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 view on eating disorders is very unbiased. I feel it is a very real and life altering disorder that can lower the persons quality of life dramatically. It is not something they can easily control or choose to live with. My understanding is that the person affected has a distorted view towards either their bodies or towards food. These negative views can cause negative thoughts that continuously cycle through the person's mind all day every day and to me that sounds absolutely exhausting. To my understanding this is why they have the highest rate of suicide due to constant anxiety and depression.

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

Anorexia nervosa is a disorder that consists of going extended periods of time without eating. It can lead to malnutrition, emaciated appearance, hair loss, electrolyte imbalances, and cardiac problems with long term starvation. It also comes with a distorted body image where the patient believes they are fat even if they are very underweight. This can lead to depression, anxiety, and compulsive behaviors.

Bulimia nervosa is when a person binge eats and then purges by vomiting after. This can also include medications like laxatives and diuretics to rid water weight. Binges consists of eating a large amount of food very quickly then after ridding the body of it to limit caloric intake. These patients are often normal weight. They can have tooth enamel loss from the stomach acid and

esophageal issues from erosion. These patients are at risk for acid base imbalances and dehydration from purging.

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: refusal to eat, distorted body image, morbid fear of obesity, weighing less than 85% of expected weight, hypothermia, bradycardia, hypotension, edema, hair loss, lanugo, amenorrhea, metabolic changes, depression, anxiety, compulsive behaviors.

Bulimia nervosa: instable appetite, normal weight, depression, anxiety, possible substance abuse, dehydration, electrolyte imbalance, erosion of tooth enamel, tears in gastric or esophageal mucosa, Russell's sign.

Binge-eating disorder: Obesity (BMI >30), eating more than a normal person would in similar situations in a shorter period at least once a week for 3 months, rapid weight gain, GI issues.

Anorexia nervosa is when the patient has a fear of being obese, so they go long periods of time without food. They will present with a very emaciated appearance and have more severe symptoms. Bulimia and binge eating are very similar, both eat large amounts of high calorie foods at a time to try and satisfy their appetites. The difference is that in bulimia they will purge what they ate and with binge eating they do not. Bulimia patients will have a normal weight where binge eating will be obese.

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).

The article states that for anorexia nervosa in younger patients the best treatment is family therapy in older patients the best treatments are adults, CBT, family-based therapy, focal psychodynamic psychotherapy, interpersonal psychotherapy, and specialist supportive clinical management. The book states that the best treatment for youth with AN is also family-based therapy and that there are no FDA approved drugs to treat AN. The article also says there are no FDA approved drugs, but some benefits have been seen with 10 mg of olanzapine (Zyprexa).

The article for bulimia recommends family-based therapy as well as CBT. Adults can be either self-guided CBT or therapist guided, along with interpersonal psychotherapy. The book states that medication can be used in BN and the most effective is fluoxetine which is an SSRI. The article also says that fluoxetine can be used as well as other SSRI's. It also named topiramate as a choice.

The article states that CBT and self-guided therapy are effective, but CBT showed better results. With BED the book says that high doses of SSRI's have shown improvement, but it was not long term. Vyvanse and topiramate have been used and showed better long-term outcomes. The article also states the same drugs along with appetite suppressants as treatment.

The book states that the patient having control over their treatment is very important in all the disorders and that CBT and DBT has been shown to provide improvements. The article agreed with this but did not make it as big of a component. Another difference is the book says individual therapy for these disorders can be useful in the underlying causes but normally not a great choice alone for treatment. While the article was very specific when it came to different therapies for different disorders. All medications need to be paired with CBT to have full effect and both of the sources agreed that this was important. I feel the article had more pharmacological treatments than the book.

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

My perceptions of the pathological aspect I believe have changed. I was not aware that it could have to do with the unfulfilled separation-individuation and that a vulnerable ego with feelings of not being in control can be a risk factor. This would make sense of why control over their treatment is very important. There is also no real evidence that family influences cause the disorders but before reading this I thought that this could be a big risk factor.

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.

It helped me better understand that these patients will most likely be anxious and not very trusting at the beginning. So, establishing a repour is curtal to get a foundation for the treatment to be successful. I was unaware of all the different therapies available like the family-based therapy being almost a golden standard to AN and BN. For the assessment portion it was nice that the article showed a table of the questions and how to ask them. This will aid in gathering information while being sensitive to the situation. Furthermore, changing negative thoughts is a big part of treatment so I can understand how CBT can help all the disorders to become more positive. Being a positive person and encouraging can also aid these patients to a more positive way of thinking.