception and demonstrates ability to take control of own life without resorting to maladaptive eating behaviors (anorexia nervosa).
- Has established a healthy pattern of eating for weight control and weight loss toward a desired goal is progressing (BED).
- Verbalizes plans for future maintenance of weight control (BED).



# PLANNING AND IMPLEMENTATION

- Hospitalization may be necessary in cases of:
  - Malnutrition
  - Dehydration
  - Severe electrolyte imbalance
  - Cardiac arrhythmia or severe bradycardia
  - Hypothermia
  - Hypotension
  - Suicidal ideation



# PLANNING AND IMPLEMENTATION (CONT'D)

- Imbalanced nutrition/deficient fluid volume
  - Determine appropriate calories to provide adequate nutrition and weight gain.
  - Do not focus on food and eating specifically.
  - Keep a strict record of intake and output.

\*\*Patients cannot go to the bathroom on their own.\*\*



# PLANNING AND IMPLEMENTATION (CONT'D)

- Denial
  - Establish trusting relationship.
  - Avoid arguing or bargaining with the client.
- Obesity
  - Encourage diary of food intake.
  - Provide instruction about medications.



# PLANNING AND IMPLEMENTATION (CONT'D)

- Disturbed body image/low self-esteem
  - For client with anorexia nervosa or bulimia
    - Promote feelings of control.
    - Help client realize perfection is unrealistic.
  - For client with BED
    - Help identify positive attributes.
    - Refer client to a support or therapy group.



# PATIENT/FAMILY EDUCATION

- Nature of the illness
  - Symptoms of anorexia nervosa and bulimia nervosa.
  - What constitutes obesity?
  - Causes of eating disorders.
  - Effects of the illness or condition on the body.



# PATIENT/FAMILY EDUCATION (CONT'D)

- Management of the illness
  - Principles of nutrition.
  - Ways client may feel in control of life.
  - Importance of expressing fears and feelings, rather than holding them inside.
  - Alternative coping strategies.



# PATIENT/FAMILY EDUCATION (CONT'D)

- Management of the illness (cont'd)
  - Correct administration of prescribed medications.
  - Indication for and side effects of prescribed medications.
  - Relaxation techniques.
  - Problem-solving skills.



# PATIENT/FAMILY EDUCATION (CONT'D)

- For the obese client
  - How to:
    - Plan a reduced-calorie, nutritious diet.
    - Read food content labels.
    - Establish a realistic weight loss plan.
    - Establish a planned program of physical activity.



# PATIENT/FAMILY EDUCATION (CONT'D)

- Support services
  - Weight Watchers International
  - Overeaters Anonymous
  - National Association of Anorexia Nervosa and Associated Disorders
  - National Eating Disorders Association



# EVALUATION

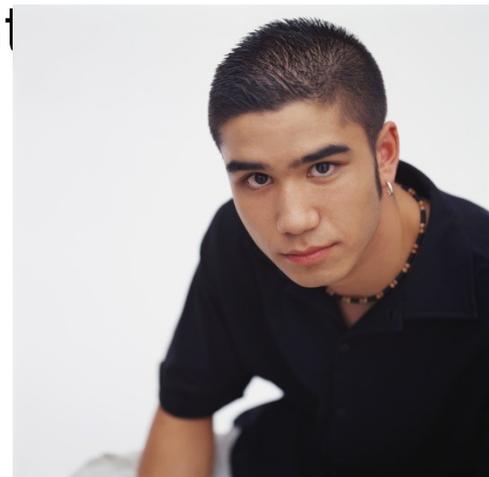
- Evaluation of the patient with an eating disorder requires reassessment of the behaviors for which the client sought treatment.
- Behavioral change will be required by patient and family members.
- Constantly look to see if improvements are being made.



# TREATMENT MODALITIES

- Behavior modification
  - Issues of control are central to the etiology of these disorders.
  - For the program to be successful, the client must perceive that he or she is in control of the treatment.

\*\*This is how behavior modification



# TREATMENT MODALITIES (CONT'D)

- Behavior modification (cont'd)
  - Successes have been observed when the patient:
    - Is allowed to contract for privileges based on weight gain.
    - Has input into the care plan.
    - Clearly sees what the treatment choices are.



