

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?

I have first-hand experience with eating disorders because a very close family friend of mine has/had one. When I was younger, I was confused as to why she would frantically eat an entire loaf of bread in one sitting, and then disappear for hours. I knew her family as well as mine were concerned, but I never understood back then how serious of a disorder it is. As I started nursing school I understand now that an eating disorder is more than just a condition, it involves your emotional and psychological self as well. Some people cannot help their urges, or they cannot control themselves. Many individuals feel too ashamed to seek help. Eating disorders are becoming more and more prevalent, especially with the growth of technology and social media. There is a negative bias around it, but there should not be. The use of social media, the technology used to edit photos, and creative false realities can influence eating disorders and increase the bias regarding it.

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

Anorexia nervosa is an eating disorder where one is afraid of gaining weight and becoming obese. This fear causes the individual to take drastic measures to maintain a low body weight.

Bulimia nervosa is when one uncontrollably eats large amounts of food, these usually happen in binges. The individual may take measures afterwards to rid of the excess calories from their body.

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 include cold intolerance, dizziness, chest pain, abdominal bloating, pain or discomfort, constipation, weakness, decreased concentration, and poor memory. Clinical signs of bulimia nervosa include self-degradation, depressed mood, persistent, excessive concern with personal appearance, weight fluctuations, and the individual may experience tears in the gastric or esophageal mucosa. Clinical signs of binge-eating disorder include substantial weight gain, low self-esteem, boredom, guilt, and depression.

The difference between the three is that with anorexia nervosa the individual experiences food restriction with the fear of weight gain, in bulimia nervosa the individual experiences food gain and the fear of weight gain, this fear causes them to take drastic measures to rid the body of food, and lastly, binge-eating is excessive food intake with no fear of weight gain. In all three of these disorders, the individual has an unhealthy relationship with food leading to them taking measures that cause harm to their bodies.

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).

The article explains four different major psychotherapy modalities for patients with eating disorders. This includes cognitive behavior therapy, family-based therapy, self-guided treatment, and specialist-supportive clinical management. The textbook explains treatment modalities such as behavior modification, family treatment, individual therapy, and psychopharmacology.

Cognitive behavior therapy is an Individual-focused therapy that targets the patient's distorted cognitions and associated problematic eating behaviors. It may involve meal planning and challenging dysfunctional automatic thoughts. It is recommended for use in patients with bulimia nervosa, anorexia nervosa, and binge-eating disorder. This is similar to the textbook's therapy where the goals are to resolve personal issues and establish more adaptive coping strategies for dealing with stressful situations. Both of these therapies focus on the individual, but one focuses more on autonomic thoughts, while the textbook therapy is used as an adjunct to a comprehensive multifaced treatment.

A family-based therapy treatment plan from the article focuses on behaviors and education within a family unit. Family members are not to blame, should conceptualize and frame the eating disorder as separate from the person, and are vital to therapeutic success by "uniting" against the disorder. It is recommended for use in adolescents and young adults with anorexia nervosa and bulimia nervosa. The textbook's family treatment is the Maudsley Approach which is an evidence-based, family-centered program for the treatment of adolescents with AN that modifies the traditional concept of the adolescent being in control of their calorie intake. One therapy is directed toward education and behavior change, while the other focuses on support and calorie control. Both modalities benefit the patient with an eating disorder.

Self-guided treatment utilizes cognitive behavior therapy principles in a self-driven format. It includes components of treatment including nutrition education about healthy eating and the development of coping strategies to trigger situations and to decrease the risk of relapse. It is recommended for use in bulimia nervosa and binge-eating disorder. The textbook explains behavior modification which is designed to allow the client a degree of autonomy that promotes a sense of control over the treatment process based on the belief that control issues are central dynamics in this disorder. These behavior modification techniques are helpful for weight restoration only, while the article's modality focuses on triggers and preventing replacement.

Specialist-supportive clinical management is focused on gentle coaching, and education is provided on mutually agreed-upon symptom targets. It is recommended for use in adults with anorexia nervosa; low-quality studies suggest benefits in bulimia nervosa. The immediate aim of treatment in eating disorders is to restore and stabilize the patient's nutritional status.

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

When I was younger, I had a false sense of eating disorders and a negative perception of them. Growing up my grandma would always call me "anorexic" or "skin and bones" because I had a fast metabolism and stayed in shape from sports and extracurriculars. Once I got started in the medical field, I realized how small comments such as those are very serious, and how eating disorders are very real. Both the textbook and the article helped remind me of the severity regarding them, and how drastic they can be. Eating disorders can be debilitating to a person's mental health, it can give them social anxiety, create depression, and lower self-esteem. It can also lead to serious health conditions such as esophageal varices, cardiovascular issues, osteoporosis, diabetes, electrolyte imbalances, and so much more. I think society nowadays has imprinted false reality into the minds of adolescents, making them feel as if they should look or act a certain way. Education on eating disorders needs to be more prevalent in schools, homes, and online. According to the textbook, "Research has shown that about one-third of those with AN cross over to BN (Eddy et al., 2008) and patients with BN and a history of previous lifetime AN had worse decision-making ability, worse general and specific functioning, decreased bone density, more antecedents of lifetime suicide attempts, more dietary restraint, and more frequent use of laxatives" (Morgan 565). This statistic truly shocked me and made me feel so upset. These disorders lead to the physical and mental decline of individuals, and it is heartbreaking.

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 now have a better understanding of the potential signs and symptoms of these disorders. I can differentiate them, and I understand the severity of each one. Evaluation of a patient with an eating disorder requires a reassessment of the behaviors they are experiencing. Behavioral change will be required from both the patient and family members. According to the article, for patients with weight loss, restoration of weight and menses (if applicable) is a critical first step in improving overall biopsychosocial functioning. The article explained how the initial praise of the patient's weight loss by family members, peers, or clinicians may lead

to fear of regaining weight and body image distortion. This made me realize how important education is. Families and health care providers need to use nonjudgemental, supportive, and motivational praise.

Morgan, K. I. (2023). Davis Advantage for Townsend's essentials of Psychiatric Mental Health Nursing: Concepts of care in evidence-based practice (9th ed.). F.A Davis Company.

Klein DA, Sylvester JE, Schvey NA. Eating Disorders in Primary Care: Diagnosis and Management. Am Fam Physician. 2021 Jan 1;103(1):22-32. Erratum in: Am Fam Physician. 2021 Mar 1;103(5):263. PMID: 33382560.