

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 are complex and can take on many different forms. No matter the form, they involve an unhealthy perception and control over food intake. They can also impair social functioning as the person with an eating disorder is most likely struggling with body image. Depending on the severity of the eating disorder, it can impair the body's normal function and is possibly life-threatening. Anyone can be affected by an eating disorder since it is not limited to a specific gender, age, race, or ethnicity. In my experience, I have seen most eating disorders develop in middle school/early teenage years. I feel that our society is very accepting of "diet culture" and the media is always praising celebrities when they lose weight. This is a very horrible thought process to put into the minds of the consumers, as they will only think that being skinny is the only way they can fit in. Family influences are a huge factor in eating disorder development as well. If parents/family of an individual are constantly making comments about eating patterns/weight or are making comments about their own body, it can influence the individual's way of thinking. My mother has always made negative comments about her own body, and I know that it has influenced my way of thinking about my body as well.

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

Anorexia nervosa is characterized by the inadequate intake of nutrients and a decline in body weight. It can cause muscle wasting, scalp hair loss, increased body hair to keep the

person warm (due to very low body fat), and can lead to social isolation. Those with anorexia nervosa may also consistently exercise to burn off as many calories as they can. Bulimia nervosa does not involve food restrictions like anorexia nervosa, instead involving binge-eating. This bingeing is then followed by purging, where they force themselves to throw up. Those with this disorder are usually able to maintain a “normal” body weight, but still have an extremely unhealthy relationship with food. These individuals will have rapid tooth decay due to the acidity of the emesis.

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

Clinical signs of anorexia nervosa include restriction of food eaten, significantly low body weight (less than 85% of expected weight), an intense fear of gaining weight, and body image distortion. Along with this, some other symptoms can include hypothermia, bradycardia, hypotension, edema, lanugo, and a variety of metabolic changes.

Bulimia nervosa includes binge-eating and repeated use of unhealthy actions to prevent weight gain (can involve vomiting, misuse of laxatives/diuretics, food restrictions, and excessive exercising). Along with this, most individuals with this disorder are in what is considered a normal weight range. Depression, anxiety, and substance abuse are not uncommon in those with bulimia nervosa. Russell’s Sign can also be identified as calluses on the knuckles.

Binge-eating disorder binges on large amounts of food but does not follow up with purging and other calorie reducing behaviors like bulimia nervosa. Obesity is a large risk in this disorder because the individual is not engaging in these behaviors to rid excess calories from the body.

To differentiate the three disorders, anorexia is an extreme weight loss that involves extreme food restrictions and excessive exercising and other behaviors to reduce calories. Binge-eating disorder and bulimia nervosa are more similar, but the one distinguishing factor between the two is that bulimia nervosa involves purging after binge-eating to rid the body of those calories. Binge-eating disorder does not involve any purging behaviors, and obesity is a risk for these individuals.

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:

- Article: CBT, family-based therapy, focal psychodynamic therapy, interpersonal psychotherapy, and specialist supportive clinical management have demonstrated effectiveness. There are no medications that are FDA approved for the treatment of anorexia nervosa. Weight restoration is important in resolving other medical complications, sports participation can lead to continued disordered behaviors. Avoid pro-anorexia websites.

- Book: Changing maladaptive eating behaviors, individual/family psychotherapy, CBT, and dialectal behavior therapy (DBT). No medications are FDA approved for treatment.
- Summary: Family and individual psychotherapy, CBT, and changing behaviors regarding food improve outcomes for those with anorexia nervosa. However, there are not any medications currently FDA approved for the treatment of this disorder.

Bulimia Nervosa:

- Article: Family-based therapy, CBT, and interpersonal psychotherapy. Fluoxetine is an FDA approved treatment for this disorder. Avoid pro-bulimia websites. Seek regular dental care.
- Book: Changing maladaptive eating behaviors, CBT, DBT, family-based programs, and individual psychotherapy. Antidepressants, mainly fluoxetine, are FDA approved for treatment.
- Summary: CBT, DBT, and fluoxetine are a few of the best options of treatment for this disorder. It is also important to encourage the patient to change behaviors and feelings about eating.

Binge-Eating Disorder:

- Article: CBT and self-guided therapy. Lisdexamfetamine (FDA approved) and topiramate are prescribed to decrease binge-eating episodes and can lead to weight stabilization or loss.
- Book: CBT, DBT, and individual therapy. High-dose SSRIs promote weight loss, topiramate and lisdexamfetamine are prescribed to manage BED.
- Summary: Therapy in combination with medications provides patients with BED more beneficial outcomes than medication alone. One medication has been FDA approved for the short-term use for this eating disorder.

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

I have a few friends who had an eating disorder when we were younger, so I have had firsthand experience understanding anorexia nervosa and how it can affect a person. The readings provided have helped me further understand the physical changes a person goes through when suffering with these disorders. For example, I knew about the calluses on knuckles developed from bulimia nervosa, but I learned the calluses are called Russell's Sign. I do not feel that I have had a change in perception about eating disorders because I have been exposed to the severity of it throughout my schooling. Eating disorders are extremely important to understand and it is also crucial that we do not show any judgement in our nursing practice as well as in our life outside of work. These disorders have a variety of treatment options, and some options may work better than others for people.

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 the article has helped me better understand the diagnosis and treatment of these eating disorders from a nursing perspective. I have learned some of the key manifestations of each eating disorder over time, but there are still certain characteristics I had not thought of. For example, the article stated that subtle changes in the amount and speed of weight loss can be as harmful as low weight. I had only known about therapy as a treatment plan for those with eating disorders, but I did not realize that antidepressants can have a positive effect in the recovery of those with either BN and SSRIs with BED.