

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 6 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 understanding of eating disorders from reading this chapter was that there are all different types. There are binge eating disorders, obesity, and anorexia. Which is eating too much and not eating enough. Food typically is a way to sustain life, but for other people food is a lot more than that. Food is for comfort, food is sometimes a problem for others. Relationships with food typically come different for a lot of people. There are a lot of factors that I have learned about that come into play that result in overeating and undereating.

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

Anorexia nervosa is a fear of being obese. They tend to have a little body dysmorphia because whether it is just skin or regular body features, they are terrified of anything that looks like it could be obese whatsoever. They tend to have a really bad relationship with food because they do not eat to keep off any weight, especially the healthy weight. They typically don't know what healthy weight is because they think any weight is "bad" weight. They usually do not eat food to avoid any weight at all that either gets them sick or looking emaciated. Bulimia nervosa is binge eating a bunch of food, eating to the point of being bloated, and eating whatever they can and then trying to get rid of the calories as fast as possible. They typically eat sweets, or things that can be easily digested as fast and as much as possible. They then get rid of the food by doing very unhealthy things, like forcing themselves to throw up, laxatives, enemas. Things to get rid of the calories or anything out of their stomach as fast as possible.

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 are severe weight loss or even being emaciated, hypothermia, bradycardia, hypotension with orthostatic changes, peripheral edema, fine hair, and a variety of metabolic changes. The clinical symptoms of bulimia nervosa are abdominal discomfort, sleep, social interruption, or self-induced vomiting and depressed mood. The clinical symptoms of binge-eating disorder are rapid food consumption but being uncomfortably full, low self-esteem, eating that is out of control and guilt and depression after eating. The difference between these three is that with anorexia compared to the other two, these patients really do not eat anything at all. The difference between bulimia and the other two is that these patients indulge in purging which is self induced and they do whatever they can to get rid of the calories they just consumed. The difference between binge-eating disorder is that they have higher rates of improvement than anorexia as well as bulimia nervosa.

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 in the article says short hospitalizations followed by family-based therapy, focal psychodynamic psychotherapy, interpersonal psychotherapy, and specialist supportive clinical management have been effective. In the book it says the physician will order a liquid diet to be administered via nasogastric tube. Nursing care of the individual receiving tube feedings should be administered according to established hospital procedures. In the article for bulimia nervosa they recommend family-based therapy and cognitive based therapy, and interpersonal therapy as appropriate treatments. In the book it says weigh the patient daily, immediately upon arising and following first voiding. Keep a strict record of intake and output. Stay with the patient during established time for meals (usually 30 min) and for at least 1 hour following meals to ensure they are not trying to get rid of the food. For binge-eating disorders the article says

treatment with cognitive based therapy and self-guided therapy have shown being effective. In the book it says to explain to the patient that privileges and restrictions will be based on compliance with treatment and minimize the focus on food and eating to not think about it.

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

My perceptions have changed regarding eating disorders majorly. I never thought it would be an easy thing to go through but I did not realize how serious it really is. I realized that these patients really do need help, possible medical help because of how bad it can affect their health. Each of these disorders can negatively affect a patient and could potentially affect them for the rest of their lives with their relationships with food.

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.

The article has better helped me understand the initial treatment with anorexia nervosa, bulimia nervosa and binge-eating disorder because they all typically need initial therapy, sometimes inpatient hospitalization and life long therapy as well. With each of these disorders, as the nurse it is best to help them get a good, healthy relationship with food. The goal in the end is to be at a healthy weight for themselves as well as eat regularly for each of these disorders.