

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?

When I think of an eating disorder, I tend to think of a young teenage girl who looks pretty unhealthy. I recall back to a video that was showed to us in high school of a girl with anorexia and bulimia. These people barely eat anything and are unable to function like a normal person due to their lack of energy. They will have straw like hair and unhealthy skin. I do know however that you do not have to be skinny to have an eating disorder.

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

In my anorexia is the lack of eating where the person eats significantly less than what the body needs to function properly. I think that bulimia is when a person will eat food with no problem but will then throw up the food so as not to “gain any weight.” I also think that these people tend to have bad teeth due to the acid stomach juices deteriorating their teeth along with mouth sores.

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: is the morbid fear of obesity, they also have a gross distortion of body image, preoccupation with food, and refusal to eat. It was thought these individuals do not get hungry but in fact they do suffer from pangs of hunger. They believe that they are “fat” when in fact they are underweight or even emaciated. These people may also exercise extensively. They may abuse laxative, diuretics, and make themselves vomit. Hypothermia, bradycardia, orthostatic hypotension, peripheral edema, lanugo (fine hair), and amenorrhea may occur. Depression is a common sign.

Bulimia Nervosa: is episodic, uncontrolled, compulsive, rapid ingestion of large quantities of food over short binges followed by inappropriate compensatory behaviors to get rid of the excessive calories. Binges usually happen in private and are only terminated by abdominal comfort, sleep, social interruption, or self-induced vomiting. Binges are followed by self-degrading and depressed mood. Purging is self-induced vomiting or the misuse of laxatives, diuretics, or enemas. These people are consistently concerned with their appearance. Weight often fluctuates due to the alternating binges and purges, but they are generally around a healthy weight. Gastric acid can lead to tooth enamel decay and some have Russel's sign which is a callus on the back of the hand due to repeated self-induction of vomiting.

Binge-eating disorder (BED): is similar to bulimia but the difference is there is no compensatory purging after the binges which leads to risk for substantial weight gain. Food consumption is rapid and usually persists until the patient feels uncomfortably full. Patients will describe their eating as "out of control" and report feeling of guilt and depression of the binge. There is a good chance that a person will recover.

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).

Anorexia Nervosa: family-based therapy is the first line of treatment for youth and some young adults. In serious cases short hospitalization for medical stabilization followed by family-based therapy or outpatient programs show the most positive results. The safest and least invasive treatment option is preferred. For adults, CBT family-based therapy, focal psychodynamic psychotherapy, interpersonal psychotherapy, and specialist supportive clinical management have showed the best results. Olanzapine and SSRI's are commonly prescribed for treatment with weak evidence of effectiveness.

Bulimia Nervosa: Adolescents are recommended to have family-based therapy or CBT. Adults should have therapist guided or self-guided CBT, or interpersonal psychotherapy. Fluoxetine is FDA approved treatment for adolescents and adults to decrease bingeing and purging.

Binge-Eating Disorder: In person or self-guided CBT along with self-guided therapy is recommended. In person CBT proved better results. Lisdexamfetamine is FDA approved for binge eating and topiramate for binge eating episodes and may lead to weight stabilization or loss. SSRI's, Tricyclic Antidepressants, anticonvulsants, and appetite suppressants may decrease binge eating.

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

I was surprised to know that men suffer at a greater statistic (25% of anorexia, 36% of binge eating disorders) than I thought of. It also made me realize that the prevalence of men who have eating disorders are only the rise. Usually the disorders are masked- for example those who do bulks and cuts with extreme exercise. I was also surprised to know that a lot of these disorders present themselves during the college age of life- I thought that it would be in high school. Lastly, I was surprised that binge eating is the most common eating disorder because when I think of eating disorders, I think of lack of eating rather than overeating.

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 these articles made realize that there are many different treatments for different types of eating disorders. I thought they would all have similar treatment modalities but in reality, they differ a lot in the meds and the types of therapies/ settings that they take place in. I also didn't realize how in depth the history and physical was for someone with disordered eating. I initially thought it was more of a mental evaluation with some H&P involved.