

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 bingeing—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 bingeing 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.**

Ineffective coping:

Determine stressors and functional capacity. Rationale: individuals experiencing multiple stressors can have difficulty coping, impacting functioning and activities of daily living.

Evaluate the ability to understand current events and to provide a realistic appraisal of situation based on psychosocial development level. Rationale: tendency for individuals to regress to a lower developmental stage during crisis can impact ability to recognize effect of situation.

Determine defense mechanisms. rationale: use of maladaptive coping mechanisms negatively impacts decision making and client’s ability to resolve situation.

Disturbed body image:

Determine whether the condition is permanent with no expectation for resolution. Rationale: there is always something that can be done to enhance acceptance and it is important to hold out the possibility of living a good life with the disability/situation.

Assess mental and physical influence of illness. rationale: some diseases can have a profound effect on one’s emotions and need to be considered in the evaluation and treatment of individuals behavior.

Evaluate client’s knowledge of and anxiety related to the situation. Rationale: it may indicate acceptance or nonacceptance of the situation.

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	
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?

hypothalamus

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

30 or higher

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

Confusion of a mental picture of one’s self image

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

Electrolyte imbalance, erosion of tooth enamel, dehydration, calluses on knuckles

Morgan, K. I. (2024a). *Pocket guide to Townsend's psychiatric nursing* Karyn I. Morgan. F.A. Davis Company.