Psychiatric Nursing
2022
Unit 4 Online Assignment
Eating Disorders

Chapter Objectives:
1. Identify differences among several eating disorders. (1, 7)*
2. Discuss epidemiology of eating disorders. (1, 3)*
3. Describe symptomatology associated with anorexia nervosa, bulimia nervosa and binge eating disorder and use the information in patient assessment. (1, 2)*
4. Identify predisposing factors in the development of eating disorders. (2, 3)*
5. Formulate nursing diagnoses and outcomes of care of patient with eating disorders. (2, 4, 5)*
6. Describe appropriate interventions for behaviors associated with eating disorders. (1, 2, 3, 4)*
7. Identify topics for patient and family teaching relevant to eating disorders. (1, 2, 3, 4)*
8. Evaluate the nursing care of patients with eating disorders. (1, 2, 3, 4)*
9. Discuss various modalities relevant to treatment of eating disorders. (1, 2)*
*Course Objectives

Please read the assigned article along with the Davis Textbook Chapter 21. Answer the following questions and submit to the Unit 4 Online Assignment Drop Box by 7/3/23 at 0800. **This assignment has a minimum word count of 500 words.**

1. Provide a brief summary of your perceptions, biases and or understanding of eating disorders?

When I think about eating disorders, a lot comes to mind. I think they are extremely difficult to understand ad put into words unless you can picture your body the way an individual with an eating disorder does. To me, I imagine them looking into the mirror and seeing only flaws or even alterations to their appearance but, they are extremely starved of nutrients. I really don't have any biases to them, I know that they can't just stop their feelings or behaviors, that it takes a lot of help and stability from friends and family and health care providers to help them. They can't just eat a bunch of food right away either, they have a new normal and they could possibly be more hurt with a bunch of food. I understand these disorders as an anxiety like disorder with depressive traits and possibly perceptual changes if they view themselves as bigger when they are smaller.

2. Define anorexia nervosa and bulimia nervosa in your own words.

Anorexia in my own words would be extreme starvation and malnutrition related to anxiety and depression and/or body dysmorphia. Bulimia nervosa I would define as binge eating with purging by extreme measures from vomiting to extreme exercise or even laxatives and diuretics.

3. List the clinical signs of anorexia nervosa, bulimia nervosa, and binge-eating disorder. Provide a summary of the differences between the three disorders.

- Anorexia nervosa includes food restriction and limited eating which leads to significantly low body weight; fear of being fat; body disorientation; other symptoms include hypothermia, bradycardia, hypotension with orthostatic changes, peripheral edema, lanugo, and a variety of metabolic changes, in women amenorrhea usually follows weight loss; associated symptoms include cold intolerance, dizziness, chest pain, abdominal bloating, pain or discomfort, constipation, weakness, decreased concentration, and poor memory; may be obsessed with food; compulsive behaviors such as hand washing may occur

- Bulimia nervosa includes binge eating more than peers (more than two hours) with unhealthy behaviors to lose weight and prevent weight gain such as vomiting, misuse of laxatives or diuretics, food restriction, or excessive exercise; self-worth is only based on body shape and side; behaviors occur at least weekly for the months; excessive concern with personal appearance and how individuals perceive them; within normal or health weight, maybe slightly overweight; excessive vomiting or diuretic abuse may lead to problems with dehydration and electrolyte balance; gastric acid in emesis contributes to erosion of tooth enamel; rare: tears in gastric or esophageal mucosa; some develop calluses on the dorsal surface of their hands (typically knuckles) secondary to long term, repeated self-inflected vomiting (termed Russell's sign); may have mood disorders as well such as anxiety disorders, substance abuse (stimulates or alcohol); some with AN cross over to BN and patients with BN and a history of AN had worse decision making abilities, worse general and specific functioning, decreased bone density, and more antecedents of lifetime suicide attempts, more dietary restraint, and more frequent use of laxatives

- Binge eating disorder include recurrent episodes of binge eating accompanied by a loss of control; eat faster than normal, eating until uncomfortable, eating larger quantities than more even when not hunger, or eating following negative emotions; no weight gain prevention; behaviors occur at least weekly for three months; rapid food consumption; low self-esteem, stressors, and boredom can be triggers; after an episode they often report guilt and depression; rates of improvement are consistently higher with BED than BN

A quick summary on the differences between these disorders is, AN is associated with weight loss due to calorie constriction and BMI often less than 17. BN is associated with binge eating followed by unhealthy purge behaviors such as vomiting, diuretic and laxatives, or even enemas. BED is only binge eating with no purge behaviors associated with weight gain and possible obesity.