# TREATMENT MODALITIES (CONT'D)

- Behavior modification (cont'd)
  - The patient has control over:
    - Eating
    - Amount of exercise pursued
    - Whether to induce vomiting
  - Staff and patient agree about:
    - Goals
    - System of rewards



# TREATMENT MODALITIES (CONT'D)

- Individual therapy
  - Helpful when underlying psychological problems are contributing to the maladaptive behaviors.



# TREATMENT MODALITIES (CONT'D)

- Family therapy
  - Involves educating the family about the disorder.
  - Assesses the family's impact on maintaining the disorder.
  - Assists in methods to promote adaptive functioning by the patient.
- \* What is the name of this approach?



# TREATMENT MODALITIES (CONT'D)

- Psychopharmacology
  - No medications are specifically indicated for eating disorders.
  - Various medications have been prescribed for associated symptoms.
    - Anxiety
    - Depression



# TREATMENT MODALITIES (CONT'D)

- Psychopharmacology (cont'd)
  - Medications that have been tried with some success include:
    - For anorexia nervosa
      - fluoxetine (Prozac)
      - clomipramine (Anafranil)
      - cyproheptadine (Pariactin)
      - chlorpromazine (Thorazine)
      - olanzapine (Zyprexa)



# TREATMENT MODALITIES (CONT'D)

- Psychopharmacology (cont'd)
  - Medications that have been tried with some success include: (cont'd)
    - For bulimia nervosa
      - fluoxetine (Prozac)
      - imipramine (Tofranil)
      - desipramine (Norpramine)
      - amitriptyline (Elavil)
      - nortriptyline (Aventyl)
      - phenelzine (Nardil)



# TREATMENT MODALITIES (CONT'D)

- Psychopharmacology (cont'd)
  - Medications that have been tried with some success include: (cont'd)
    - For BED with obesity
      - topiramate (Topamax)
      - lisdexamfetamine (Vyvanse)



# TREATMENT MODALITIES (CONT'D)

- Psychopharmacology (cont'd)
  - Medications that have been tried with some success include: (cont'd)
    - For obesity
      - fluoxetine (Prozac)
      - Various anorexiant (central nervous system stimulants)
      - lorcaserin (Belviq)
      - phentermine/topiramate (Qsymia)



# NURSING PROCESS



A client is 5'8" tall and weighs 105 pounds. The client has been taking laxatives daily, and self-induces vomiting after eating. Which is the priority nursing diagnosis for this client?

- a) Low self-esteem
- b) Ineffective denial
- c) Disturbed body image
- d) Imbalanced nutrition, less than body requirements



# ANSWER

Correct answer: D

This client is malnourished and underweight due to self-induced vomiting and laxative abuse. Nutritional status is compromised and this problem must be prioritized to establish physiological integrity.



# PREDISPOSING FACTORS: OBESITY (CONT'D)



The nurse is teaching a class on obesity prevention. Which statement by a student indicates that learning about obesity has occurred?

- a) "Eighty percent of offspring of two obese parents are obese."
- b) "Obesity is defined as a body mass index (BMI) of 25.0 to 29.9."
- c) "Obesity is classified as a psychiatric disorder in the *DSM-5*."
- d) "Lesions in the appetite center in the thalamus may contribute to obesity."



# ANSWER

Correct answer: A

Genetics have been implicated in the development of obesity. Research indicates that 80 percent of offspring of two obese parents are obese.



# SUMMARY

- Anorexia nervosa is characterized by a morbid fear of obesity and a gross distortion of body image.
- Bulimia nervosa is characterized by consuming large amounts of food, usually within a short period, and often in secret.
- Individuals with bulimia nervosa purge themselves of excessive intake by self-induced vomiting, misuse of laxatives, diuretics, or enemas.
- Most individuals with bulimia nervosa are within normal weight range.
- BED is characterized by the consumption of huge amounts of food who feels lack of control overeating behavior.
- BED differs from bulimia nervosa in that with BED the individual does not engage in behaviors that rid the body of excess calories.



# SUMMARY (CONT'D)

- Obesity is defined as a BMI of 30 or greater.
- An important patient outcome for eating disorders includes **the ability to take control of own life and developing adaptive coping strategies** without resorting to maladaptive eating behaviors.
- Treatment modalities include: behavior modification, individual and CBT, **family therapy using the Maudsley approach(family involvement) for anorexia nervosa**, and psychopharmacology.



# CONCLUSION EATING DISORDERS



I need to ~~be~~  
~~skinnier.~~  
love myself.

edited by [thisisnotn](https://www.tumblr.com/thisisnotn)  
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