

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?

From my understanding of eating disorders, it is the constant, obsessive thinking about food. Sometimes it's a large amount of food or it's a small amount of food. There is one where you keep the food in your stomach, and another is where you don't. Eating disorders are all abnormal eating patterns. My perception of eating disorders are that a person is not comfortable with how their body looks and has the desire to eat, but doesn't want to keep the weight that it might come with.

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

Anorexia nervosa is an eating disorder where a person barely eats. Bulimia nervosa is an eating disorder where a person eats a large amount of food, but then immediately throws it back up, in order not to gain weight from it.

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: restriction of food eaten, leading to significantly low body weight, intense fear of gaining weight or being "fat," and body image distortion.

Clinical signs of bulimia nervosa: binge eating (eating more food than peers and over a two-

hour period accompanied by a perceived loss of control), repeated use of unhealthy behaviors to prevent weight gain, such as vomiting, misuse of laxatives or diuretics, food restriction, or excessive exercise, self-worth is overly based on body shape and weight.

Clinical signs of binge-eating disorder: recurrent episodes of binge eating more than peers over a two-hour period accompanied by a perceived loss of control, associated with three of the following: eating faster than normal, eating until feeling uncomfortable, eating large quantities of food when not hungry, feeling bad because of embarrassment about eating behaviors, or eating followed by negative emotions.

Anorexia nervosa is different than the other two disorders because there is no consumption of food or anything else, period. Bulimia nervosa is the consumption of food, but there are no nutrients being absorbed due to the immediate regurgitation of it. Binge-eating disorder is different than the other two because there are a lot of nutrients being taken in and a lot of weight gain that comes along with it. Weight gain is the opposite of what happens in anorexia and bulimia.

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).

Article: Cognitive behavior therapy – individual-focused therapy that targets the patient’s distorted cognitions and associated problematic eating behaviors. Family-based therapy – treatment plan focused 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. Self-guided treatment – utilizes cognitive behavior therapy principles in self-driven format. Specialist supportive clinical management – psychoeducation model based on “gentle coaching,” patient-driven therapy founded on therapeutic relationship, education provided on mutually agreed-upon symptom targets, goal-directed therapy to decrease these symptoms, and aims to link symptoms and abnormal eating behaviors.

Textbook: First, there is the importance of making sure nutritional status is restored because the possibility of dehydration, emaciation, and electrolyte imbalance leading to death. Then there are also behavior modification plans that would be similar to cognitive behavior therapy. Next, there is the family treatment approach that involves the family support at every step, this is the same to the article. Individual therapy is a lot like self-guided treatment where we want the patient to identify why they are having the eating disorder and come up with coping mechanisms. Finally, there is the implementation of medications, which the article does not talk about.

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

One perception that changed for me, personally, would be the fact that “at least one-third of persons with disordered eating develop persistent symptoms that remain 20 years postdiagnosis.” I did not know that eating disorders are something that can stay for that long for a person. I had thought that eating disorders were an acute disorder, where they might have to deal with it for a

couple months or up to a couple years. I didn't think someone could survive 20 years of their nutritional status being constantly abnormal.

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.

It helped me better understand that there are signs that can be shown if a person is suffering from an eating disorder. I had not known that you can look at certain laboratory results, like increased amylase meaning the possibility of purging or indications of metabolic acidosis which could mean the use of laxatives. It also helped me better understand the process of treatment, because I didn't realize family-based therapy was a therapy that was used, but it makes sense for it to be there. Family support is so important because you're less likely to get through an eating disorder by yourself. It also helps me to understand that the order of the plans are different for each eating disorder. For example, anorexia nervosa and bulimia nervosa recommend the first-line therapy to be family, while binge-eating disorder recommends meta-analytic data support treatment with CBT and self-guided therapy.