

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?

Before reading the article and chapter in the book, I did not have much understanding of what any eating disorders consisted of, what caused them, and the effects they caused on the mind and body. I had an idea that they were linked with another mental illness diagnosis, such as anxiety or depression. I only knew of bingeing and purging due to one of my friends in middle school suffering from it. She would eat as much as she physically could to satisfy the cravings, and then force herself to vomit due to the guilt of eating so much and the fear that she would gain weight and be seen negatively by others.

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

Anorexia nervosa is when someone has a fear of gaining weight or being seen by others as “fat” and they have a distorted body image. They could be severely underweight and still view themselves as overweight. They starve themselves, or severely limit their food intake, and even may force themselves to vomit up food if they believe they have eaten too much. Bulimia nervosa is binge eating more food than normal, then feeling guilty about their loss of control, and forcing themselves to vomit the food up to rid of the guilt and avoid 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 clinical signs include distortion of body image, preoccupation with food, refusal to eat, self-induced vomiting, underweight, hypothermia, bradycardia, hypotension with orthostatic changes, peripheral edema, lanugo, amenorrhea. Bulimia nervosa clinical signs and symptoms include uncontrolled compulsive and rapid ingestion of a large quantity of food over a short period followed by vomiting or excessive laxatives or excessive exercise to rid the body of the food consumed, tears in the gastric mucosa, teeth erosion, callouses on hands. Binge eating disorder clinical signs include binge eating episodes where they feel no control until the point they are uncomfortably full, accompanied after by guilt and depression, and weight gain. Some other differences between the three, aside from the symptoms, is that rates of improvement with binge eating disorder are significantly higher than those with anorexia nervosa or 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).

According to the article, the options for treatment for anorexia nervosa, family-based therapy is recommended as a first line treatment in children and adolescents, for adults it is recommended for cognitive behavioral therapy, family-based therapy, focal psychodynamic psychotherapy, interpersonal psychotherapy, and specialist supportive clinical management. For bulimia nervosa, family-based therapy and cognitive behavioral therapy are recommended for adolescents, and therapist guided or self-guided forms of cognitive behavior therapy or interpersonal psychotherapy for adults. For Binge eating disorder, cognitive behavior therapy and self-guided therapy. In the textbook, the immediate aim of treatment is to restore and stabilize the patient's nutritional status. There is also cognitive behavior therapy, and dialectical behavior therapy. For family therapy, the Maudsley approach is used. It consists of three phases, phase one being the parent in control of the adolescent's calorie intake to restore weight, phase two the control is returned to the adolescent, once the teen demonstrates the ability to keep above 95% of ideal weight, they move into phase three, which consists of assisting the adolescent to develop a healthy self-identity. There is also individual psychotherapy, although it is not the therapy of choice, the goal of it is to resolve personal issues and establish better coping strategies. Lastly, there is psychopharmacology, most commonly SSRIs. They have similarities such as the family based therapies, and the individual therapy, but the article stressed the individual therapy much more than the textbook, the textbook did not recommend it unless it was paired with another therapy.

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

My perceptions regarding eating disorder changed quite a bit after reading the article and textbook because I now have enough knowledge to understand what the disorders consist of, and

the treatments that go along with each one. I never understood what caused these disorders, and I ignorantly always thought “why would someone do that to themselves?”, but now I understand that these disorders are a result of trauma and stress, and they are people who just need some help to return to normal behavior. I also did not know of all the treatment options, all of the different therapies, and I like the fact that they have family-based therapies so that the patients do not feel alone in the recovery process. I like that treatment is often therapy based instead of medication based, as it creates a healthier recovery process.

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 helped me better understand all the aspects of eating disorders, including evaluation techniques and things to look for, the multiple treatment options, and how it is diagnosed. For example, there is a large history that needs to be obtained including weight, eating patterns, self esteem, depression or anxiety, substance use, self injury, family, menstrual patterns, appearance. Diagnosis can include many lab tests such as amylase, BMP, calcium, cholesterol, CBC, magnesium, phosphorus, prealbumin, thyroid testing, xray, electrocardiography, orthostatic. Treatments involving all of the therapies, cognitive behavior therapy, family based therapy, self guided treatment, specialist supportive clinical management.