

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 of eating disorders the main thing, I think of is a teen girl with anorexia nervosa. I think society has made all of use automatically think of that with how they portray it in movies and tv shows. My understanding on eating disorders before reading this article is that they can be very serious, and many come with mental health illnesses. I have not had any personal experiences with eating disorders myself, but I can't imagine how hard it is to change someone's thinking about their body and food in general.

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

Anorexia nervosa is not wanting to eat at all as they are afraid of gaining weight. As they get skinnier and keep losing weight, they will always believe that they are overweight. Bulimia nervosa is overeating food but after vomiting it up or using laxatives in fear of gaining weight.

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- gross distortion of body image, preoccupation with food, refusal to eat, excessive weight loss, hypothermia, bradycardia, hypotension with orthostatic changes, peripheral edema, lanugo, and a variety of metabolic changes.

Bulimia nervosa- uncontrolled, rapid binge eating, self-induced vomiting, weight fluctuations, dehydration, electrolyte imbalances, erosion of tooth enamel, possible calluses on knuckles from self-induced vomiting

Binge-eating disorder- substantial weight gain, uncontrollable binge eating, possible depression

With anorexia nervosa the patient does not want to eat at all and become severely underweight or emaciated. Bulimia nervosa they have periods of uncontrollable, compulsive, rapid binge eating followed by self-induced vomiting or the misuse of laxatives. Binge-eating disorder is only episodes of uncontrollable binging in private without the self-induced vomiting. Unlike bulimia nervosa binge-eating disorder has higher improvement rates than individuals with bulimia nervosa.

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).

In the article, anorexia nervosa's best first-line treatment is family-based therapy. Family-based therapy demonstrates the highest remission rates and increased weight gain compared to individual therapy. Short hospitalizations are also used for medical stabilization. For Bulimia nervosa treatment options include family-based therapy and CBT. Binge-eating treatment includes CBT and self-guided therapy. In the textbook are behavior modification, this helps with patients with anorexia nervosa. This treatment is designed to encourage parental control or eating, and control is returned to the patient. Individual therapy is another therapy mentioned in the book. This entails just working with a therapist one on one. Lastly, just like the article family treatment is the first line of treatment for teens with anorexia nervosa.

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

Eating disorders do not just have to be about not eating in fear of gaining weight. Binge eating is also considered an eating disorder although people might not think it is because you are gaining weight. There are also not any pharmacologic interventions for anorexia nervosa which surprised me. Eating disorders can affect everyone of all ages and is a very hard disorder to recover from. It was also interesting to learn that since there is no medication treatment for anorexia nervosa, family treatment is the best first-line treatment and provides the highest recovery rates.

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.

Early identification for these disorders is very important before the disorder leads to medical comorbidities. When doing your initial assessment, you want to build that rapport and trust first, so the patient is completely honest with you. When diagnosing these disorders there a specific characteristic each disorder has and many of them are similar so being observant is very important with eating disorders. The treatments for each eating disorder are also very similar.

The first line of treatment you should offer with a patient with anorexia nervosa is family therapy. When having a patient with an eating disorder the main goal at the beginning as a nurse is building that trust and rapport especially with the younger patients to know what they are really feeling.