

Psychiatric Nursing
2022
Unit 4 Online Assignment
Eating Disorders

Emily Litz

Chapter Objectives:

1. Identify differences among several eating disorders. (1, 7)*
2. Discuss the 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 for patients 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 the 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 them 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 summary of your perceptions, biases, and or understanding of eating disorders?

My perception of the topic of eating disorders is the intimidation of wavering factors that play into the diagnosis and treatment of the patient. I feel that I have an ignorant bias toward the topic because I have not experienced this phenomenon in my personal life. Because of this, a part of me feels that I don't fully understand the severity of the illness. While reading the texts, I noticed a trend between anorexia, bulimia, and BED; they all share the commonality of the illness worsening through isolation and shame. With all three of these illnesses, there is a shared amount of guilt and grief from either being perceived societally or internally that the individual is not enough. This is why when I read that assessments must be confidentially conducted and subtleties must be noticed, my thought process of the illness being rooted in shame was reiterated. I also understand that these illnesses must be therapeutically spoken about in a specific way because the individual accepts validation only from others. In the text, it said that questions should be phrased in "motivational interviewing techniques" to build trust and rapport with the patient. The subtleties of the illness are where the intimidation accumulates because if you are not educated on the patterns to look for, you see nothing; inevitably reporting nothing too.

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

The definition of anorexia nervosa is the unreasonable and extreme fear of gaining weight. This can be exhibited by denying yourself optimal nutrition, self-degradation, low self-esteem, constant comparison with how you look to others, and excessive worrying or obsession over your weight. Bulimia nervosa is characterized by intense eating within a two-hour timeframe and using methods like puking or excessive exercise to prevent gaining weight. Both illnesses share an obsession with weight and how self-worth is rooted in how they look (fat or not fat).

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 nervosa include hypothermia, bradycardia, orthostatic hypotension, peripheral edema, lanugo, and amenorrhea. Some clinical signs of bulimia nervosa include abdominal discomfort, sleep, self-induced vomiting, excessive vomiting, and purging behaviors. These purging behaviors affect teeth causing erosion of tooth enamel, tears in the esophagus, and Russel's sign on the knuckles. Some clinical signs of binge-eating disorder include large amounts of weight gain, delayed gastric emptying, and enlarged stomach capacity. Anorexia has the intense fear of gaining weight alongside extreme restrictions on eating food. When the individual does eat food, purging behaviors occur with induced vomiting or the use of laxatives. Bulimia nervosa is when an individual binge eats a large amount of food in a small period, in secrecy, and divulges in purging behaviors like induced vomiting causing Russel's sign and tooth decay. Binge-eating disorder or BED is when an individual binge-eats food very quickly without the purging behaviors following.

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, some treatment modalities for an individual recovering from anorexia include an experienced therapist, dietitian, and a clinician knowledgeable in eating disorder-specific illnesses, and psychiatric or medical hospitalization. The patients need supervision and structure to eat, gain weight, and to help the patient avoid purging behaviors. The plan of care also involves family-based therapy is recommended for young adults. In the textbook, the treatment plans should allow the client a degree of autonomy which can help promote a sense of self-control. There should be a reward system between the client and staff. The end goal of treatment is to modify eating behavior for weight restoration only. In the article and textbook, CBT is a huge factor in therapeutic journeys for eating disorders, especially bulimia nervosa. Family-based therapy in both the article and textbook was mentioned when treating bulimia nervosa. For BED, CBT and self-guided therapy treatment was recommended in both the textbook and the article. The goal of this therapy is to decrease binge-eating behaviors by two-thirds.

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

Some of the perceptions I had regarding eating disorders have changed drastically. I didn't realize the severity of the illnesses, and the degree of damage they did to the person's well-being. What I learned is that when someone has an eating disorder, this should be treated with no judgment. This is the biggest fact I've pulled from the readings because all the disorders (AN, BN, BED) are rooted in poor self-esteem, shame, and secrecy. Decreasing this shame through therapeutic means can help individuals be successful in their therapies.

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.

While reading the article and the textbook, I better understand how to go about treating and creating a care plan for someone with an eating disorder. I now understand the importance of self-guided therapy and utilizing the space given to the patient as tools to insert therapeutic techniques and have a successful treatment outcome. To do this, I know that giving the patient the lead and control in their therapy allows for treatment compliance. This allows reassures the patient that their healthcare team is moving at their speed. I also understand too that addressing self-care and promoting good self-esteem is pertinent to ensure a decrease in purging behaviors.