

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?

There is often much stigma that surrounds eating disorders. I believe that the better these illnesses are understood, biases can be reduced, and treatment can be improved. Anorexia nervosa can be considered the most disturbing of these illness as there is visual proof that an individual is struggling with this disease due to their body appearance. It can be shocking to see someone at the worst part of the disease. Those with bulimia nervosa seem to struggle with this illness in secret They are able to hide their disease better as these individuals still eat; it is only behind closed doors that these individuals purge. Binge-eating disorder may be the most stigmatized of these illnesses as it can be seen as lack of self-control. In addition, these individuals are usually overweight which also comes with a set of biases.

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

Anorexia nervosa is a disorder where an individual does not eat or eats very little. This causes them to become severely malnourished. They will look very thin, and their bones will show through their skin; in addition, their nails and hair will become brittle. Despite all this, these individuals believe that they are overweight and will continue to starve themselves. Those with bulimia nervosa are also obsessed with their body image, however, they are less likely to appear malnourished. These individuals continue to eat, however, they will vomit their food shortly after ingesting it. They may eventually have

physical repercussions of their illness do to repeated vomiting causing enamel erosion and esophageal problems.

3. List the clinical signs of anorexia nervosa, bulimia nervosa, and binge-eating disorder. Provide a summary of the differences between the three disorders.

The clinical signs of anorexia nervosa include distortion of body image, preoccupation with food, and starvation. For bulimia nervosa, episodic rapid ingestion of large quantities of food (considered bingeing) and compensatory behaviors, such as vomiting and use of laxatives. Those with binge-eating disorder will also ingest large quantities of food, however, they do not perform purging. These three illnesses all have markedly different signs that differentiate them. Anorexia nervosa can be considered the most different as this illness causes individuals to consume next to no food and they will appear malnourished. Bulimia and binge-eating disorder do have similar characteristics, however, those with binge-eating do not purge thus they see an increase in their weight.

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, the article recommends family therapy, cognitive behavior therapy, interpersonal psychotherapy; medications may be used in conjunction with these therapies, however, there is no medication to specifically treat anorexia. Olanzapine, SSRIs, and bupropion have been used in the past. For bulimia, cognitive behavior therapy and interpersonal psychotherapy has been used, as well as medications like fluoxetine, citalopram, and escitalopram. Lastly, the article outlines treatments for binge-eating disorder such as cognitive behavior therapy and self-guided therapy. Lisdexamfetamine is a medication that has been helpful for binge-eating disorder. The textbook lists similar treatment options. It is agreed upon that family therapy can be the most beneficial treatment for young individuals with anorexia nervosa. Cognitive behavior therapy and individual therapy is suggested in the book as well. Lastly, antidepressant medications are also suggested in the book for additional therapy.

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

The article, along with the textbook, gave me a better understanding of eating disorders. I was surprised to learn that eating disorders greatly increase the mortality rates for these individuals. The article states that individuals with anorexia and bulimia have a 2 to 6 time increase in mortality related to medical conditions. In addition, suicide rates are higher in these individuals as well. I was unaware of all the treatment options individuals with eating disorders may utilize. One of the most beneficial treatments for anorexia is family therapy and it is used as the first line treatment. Cognitive behavior therapy and self-guided therapy can be used for any of these diseases. Medications are not the most effective form of treatment but can be used as a supplement to therapy.

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 feel better educated in the topic of eating disorders after reading this article. Prior, I knew the general aspects of these illnesses, but I was unaware of some of the specific signs, predisposing factors, and treatments. One factor the article highlighted was the importance for earlier intervention of these illnesses. The objective is to change the distorted eating habits and improve the self-image. The article was also helpful in educating on therapeutic communication specific to eating disorders. Starting a conversation on a sensitive subject can be hard, and the article suggests starting the conversation by asking permission to discuss the person's eating habits. It is important to discuss what the individual is feeling both before and after utilizing their distorted eating habits.