

Psychiatric Nursing
2024
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 7/1/24 at 0800. ***This assignment has a minimum word count of 750 words.***

1. Provide a brief summary of your perceptions, biases and or understanding of eating disorders?

My perception of eating disorders include inducing self-vomiting, excessively restricting your calories to lose weight, and eating too many calories. When I think of eating disorders, I think of women being fixated on looking a certain way or being able to “fit in” to what society has defined what “being beautiful” is. In today’s world, in order to be beautiful, you have to be skinny.

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

I would define anorexia nervosa as a medical diagnosis of being extremely thin. A person being thin enough to see a persons bones. A BMI score that indicates a value that is below a “normal weight range” based off a person’s height and weight. There is a state of being “anorexic” that means an absence of hunger. On the other hand, anorexia nervosa is a medical condition of having no hunger or restricting your calories. I would define Bulimia Nervosa as binge eating and self-induce vomiting. A person will eat a large number of calories in one sitting. The foods can be anything ranging from sweet, salty, savory. After consuming the large number of calories, the person will induce vomiting as if those calories never existed. In hopes the person will not gain any weight from vomiting the food up.

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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 involve restricting food intake, that leads to a low body weight. A person with anorexia nervosa fears of gaining weight or being fat. With that said, that individual will have a body image distortion. Their perception of being fat may differ from another persons definition of “fat.”

Clinical signs of Bulimia nervosa involve eating a large amount of food without no control. A person with Bulimia nervosa will self induce vomiting in hopes of not gaining weight. They may also abuse laxatives or diuretics, food restrictions, or they excessive obsessively to make sure they are not going to gain any weight. Their self-worth is based on how they look and the number that is on the scale.

Clinical signs of binge eating disorder involve recurrent episodes of anorexia and then eating a lot of calories. Binge eating is associated with eating faster than normal, eating until a person is uncomfortable, eating when not hungry, or they eat until they have negative emotions about themselves. Behaviors of this occur weekly for 3 months.

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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).

Article - Treatment modalities for the disorders are cognitive behavior therapy (CBT). CBT targets the body shape, weight, and cycles of dietary restraint, and eating habits and its behaviors.

- Anorexia nervosa first line of treatment involves a family based therapy for youth and some young adults. In adults, CBT, family based therapy, focal psychodynamic psychotherapy, interpersonal psychotherapy, and specialist supportive clinical management.
 - No medications approved by US FDA
 - Trial of Olanzapine 10mg
 - SSRI's
 - Bupropion (Wellbutrin) is contraindicated because of its risk for seizures.
- Bulimia nervosa recommended treatment is a family based therapy and CBT.
 - Bupropion (Wellbutrin) is contraindicated because of its risk for seizures.
 - Prozac
 - SSRI's in high doses
 - topamax

- Binge eating disorder therapy involves CBT and self guided therapy.
 - Lisdexamfetamine (Vyvanse) (FDA approved)
 - SSRI, TCA, anticonvulsants, appetite suppressants

Book- mentions the same treatment modalities and medications that were mentioned in the article. (pg 580 to 581)

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

My perceptions have not really changed after reading the textbook and the articles. My definition of binge eating, anorexia nervosa, and bulimia nervosa were almost identical to the book. I do believe a major part of eating disorders does have to deal with society. I also do agree with the textbook that a person's culture does play into eating disorders as well. In some cultures, you are not allowed to get up from the table unless your plate is empty, it doesn't matter if you are full or not. When a person is depressed, they most often lean towards food. When you are eating, hormones and neurotransmitters send a "pleasurable" feeling to your brain, and it helps a depressed person feel better.

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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 understand that early intervention is key to decrease the risk of protracted course and long-term pathology, however if a person confronts another person's eating habits that may make them feel depressed and make them eat more or restrict their dieting even more. I would imagine treatment would start off with a physical exam and obtain a baseline of all necessary labs. A dental appointment will be crucial too to examine any tooth erosion. A trusting, non-judgmental clinical approach from the nurse will be crucial in developing a client and nurse relationship. A client will not open up to you if they do not trust you, or if you make them feel like they are a burden. A lot of times a person just wants to be heard and acknowledged. A therapist will also be a good idea so the client is able to talk about their feelings and fears. A nutritionist will be a good idea so they are able to establish a healthy relationship with food. I did learn that therapy and medications may help treat the different conditions.

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