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?

My perception of binge eating disorder is that it is where individuals will eat large amounts of food in a short amount of time, just simply out of boredom, as a coping mechanism, or just to pass the time. That these individuals are binging on food just to pass time and make the decision to do this. My perception on bulimia nervosa is that individuals are hungry and/or purge out on food and force themselves to puke it up after every meal. Not actually allowing their bodies to digest the food and get the proper nutrients their bodies need, to maintain a certain weight. My perception of anorexia nervosa is that individuals will simply starve themselves and not allow themselves to eat even while starving. If they were to eat something it would be an extremely small amount and they would feel guilty for eating it.

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

Anorexia nervosa is where individuals will starve themselves or limit the number of food/calories they intake with the fear that they are fat, when they are extremely underweight. Bulimia nervosa on the other hand is where individuals will binge eat all kinds of food and then force themselves to puke it all back up. This is also followed with feelings of guilt.

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 is different from both bulimia nervosa and binge eating disorder because those with anorexia nervosa starve or extremely limit their calorie intake. Whereas those with bulimia nervosa and binge-eating disorder tend to eat excessive amounts of food. The difference between bulimia nervosa and binge-eating disorder is that those individuals with bulimia nervosa will binge on food and then force themselves to throw up after words. These individuals are also close to normal body weight. However, individuals with binge eating disorder eat excessive amounts of food and are classified as obese with a BMI of 30 or higher.

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).

According to the article the different treatment modalities include, initially starting a treatment plan, this includes an experienced therapist, dietitian, and a clinician experienced in eating disorders. Cognitive behavioral therapy has also been shown to be beneficial for these individuals with eating disorders. For anorexia nervosa family-based therapy is recommended as a first line treatment. Individuals who do family-based therapy rather than individual therapy have higher rates of remission as well as weight gain. For bulimia nervosa cognitive behavioral therapy as well as family-based therapy are first line treatments as children/adolescents. Adults however show more improvement from therapist-guided and self-guided forms of cognitive behavioral therapy or interpersonal psychotherapy. As for binge eating disorder cognitive behavioral therapy as well as self-guided therapy has been the most effective as a first line treatment. There are some drugs that can be given in conjunction with the other first line treatments to help patients with eating disorders such as SSRIs, Wellbutrin, etc. As for the textbook they tend to use the Maudsley approach for adolescents with all types of eating disorders. This is where the individuals are responsible for their caloric intake while involving their family throughout the therapy session. They do offer individual therapy; however, it isn't the therapy of choice. As for medications and SSRI called fluoxetine has been proved effective in the treatment of bulimia but not anorexia. High doses of SSRIs have also been shown to be effective in the treatment of binge eating disorders.

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

Before I read about these disorders, I had thought that anorexia nervosa was the act in which individuals would starve themselves and then force themselves to puke up any/all food that they ate. While these individuals can still be at risk of forcing themselves to puke, I learned that they starve or limit their food intake, exercise intensely and even take laxatives. After reading the article and the textbook I was able to learn that these eating disorders aren't a choice but more of a mental illness that these individuals struggle with. In the textbook it talks about how individuals often have a family history of eating disorders and making struggle with depression as well as anxiety (Pg. 566).

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.

The article has better helped me understand the initial evaluation, treatment, and diagnosis of these eating disorders because it allowed me insight on how important it is to give a thorough health and history background and even notice some potential signs/complications for eating disorders. Table 1 of the article allowed me better insight on possible signs and symptoms of something with an eating disorder and things to look out for. Also, it is important to give a thorough examination on the individuals with their weight as well as their electrolyte values. These are important in helping the nurse determine if these patients can be outpatient or if they are so severe that they need to be treated inpatient. Also, in the article it does state several different types of treatment that is available, but it continuously talks about how family therapy is the best for remission and weight gain/loss. So, it would be beneficial for the nurse to do a thorough evaluation initially and see what family or friends they have to help them through this and incorporate both of them in the teaching plan.