

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 perceptions of eating disorders would be that it is something that people inflict on their self's. When I think of eating disorder, I think of patients that have a mental illness and was something that they kind of created in their thinking. Such as anorexia I would think that someone would fall with this because they were trying to meet society standards on how they should look and instead got so deep into the disorder it was hard for them to come out of that and return to a normal type of diet. Also with bulimia to me someone to stress eating to a whole other level and found it as a way to cope for themselves. Someone that has a eating disorder in my understanding is someone that lacks either nutrients or has to much of it. I didn't think that it has something to do with having something wrong with neurotransmitters in their brain in the hypothalamus which controls our eating. My bias on the disorders would also be that I think that it would not be hard to come out of these disorders such as anorexia they just need to eat more and get their nutrients up but it is not that easy it takes more than that or with binge eating I thought that they could cut down on the habit over time by themselves if they wanted.

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

Anorexia nervosa is being afraid of gaining too much weight. Someone with anorexia nervosa has negative views of their body and food which leads to them getting a dangerously low weight. As far as bulimia nervosa it is consuming a large amount of food in a fast period of time and soon after regretting the amount of food shortly after eating and finding ways to get rid of it in ways that aren't good for you physically and mentally.

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 would be gross distortions of body image, preoccupation with food, and refusal to eat which causes low weight. Weight loss is often accomplished by reduction in food intake and often extensive exercising, self-induced vomiting, and the abuse of laxative or diuretics. The patient weighs 85% of expected weight. Some other symptoms could include hypothermia, bradycardia, hypotension with orthostatic changes, peripheral edema, neonatal like hair growth. Patients with anorexia nervosa are obsessed with food as well and may display compulsive actions such as handwashing.

Clinical signs of Bulimia Nervosa would be that the binge eating happens in secrets are usually ended with abdominal discomfort, sleep, social interruption, and self induced vomiting. When the patient has the binge eating it gives them a sense of pleasure but after that they have a depressed mood. To get rid of all the calories the patient ate the patient goes into purging behaviors such as vomiting, misuse of laxatives, diuretics, excessive exercising, and fasting. Continued vomiting, laxative, and diuretics causes issues with dehydration and electrolyte imbalances. The patient has erosion of tooth enamel from gastric acid. Some individuals develop calluses on the dorsal surface of their hands typically on knuckles from long term self induced vomiting.

Clinical signs for binge eating would be patients that binge eat have a great amount of weight gain. Periods of binge eating lasts less than 2 hours. After the patients have their episode they have guilt and depression.

The difference between anorexia nervosa with bulimia nervosa and binge eating would be that these people cut food out of their diet where as BN and binge eating eat enormous amounts of food. Anorexic patient lose weight rather than gain weight. With bulimia nervosa these patients eat enormous amounts of food compared to anorexia but the key different with binge eating and bulimia nervosa would be that BN they have purging episodes and binge eating does not so they have an enormous amounts of weight gain.

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).

For anorexia nervosa they used family based-therapy is recommended as the first line treatment for youth and young adults. In adults they would use CBT, family based therapy, focal psychodynamic psychotherapy, interpersonal psychotherapy and specialist supportive clinical management. For Bulimia nervosa, among adolescents, guidelines recommend family-based therapy and CBT as appropriate treatments. As far as Binge-eating disorder data supports that CBT and self guided therapy. In person CBT was more effectively decreasing binge eating and therapy dropout than self-guided CBT at six months and had better outcomes for weight loss therapy. For anorexia Nervosa in the article shown no approved medications from the FDA for this eating disorder. In the trial they used 10mg of olanzapine which demonstrated benefits in inducing weight gain and appetite without metabolic syndrome components. The other medications that could be prescribed for anorexia nervosa could include SSRIS. For bulimia Nervosa they also used pharmacotherapy such as fluoxetine, SSRIS, and Topiramate. For Binge eating they used lisdexamfetamine, SSRIS, Tricyclic antidepressants, and anticonvulsants, and appetite suppressants may decrease binge eating with a variable effect on weight.

~in the book it also had similarities in treatment such as the family treatment for Anorexia nervosa which this approach actively involves the family in each-step. The book also suggests that family treatment is the first line treatment for adolescents with anorexia nervosa just like in the book. Something that the article did not mention about would be Behavior modifications for patients with anorexia nervosa and Bulimia Nervosa where the patient creates a contract and is basically self-guided in making their own decisions and can get rewarded for achieving their goals that they set forth for themselves such as losing weight or inducing themselves from vomiting. In the book it mentions that individual therapy is not their first treatment of choice for eating disorders but that wasn't mentioned in the article. In the article it mentioned of the use for Anorexia and Bulimia but in the book it states that they found it to be only effective for bulimia but not anorexia nervosa. In the book they have found that fluoxetine which is an antidepressant in the use for bulimia nervosa that have depressive symptoms. In the book it also mentioned that SSRIS, lisdexamfetamine, and as well as CBT therapies found to have benefits for binge eating disorder as well.

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

My perceptions have changed a lot in regards to how the treatment goes for someone who has an eating disorder and difficult it may be for an individual. I thought that their may be some medication the patient may get on in regards to losing weight but when looking at the trial that is not the case patients were actually recommended especially for adolescents with anorexia nervosa is to use therapy and specifically family therapy. It does not just take the patients participation but also involving the family as well. Even in the trial their was not one specific treatment that was made for the patient as far as pharmacotherapy or behavioral interventions it was specific on the patients eating disorder and what is going on with their situation. When patients are going through the

treatment weight is not the only think that is important here but is all the systems that have to do with the weight such as their bone health. In the trial is also talked about with weight loss such as Binge eating disorder they need to also recover their bone mineral density as well. One as myself looked at it as something that could probably be a faster fix but after going through the book and it is much more than that and requires a lot of time and participation from the patient themselves to want to make the change.

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.

Reading this article has helped my understanding of the initial evaluation of treatment and diagnosis for someone with a eating disorder because of how important it is for a nurse to do a thorough assessment in order to catch these traits or pre-disposing factors the patient may have. For example, as the nurse one be very attentive to the patients weight history there may be extreme fluctuations that can be addressed and looked into further and see if it is healthy weight loss or something that is unhealthy and not normal for the patient's baseline. In The article on table 3 it mentions one must also do a family and social factors such as if they can play a factor in the treatment for the patient or make it worse such as them being the route of the patients stress. As I was reading it also mentioned that some patients may do it as a bulk and cut routine for muscle building and not seen as a eating disorder so one must look at their drive to want to make this dietary habit. I learned that not one treatment is gonna be the same for every patient with eating disorder it may be psychopharmacological or some may just need therapy but it all comes down to each individual and how they adapt to change.