4. According to the article, what are the different treatment modalities for the three disorders listed above? Compare this to the treatment modalities identified in the textbook (summarize the differences and similarities).

Patients are treated in an outpatient setting. The team should consist of an experienced therapist, dietician, and clinician who is knowledgeable about eating disorders specific mental evaluations. If a patient is hospitalized, it could be due to their current health status, weight trajectory, outpatient options, and social support factors. Patients need professional supervision and structure to eat, gain weight, or avoid disordered behaviors, or if their treatment has been unsuccessful, may require partial hospitalization, or intensive outpatient care. Cognitive behavior therapy is commonly used with these disorders.

- AN: family-based therapy is recommended as first-line treatment for youth and young adults; hospitalization can be used as well; CBT, family-based therapy, focal psychodynamic psychotherapy, interpersonal psychotherapy, and specialist support are effective with adults

- BN: among adolescents, guidelines recommend family-based therapy and CBT; adults benefit from therapist-guided and self-guided forms of CBT or interpersonal psychotherapy

- BED: meta-analytic data support treatment with CBT and self-guided therapy; in person CBT shows effectiveness in decreasing binge eating

According to the textbook, the immediate aim with treating an eating disorder is restoring and stabilizing the patient's nutritional status. Their complications from dehydration, emaciation, and electrolyte imbalances can cause death. For AN and BN, behavior modification has been a widely accepted form of treatment but changing maladaptive eating behaviors. These programs are designed to allow the client a degree of autonomy that promotes the sense of control. The patient can have input into the plan and can see their choices for treatment. However, behavior modification is only helpful for weight restoration. Psychotherapy should be implemented with this. Family treatment is helpful for adolescents with AN. It involves the family in each step of the process (evidence shows this should be first line). Also helps with BN. It is conducted in an outpatient setting (intense) and involves three phases. Phase one focuses on weight restoration, treatment should include parental control of eating, control is given back to the adolescent when they demonstrate readiness for establishing healthier habits. Phase two lets the adolescent control their weight gain. Phase three incorporates CBT and DBT skills. Individual therapy is also an option, although not a therapy of choice for eating disorders. Psychopharmacology is still being researched on, and a medication has not been identified for improvement in core symptoms of AN. SSRI's have effectiveness in treating BN but not AN. Antidepressants (fluoxetine) have benefits in treating BN. High doses of SSRI's may help with weight loss for BED.

5. How have your perceptions regarding eating disorders changed after reading the article and textbook? Provide specific examples.

My perceptions have changed regarding how fast patients can heal from these disorders and how much therapy goes into it. I thought that they could slowly incorporate food back into their diet and maybe see a therapist and that would be it, I was way off. I also never thought about how

much family plays a role in their healing process. I thought they would be okay after some treatment, but they can relapse back to their old behaviors much like someone with a drug addiction. I remember reading a story about a patient from chapter 21, he was talking about his struggles with his weight and demonstrating BN like symptoms and how he relapsed and went back to his old behaviors often. He was a recovering alcoholic and mentioned how he would purge after drinking and eating.

6. How has reading this article helped you better understand the initial evaluation, treatment, and diagnosis of anorexia nervosa, bulimia nervosa, and binge-eating disorder from the nurse's perspective? Provide specific examples.

I think with understanding the initial evaluation, treatment, and diagnosis of these eating disordered, nurses have a lot to assess on. We talked about all the signs and symptoms of these disorders and nurses are the first to see patients down in ER's and on medical floors. Looking for signs like body hair with AN, calluses on knuckles with BN, and obesity and depression with BED is huge for a diagnosis. Nurses first take their weight, and it almost has to be hidden in some ways, having that patient turn around and watching your words is huge. Nurses make connections with patients and knowing we need to comfort not only the patient but their parents as well and so many are young is heartbreaking. Nurses can make their own diagnoses as well such as imbalanced nutrition: less than body requirements, deficient fluid volume, denial, obesity, disturbed body image/low self-esteem, and anxiety. Assessments are also including behaviors that can be associated with nursing diagnoses such as low blood pressure, increased pulse, dry skin, decreased skin turgor, and weakness which is associated with deficient fluid volume.