

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?**

Eating disorders to me have always been perceived as when someone has a fear of being overweight or cannot control what they eat they physically can't stop themselves they overindulge to the point they make themselves sick. In a way an eating disorder is an addiction.

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

Anorexia nervosa is the fear of being overweight and the individual is obsessed with maintaining a "perfect" body that in their eyes is healthy to them. Bulimia nervosa is an eating disorder where the individual will binge a large amount of food at once but then feel extreme guilt about what they just did so they will resort to making themselves vomit, use laxatives etc. to get rid of the food they had just ingested.

**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: characterized by a morbid fear of obesity. Symptoms include gross distortion of body image, preoccupation with food, and refusal to eat. Weight loss is extreme, usually weighing less than 85% of expected weight. Other symptoms include, Hypothermia, bradycardia, hypotension with orthostatic changes, peripheral edema, amenorrhea in females, lanugo (fine, neonatal-like hair growth), and a variety of metabolic changes.

Bulimia nervosa: episodic, uncontrolled, compulsive, rapid ingestion of large quantities of food over a short period (binging). The episode is followed by inappropriate compensatory behaviors to rid the body of the excess calories (self-induced vomiting or the misuse of laxatives, diuretics, or enemas). Fasting or excessive exercise may also occur. Most patients are within normal weight range. Erosion of tooth enamel and callouses on dorsal surface of hands are common,

Binge-eating disorder: Just like bulimia nervosa the patient binges on large amounts of food, but with BED does not engage in behaviors to rid the body of excess calories resulting in weight gain/obesity. The patient consumes large amounts typically within a 2hr time frame.

- 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 ideal outpatient treatment team should include an experienced therapist, dietitian, and a clinician who is knowledgeable about the patients specific eating disorder. Family-based therapy is recommended as first-line treatment for youth and young adults. Adults benefit from therapist-guided and self-guided forms of CBT or interpersonal psychotherapy. For binge-eating disorders, in-person CBT has been shown to be more effective at decreasing binge-eating and therapy dropout than self-guided CBT at six months and confers markedly better outcomes than weight-loss therapies. Pharmacotherapy should not be pursued as monotherapy for eating disorders. The book talks about behavior modification therapy, individual therapy, family therapy, and medication therapy.

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

They haven't really changed only because I was not really biased to start off with. I understood what these disorders were prior to reading about them and felt compassion for patients that have eating disorders. If anything, I gained more knowledge on what these disorders physically do to the body such as hypotension, prolonged QT intervals on EKGs, osteoporosis etc.

- 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.**

Elizabeth McCloy

It has helped me learn how to better approach a patient with an eating disorder. For example, how to start a conversation with them and get them the help they need. The article gives a lot of good examples of this, "I'm concerned about your eating. May we discuss how you typically eat?"