Case Study: Bulimia Nervosa

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

Abby, age 29, was married and the mother of a 5-year-old girl. Her husband, Tom, was a rising young executive in a prominent business firm. Abby did not work outside the home, and Tom had expectations about how Abby should care for their daughter and their home. Abby had grown up as the only child of a professional couple who had high expectations of her. Feeling unable to measure up to their expectations, Abby had developed anorexia nervosa during her sophomore year in high school, and the family had spent several years in family therapy. Abby went to college in a distant city. During these years, she did not go home often. She joined a sorority but often felt as though she did not quite fit in with these young women. She felt very flattered when Tom began to pay attention to her during her junior year in college. But she continued to feel anxious and insecure, and during these periods of anxiety, Abby would resort to maladaptive eating patterns to cope. During this time, however, the eating behavior more often took the form of binging—she would eat whole boxes of cookies, cakes, or candy—followed by periods of intense depression. In order to keep from gaining weight, she would self-induce vomiting or take massive doses of laxatives. She exercised excessively. She managed to keep her weight within normal limits while hiding her behavior from her boyfriend and classmates. Once she and Tom were married, some of the anxiety subsided, and she relied less on the maladaptive eating behaviors. However, lately she has been called on by her husband to

entertain business associates, which has created a great deal of anxiety for Abby. Tom tells her exactly how he expects things to be and also tells her how much her appearance and behavior affect how these business associates will view them. She feels a great deal of pressure from Tom to be “the perfect wife” and just doesn’t feel she can measure up. She has begun to binge and purge daily. Last night, she was binging after Tom and their daughter had gone to bed. Tom heard her vomiting in their bathroom. He got up to investigate and found her leaning over the toilet, in which he noted a large amount of blood. He took her to the emergency department, where she was treated for a bleeding esophageal varicosity. She was stabilized and admitted to the psychiatric unit. Diagnosis: Bulimia Nervosa.

***List two priority problems with 3-4 nursing interventions for each problem for this patient.**

1. Anxiety

- Identify the patient’s stressors and their perception of the threat represented

- Understand the patient's point of view to promote an accurate plan of care

- monitor physical responses such as tremors, rapid heart rate, diaphoresis, irritability, or restlessness

- acknowledge the patient's anxiety, actively listen, and determine the patient's defense mechanisms.

2. Disturbed Body Image

- Assess the mental and physical health of the patient, determine their emotional state

- evaluate the patient’s level of knowledge and anxiety related to the situation

- establish a therapeutic relationship conveying an attitude of caring and developing a sense of trust.

3. Impaired Social Interaction

- review medical history, note stressors of physical or long-term illness

- encourage the patient to verbalize feelings of discomfort regarding social situations

- observe speech patterns, body language, and confidence.

Symptoms of Eating Disorders

Check the eating disorder to which the symptoms in the left-hand column most commonly apply. Some may apply to more than one disorder. Number 1 has been completed as an example.

Symptoms	Anorexia Nervosa	Bulimia Nervosa	Obesity
1. Depression	X	X	
2. Amenorrhea	X		
3. Risk of diabetes mellitus			X
4. Erosion of tooth enamel		X	
5. Preoccupation with food	X		
6. Self-induced vomiting	X	X	
7. Fixed in oral stage of development			X
8. Is markedly underweight	X		
9. Weight is close to normal		X	
10. Is markedly overweight			X
11. Abuse of substances is not uncommon		X	
12. May be related to hypothyroidism			X
13. May be related to issues of control	X	X	
14. Genetics may play a role in the cause	X	X	X
15. Takes in enormous amounts of food without gaining weight		X	

Homework Assignment Questions and Answers

Please read the chapter and answer the following questions:

1. There is speculation that anorexia nervosa may be associated with a primary dysfunction of which brain structure?

The hypothalamus contains the appetite regulation center in the brain. This complex neural system regulates the body's ability to recognize when it is hungry and when it has been sated. Some studies have shown evidence of serotonin and dopamine dysfunction in individuals with eating disorders

2. What is the level of body mass index (BMI) that is associated with the definition of obesity?

Obesity has been defined as a body mass index (BMI) (weight/height) of 30 or greater.

3. Individuals with anorexia nervosa have a "distorted body image." What does this mean?

Distorted body image; views self as fat, even in the presence of normal body weight or severe emaciation; denies that problem with low body weight exists.

4. What physiological signs may be associated with the excessive vomiting of the purging syndrome?

To rid the body of excessive calories, the individual engages in purging behaviors (self-induced vomiting or the misuse of laxatives, diuretics, or enemas) or other inappropriate compensatory behaviors, such as fasting or excessive exercise. Weight fluctuations are common because of the alternating binges and fasts