

Natasha Doughty

1. Provide a brief summary of your perceptions, biases and or understanding of eating disorders?
 - With my previous knowledge, I believe eating disorders affect women more than men, and are especially prevalent during adolescence and early adulthood. Men can suffer from eating disorders, especially wrestlers and other weight restrictive athletes. I have seen elderly adults at work suffer from eating disorders or failure to thrive due to dysfunctional grieving and depression, who have lost their appetite and are not motivated to eat. Most people with distorted eating habits are concerned about gaining weight and suffer from body dysmorphia. They are extremely concerned about their appearance, and overly critical of themselves.
2. Define anorexia nervosa and bulimia nervosa in your own words.
 - Anorexia nervosa is a disorder characterized by body dysmorphia, a morbid fear of obesity, obsession with food, and a lack of appetite with a refusal to eat. When anorexics attempt to eat, they are obsessed with the amount and nutritional value of the food they eat. Bulimia nervosa is characterized by periods of bingeing, or eating large quantities of unhealthy foods, and purging. Purging can be induced by purposeful vomiting, abuse of laxatives, and extreme exercise to maintain a healthy weight with excessive eating.
3. List the clinical signs of anorexia nervosa, bulimia nervosa, and binge-eating disorder. Provide a summary of the differences between the three disorders.
 - Clinical signs of anorexia include extreme weight loss (often less than 85% of the expected weight), hypothermia, bradycardia, hypotension, edema, lanugo, and amenorrhea. Clinical signs of binge eating disorder include poor dentition and Russell's sign. Repeated exposure of acid from vomiting causes poor dentition and lack of enamel. Russell's sign is caused by the grinding of the incisors on the knuckles to induce vomiting, causing excessive wear on the knuckles.
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 textbook, behavior modification can be beneficial in the treatment of all eating disorders. Maudsley approach is an EBP for the treatment of adolescents with anorexia. This approach first targets parental control of the patients eating, with control returning to the patient once they show readiness. The article mentions specific medications such as Zyprexa to increase appetite, and Vyvanse to reduce bingeing behaviors.
5. How have your perceptions regarding eating disorders changed after reading the article and textbook? Provide specific examples.

- My perceptions regarding eating disorders has changed slightly, but I was familiar with all of them, especially anorexia, due to personal history. I was unfamiliar with excessive exercise being associated with bulimia, as I originally believed it was a characteristic of anorexia. In my previous A&P class, we discussed eating disorders in the male population, and the correlation between certain sports, such as wrestling and diving. Before that class, I didn't think about specific triggers males face with disordered 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.
- Although I was extremely familiar with the psychological treatment and diagnosis of eating disorders, I was completely unaware of the assessment, treatment and diagnosis from a nurses perspective. Specific assessment clues such as Russell's sign for bulimia, and assessment findings such as lanugo and edema for anorexia helped me to better understand diagnosis from a clinical perspective. Specific lab findings such as increased amylase suggesting purging, increased cholesterol, and decreased prealbumin helped me better understand clinical diagnostics rather than my previous knowledge of social diagnostics. Although medications alone cannot treat eating disorders, olanzapine (Zyprexa) can help increase appetite with anorexic patients and Vyvanse and Prozac helps decrease binging behaviors.