

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, what usually comes to mind are women who feel they are overweight but they are actually quite skinny. I have had a few people in my life that have suffered from anorexia nervosa which has been so bad they had to go to the hospital. It is hard for me to wrap my head around the true understanding and the need that these people feel when it comes to eating disorders. Most of the time when I think about eating disorders, the main goal is to lose weight, but I also know that some people's goals are also to be able to gain weight.

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

Anorexia nervosa is an eating disorder that one fears becoming or is fat.

Bulimia is an eating disorder that one binges in a short time and rids the food they consumed in some way, like vomiting.

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 are restriction of food eaten, leading to significantly low body weight, intense fear of gaining weight or being "fat", body image distortion, they may be obsessed with food by hoarding or concealing food, talking about food and recipes at great

length, or prepare elaborate meals for others, only to restrict themselves to a limited amount of low-calorie food intake.

Clinical signs of bulimia nervosa are uncontrolled, compulsive, rapid ingestion of large quantities of food over a short period, followed by inappropriate compensatory behaviors to rid the body of the excess calories. Foods that are consumed during a binge are high in calories, have a sweet taste, and have a soft or smooth texture that can be eaten rapidly or without even being chewed. Binging episodes usually occur in secret and usually terminated by abdominal discomfort, sleep, social interruption, or self-induced vomiting. To rid the body of excessive calories, purging occurs such as self-induced vomiting, misuse of laxatives, diuretics, or enemas. Clinical signs of binge-eating disorder are episodes of binge eating but there is an absence of compensatory purging, the binges occur over a discrete period usually less than 2 hours, they are at risk for substantial weight gain, food consumption is not only rapid, but it often continues to the point the individual feels uncomfortably full. Typically, clients describe their eating as out of control and after an episode they report accompanying guilt and depression. Rates of improvement are consistently higher among individuals with BED than among those 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).

Anorexia Nervosa

Differences:

Establishing a treatment plan to set goals and expectations for the patient to follow.

Olanzapine (Zyprexa) demonstrated modest benefit in inducing weight gain and appetite without metabolic syndrome components.

Similarities:

Cognitive behavior therapy targets the overvaluation of body shape and weight and subsequent cycles of dietary restraint, disinhibited eating, and compensatory behaviors.

Family-based therapy demonstrates higher remission rates and increased weight gain compared with individual therapy. It empowers parents to play a vital role in facilitating patients' weight gain before progressively returning control to the patient.

Bulimia Nervosa

Differences: therapist guided CBT, and self-guided CBT

Topiramate (Topamax) may decrease bingeing and purging behaviors, but it may also limit appetite cues, potentially complicating treatment

Similarities: Family based therapy and individual psychotherapy helps to establish more adaptive coping strategies for dealing with stressful situations

SSRIs have demonstrated effectiveness in treating bulimia

Binge eating disorder

High doses of SSRIs, citalopram (Celexa) and escitalopram (Lexapro) increase the risk of corrected QT interval prolongation but help with promoting weight loss.

Differences: In-person CBT more effectively decreases binge eating

Similarities: Fluoxetine (Prozac) is an FDA-approved treatment that resulted in substantial decreases in bingeing

SSRIs, tricyclic antidepressants, anticonvulsants, and appetite suppressants may decrease binge eating, with a variable effect on weight.

Lisdexamfetamine (Vyvanse) (used short term), approved by the FDA for binge-eating disorder, and topiramate decrease binge-eating episodes and may lead to weight stabilization or loss

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

My perceptions on eating disorders have changed after reading the article and textbook because I did not realize that there were so many health risks that these people with these disorders experience due to not being able to healthily consume food. I did not know that women who have anorexia nervosa can experience amenorrhea along with cold intolerance, dizziness, chest pain, abdominal bloating, pain or discomfort, constipation, weakness, decreased concentration, and poor memory. I also did not know that there was a family history of AN confers up to 11 times the risk for family members.

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.

This article has helped me better understand these eating disorders because I did not know that it is important to assess for signs of eating disorders at such young ages. I also did not know that those who "bulk and cut" are considered to mimic binge-purge pathology. I also never had a second thought that a person who is suffering from an eating disorder should not partake in sports unless they are going to counteract the calories burned with an increase in consumed calories.