

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? I believe that eating disorders can happen to anyone. I feel that there are some people that are more prone to this behavior than others. I feel that there are more females than males that have eating disorder and that we as a society are mostly to blame. There is so much media attention to tall skinny beautiful females and if a person doesn't fit into that ideal body look, there is something wrong with them and they are body shamed. Males also have this, but it is less extreme thanks to the embracing of the "dad bod." If you look at most of the advertisements in magazines, television shows, movies, social media outlets, you will see an abundance of thin, fit, "perfect" people. This is what society says is beautiful and how a person should look and is the standard for normal. This is such a terrible way of portraying normal or the standard. Walk into any store, park, or bar, most of the people in those places do not look like the models on those outlets. As far my understanding of eating disorders, I know they are not healthy and people can hide it but eventually they all need help.
2. Define anorexia nervosa and bulimia nervosa in your own words. Anorexia is basically starving yourself thin because you have a distorted view of your body and think you need to lose weight because you are "fat." Bulimia is basically eating way too much, too fast in a little bit of time and then throwing it up or using means to eliminate it faster via bowel aids.

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: terrified of obesity, body image distortion, refuses to eat, obsessed with food (but won't eat it), hypotension, hypothermia, bradycardia, edema, lanugo, amenorrhea, significant weight loss, anxiety, depression

Bulimia nervosa: late teens/early adulthood, thin obsessed cultures, eating large amount of food very fast in a short period of time and then purposely getting rid of the food (pooping or throwing up), frequent fasting/vomiting, excessive exercising, anxiety, depression, Russell's sign (marks on knuckles), teeth erosion, dehydration and electrolyte imbalance, normal weight, substance abuse.

Binge eating disorder: eating large amounts of food (binging) but not getting rid of the food (throwing up or pooping), overweight/obese, lack of control over eating

In summary, anorexia is basically starving yourself to the extreme, bulimia is the starving but with bursts of eating followed by regret and getting rid of it, and binge eating disorder is binge eating and becoming obese without control.

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).

Treatment for all of them include cognitive behavior therapy (CBT) which include family-based therapy, therapist-guided therapy, and interpersonal therapy. These disorders can also involve hospitalization and then transition to outpatient treatments. Other therapies involve pharmacotherapy, except in the case of anorexia nervosa. According to Klein et al. (2021), "there are no medications approved by the U.S. Food and Drug Administration (FDA) to treat anorexia nervosa" (p.27). These pharmacological therapies are not specifically to treat the actual disorder, but to treat symptoms associated with the disorders like anxiety and depression.

5. How have your perceptions regarding eating disorders changed after reading the article and textbook? Provide specific examples. My perceptions of eating disorders have not changed that much since reading the article. The only exception is with binge eating disorder. I didn't realize that this is a real thing. I knew that there were people that over ate and became obese and that there was bulimia nervosa and anorexia nervosa, but not that it was an actual disorder. I had a friend that I knew that struggled with bulimia. Growing up, it was not obvious at the time, but as we reached high school and graduated, she struggled keeping it hidden and was able to find the support she needed to lead a healthy life.
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.
Early signs and symptoms are key to preventing worsening health conditions. Additionally, these disorders begin at a young age and are important to assess for depression, anxiety, thoughts of suicide, and how society and culture is affecting the mental health of these younger individuals. I have also learned that support and getting family/friends involved are important to the persons health and to assist in getting the person in a healthy mindset and way of living.

Klein, D. A., Sylvester, J. E., & Schvey, N. A. (2021, January 1). *Eating disorders in primary care: Diagnosis and management*. American Family Physician.
<https://www.aafp.org/pubs/afp/issues/2021/0101/p22.html>