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 binging—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 binging 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.**

Priority Problem 1: would be the patient having ineffective coping every

~One would want to assess the client and see if their difficulty dealing with their situation has led to thoughts of harming themselves or others. Impaired thinking and poor choices can negatively impact the client’s to see positive resolution of their crisis.

~One would want to do active listening and identify the client’s perceptions of effectiveness of current coping techniques. One using motivational interviewing can help determine the clients level of readiness to change and to adopt some interventions based on their needs.

~Want to teach the patient to use recreation, mindfulness, and relaxation techniques. With the client learning new skills can be helpful for reducing stress and will be useful as the patient learns ne behaviors to cope better than they were already.

Priority problem 2: Dysfunctional family processes

~Determine the family’s strength, areas for growth and individual/family successes. The family members may not realize they have strengths and as they identify these areas they can choose to learn and develop new strategies for a more effective family structure.

~Provide support for family members, encourage participation in group work. Involvement in a group is able to allow information about how others are dealing with problems and gives the patient the opportunity to practice new healthy skills.

~Confront and examine denial and sabotage behaviors use by family members. This helps individuals recognize and move beyond blocks to recovery.

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	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?

The speculation that anorexia nervosa may be associated with a primary dysfunction of the hypothalamus in the brain.

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

The level of body mass index that Is associated with the definition of obesity would be a BMI of 30 or greater.

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

The distorted body image is manifested by the patient's perception of being fat when the person is obviously underweight or even emaciated which means the patient is excessively thin.

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

The physiological signs that may be associated with the excessive vomiting of the purging syndrome would be erosion of the tooth enamel from the gastric acid in the vomitus. The patient may also experience tears in the gastric or esophageal mucosa, as well as develop calluses on the dorsal surface of their hands of their hands, typically on the knuckles which is also called russels sign. The patients can also have dehydration and electrolyte imbalances.