

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 or understanding of eating disorders is when a person has one or more issues in their life causing them to feel bad about themselves or anxious about their life which causes them to have an unhealthy way of dealing/coping with the issues going on by using food (since it is the one thing they CAN control) to feel better whether they lack the food (for better “body image”) or over eat the food.

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

I would define anorexia nervosa as an individual with self-esteem issues that can be brought on from several different ways, sexual abuse, physical abuse, mental abuse, body dysmorphia, family dynamics, all of which cause an individual to not eat what is necessary to keep their body functioning properly and the patient is unhealthy looking and extremely thin. I would define bulimia nervosa in a similar manner because everyone deals with mental issues in different ways, but in this case the patient causes themselves to vomit up their food after binge eating things that will make them feel worse about themselves but is comforting for the moment of eating 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.

The clinical signs of anorexia nervosa are compulsive behaviors such as excessive hand washing, extensive exercising, preoccupation with food, morbid fear of obesity, low heart rate (bradycardia), low temperature (hypothermia), low blood pressure (hypotension) with orthostatic changes, metabolic changes, peripheral edema, neonatal-like hair growth, and may engage in binge and purge syndrome from time to time.

The clinical signs of bulimia nervosa are patient's obsession with body image and appearance, dehydration and electrolyte imbalance, binge eating in secret, gastric acid in vomitus can contribute to erosion of tooth enamel; excessive use of laxatives, diuretics, or enemas; and fasting or extreme exercising. The clinical signs of binge-eating disorder (BED) are recurrent episodes of binge eating, lower regional brain volumes or cortical thickness which generally returns when eating and weight returns to normal, and obesity becomes an issue in this disorder.

The differences between these three disorders are in the case of BED the patient does not resort to laxatives, self-induced vomiting, and diuretics to lose weight which tend to cause the individual to become obese. BED also seems to be similar in that of addictions unlike anorexia and bulimia nervosa. The difference between bulimia nervosa and anorexia nervosa are that with anorexia the patient stops eating and tends to have a very low BMI. With Bulimia Nervosa the patient tends to induce vomiting, uses laxatives, enemas, and diuretics which neither of the other two disorders do that.

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).

According to the article, the different treatment modalities for the three disorders are outpatient therapy with a therapist, dietician, and a clinician who are knowledgeable in eating disorder-specific medical evaluations, medical hospitalization for surveillance for refeeding syndrome, psychiatric hospitalization for those suicidal, CBT (Cognitive behavior therapy) which targets overvaluation of body shape and weight and cycles of dietary restraint, disinhibited eating, and compensatory behaviors. For anorexia nervosa family-based therapy is a first-line treatment for youth and young adults.

Pharmacotherapy is another recommended treatment but is only recommended with another form of therapy. For AN and BN they tend to prescribe antidepressants that would assist the patient in controlling the behavior they are struggling with.

In the book, the treatment modalities discussed were actually the same as in the article. Behavior modification by using CBT (Cognitive behavior therapy) was discussed, family treatment through outpatient program where the family is involved with each step of the treatment, especially with AN in adolescents. Individual therapy was also discussed in the book where a patient has one-on-one therapy with psychologist. Lastly, the book also mentioned psychopharmacology as a form of treatment also using antidepressants used for those with BN and AN.

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

I'm not sure that my perceptions of eating disorders have necessarily changed. This is probably due to studying these disorders in my previous college courses. I do remember in middle school and high school when studying these disorders, I thought how anyone could do that to themselves. This was a time in my life when I had very little life experience and struggled with understanding the mental health aspect of it. Then life happened to me and now I have a lot more understanding how family dynamics, social atmosphere, mental health, peer pressure, and many other life happenings can bring about these types of disorders for individuals that struggle through life.

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 me to better understand the initial evaluation, treatment, and diagnosis of anorexia nervosa, bulimia nervosa, and binge-eating disorder from the nurse's perspective because I never knew that a blood pressure, heartbeat, dehydration, gastric acid in the esophagus causing bleeding, and cognitive behavior therapy were all things that associate with eating disorders. Before nursing school, I didn't realize that binge-eating disorder and bulimia nervosa (BN) were separate disorders. I also did not realize that it is possible a person could be obese and have anorexia or bulimia nervosa. I always thought that was an extremely thin individual. I also remember learning something in middle school that individuals that have bulimia nervosa the skin on the tips of their fingers can be peeling and their nails discolored from the acid in their stomach.