

1. Provide a brief summary of your perceptions, biases and or understanding of eating disorders? - **My understanding of eating disorders is they are a lot more common than we think. So many people are affected by eating disorders and their lives revolve around food. I think of a very skinny or very overweight person when considering someone with an eating disorder. I think eating disorders are not spoken about enough and are a true mental health issue for so many people.**
2. Define anorexia nervosa and bulimia nervosa in your own words. **Anorexia nervosa to me is when someone keeps themselves from eating or strictly limits their food intake in fear of gaining weight. Bulimia nervosa is when someone eats very large amounts of food and then purges and throws it back up to keep from gaining weight.**
3. List the clinical signs of anorexia nervosa, bulimia nervosa, and binge-eating disorder. Provide a summary of the differences between the three disorders. **With anorexia nervosa you may notice someone limiting their food intake or restricting foods they eat. Some people when they are in a later stage of anorexia may show signs of dehydration like dizziness, fainting, low blood pressure, feeling cold, very underweight, and extreme weight loss. Bulimia nervosa may show signs of binge eating and then going to the bathroom after, dehydration, fatigue, guilt when eating, absence of menstruation, bad teeth and mouth ulcers, sore throat from vomiting, and vomiting after overeating. Someone with binge eating disorder may eat very large amounts of food, feeling that their eating is out of control but cannot stop, eating very fast, frequent dieting without any weight loss, and feeling depressed or disgusted after 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). **Treatment options include using a dietician, therapist and clinician specializing in eating disorders. Some patients may require inpatient stays at facilities to improve their diet and gain weight while being supervised. Cognitive behavioral therapy is important to use also to help patients cope and understand how their behaviors can be changed. Using medications is not used on its own but can be used adjunct to other therapies. Medication can be used to treat underlying mental health conditions to possibly help treat any anxiety associated with food or depression.**

5. How have your perceptions regarding eating disorders changed after reading the article and textbook? Provide specific examples. **I think my perception has changed regarding treatment options for people with eating disorders. There are a lot of treatments available like inpatient stays that I was not aware of. It was also interesting to me to read that it causes a lot of issues with bone health and osteoporosis is a big threat to the patients who are in a very progressed stage of eating disorder.**

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. **I think that after reading the article I have a better understanding of the evaluation for someone who possibly has an eating disorder. You want to get a thorough assessment on the patient and make sure they are healthy enough to endure treatment. I also feel that I could identify some signs of possible eating disorders in patients.**