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 I read the article or lerned about eating disorders like anorexia nervosa, bulimia nervosa, and binge eating disorder, my understanding is that eating disorders were caused by impossible societal expectations to be as thin as possible and a distorted view of one's body. I believed that anorexia was just being really thin, and that bulimia was the opposite. I didn't really think that they were that big of a deal and that they could be fixed by changing the mindset and eating habits.

2. Define anorexia nervosa and bulimia nervosa in your own words.
   Anorexia nervosa is characterized by the extreme fear of being obese and being excessively underweight. Patients will often have an extremely distorted view of their body and will see it as much bigger than it actually is. They will also have an obsession with food and will refuse to eat. Bulimia nervosa is characterized by uncontrollably binging very large amounts of highly caloric food and then throwing it up to get rid of all of the calories that have been ingested. Patients may also use other methods such as laxative abuse as well.

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 include weight loss, hypothermia, orthostatic hypotension, bradycardia, peripheral edema, the growth of fine neonatal hairs, changes in metabolism, and amenorrhea in women. With bulimia nervosa, symptoms include dehydration, electrolyte imbalances, erosion of tooth enamel, tears in the esophagus, calluses forming on the hands, and Russell's sign where the patient will repeatedly induce vomiting. Binge eating disorder is similar to bulimia nervosa, except there is no compensatory behavior to rid the body of excess calories. Symptoms include weight gain, uncontrollable eating, and feelings of guilt and depression. These three disorders are very similar but have a lot of differences as well. Anorexia nervosa is defined by the fear of being obese and patients will starve themselves to the point where they are severely underweight, they have a grossly distorted body image and may have an obsession with food but will not eat it. Bulimia nervosa is different as patients will eat large amounts of food and then vomit it back up to get rid of the calories instead of starving themselves. Unlike anorexia nervosa, patients with bulimia nervosa are at a normal weight range. They may also have comorbidities such as mood disorders, anxiety disorders, and substance abuse. In binge eating disorder, patients gain weight and often become overweight or obese. Many have a history of depression and are unable to control their eating.

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).

5. In the article it states that, outpatient care is optimal. Patients see a therapist, a dietician who is knowledgeable about eating disorders, and may even go to a community-based specialized center. Hospitalization may be required in extreme cases though. Cognitive behavioral therapy (CBT) is also helpful treatment for eating disorders. CBT can be in person or self-guided, however in person therapy proved to be more effective. Pharmacotherapy is also recommended, however, only in adjunction with other treatments and to treat comorbidities. There are no medications that are proven to treat anorexia, but olanzapine has shown modest results of weight gain and appetite increase without metabolic changes. SSRIs are also commonly prescribed, however, there is little evidence to support their effectiveness. For Bulimia, fluoxetine is approved for use in adolescents and adults to decrease binging episodes. Lisdexamfetamine has been approved to treat binge eating disorder as it is proven to decrease binging episodes and can lead to weight stabilization or even loss. The textbook also recommends CBT to treat eating disorders, however, it does not mention benefits of outpatient therapy or seeing a dietician. It does still promote patient autonomy though. The book also mentions the Maudsley approach, which the article does not mention. Both do however discuss the use of SSRIs as treatment of bulimia.

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

7. Before reading the article and textbook, I thought of eating disorders as not as serious as they truly are. I now know how absolutely devastating they can be. I now know that there are so many more symptoms of anorexia than just being really thin and not eating. I had no idea that lanugo could regrow as a result of the disorder or that an obsession with food could be present. As for bulimia, I now know that it is not the opposite of anorexia and that patients stay at a normal weight and that many of the fatal symptoms come from the excessive vomiting. I learned that it can be accompanied by mood and anxiety disorders as well. As for Binge eating disorder, I believed that it was no different than bulimia, however, that is not the case. Binge eating disorder is different as patients eat large amounts of food and do not throw it up, causing weight gain. I also did not know that it could be accompanied by depression.

8. 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 and textbook gave me a lot of insight on a nurse's responsibility when it comes to eating disorders. I learned that there are different types of anorexia that can be diagnosed; restrictive, binge eating/purging, and atypical, where the patient isn't extremely underweight. Bulimia is diagnosed after repeated behaviors of binge eating and purging, laxative or diuretic misuse. Patients also base their self-worth on their body shape. Binge eating disorder is diagnosed after repeated binge eating episodes that occur weekly for 3 months at a time. They eat faster and eat until they are uncomfortably full and have no behaviors to prevent weight gain. For treatment options, I learned that treatment options for all three disorders include CBT, family-centered therapy, and pharmacological therapy to help with accompanying mood or anxiety disorders and some of the eating disorder symptoms. Evaluation of the treatment of an eating disorder requires reassessing physical and mental symptoms as well as behavioral symptoms. Change must occur in both the patient and the family for improvement to show.