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?

I don't think I have any biases of eating disorders. I feel for those who are struggling with these disorders. I understand that eating disorders have the potential to be dangerous and life threatening due to the unhealthy patterns of eating. Patients with eating disorders have a very unrealistic view of their appearance and of what food does or does not do for them, which causes them to either eat too much or too little. This can cause a number of health problems.

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

Anorexia nervosa is an eating disorder that is caused by the belief that they are fat which in turn leads to the person not eating. Bulimia nervosa is an eating disorder where the patient overeats and then makes themselves vomit in order to get rid of the extra food they have eaten.

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

Anorexia Nervosa:

- Significantly low body weight
- Food restrictions
- Fear of gaining weight or being "fat"

- Distortion of body image

Bulimia Nervosa:
- Binge-eating
- Inappropriate use of vomiting, laxatives or diuretics, excessive exercise, or food restrictions to avoid gaining weight
- Base self-worth on weight and body shape
- Occurs weekly for at least 3 months

Binge-eating disorder:
- Recurrent episodes of overeating
- Connected to at least three of the following things: eating more quickly than usual, eating till you're uncomfortable, eating a lot of food even when you're not hungry, feeling horrible about your eating habits, or eating after experiencing unpleasant feelings
- Occurs weekly for at least 3 months
- Not being done to stop increasing weight

The differences in these disorders would be that anorexia is a disorder where patients limit the amount, they are eating to avoid gaining weight, bulimia is a disorder where patients overeat and then try to avoid gaining weight by vomiting or using laxatives or diuretics, and binge-eating is a disorder where patient overeats but does nothing to avoid gaining 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).

Anorexia:
- Behavioral interventions such as the use of CBT and Family-based therapy. Family-based therapy gives patients' parents the tools they need to help them gain weight before gradually giving the patient back control. CBT focuses on cycles of dietary restriction, disinhibited eating, and compensatory behaviors that result from an overvaluation of body image and weight.

Bulimia:
- For adolescence CBT and family-based therapy are recommended for treatment.
- For adults therapist- guided therapies as well as self-guided CBT are recommended for treatment.
- Fluoxetine is used to decrease binging and purging
- Other SSRIs

Binge-eating:
- CBT does better than self-guided CBT for treatment of this disorder
- Lisdexamfetamine
- Topiramate can cause weight loss or stabilization by reducing binge-eating episodes.
- There is a varying effect on weight reduction when using SSRIs, tricyclic antidepressants, anticonvulsants, and appetite suppressants to reduce binge eating.

The textbook also includes dialectical behavioral therapy as a beneficial treatment for the disorders above. It is said that CBT and DBT confront the irrational thinking patterns and feelings that are associated with the disorders and work to remove the emotional components. The textbook also says that family therapy is an effective treatment for adolescents with AN and BN as well, just as the article said. The textbook says that family treatment is conducted in 3 phases: Restoration of weight, maintaining of weight, developing healthy self-identity.
The book mentions individual therapy which is mentioned in the article as well. It is said that individual therapy can be used when other underlying psychological problems are contributing to maladaptive behavior. As far as medication is concerned there hasn't been a medication that has been found to help shoe improvement in AN yet as it was said in the article. But SSRIs have shown effectiveness in treating BN. As far as AN is concerned SSRIs may be effective in the treatment of depression associated with AN. SSRIs in high doses show effectiveness in BED as well.

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

My perceptions have changed because initially I did not fully understand the severity of these eating disorders and the impact that they have on people's lives. I knew that anorexia was a fear of gaining weight, but I thought that the fear caused them to stop eating completely. I know now that that is not the case at all. I have always known that eating disorders were serious, but this chapter and article have shown me how truly dangerous these eating behaviors can be. The seriousness of the possibility for vitamin, mineral, and electrolyte deficiencies that can develop from not eating or from intentionally forcing excretion.

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 know now after reading this article the characteristics and behaviors I should be looking for in a patient that may have an eating disorder as well as assessment findings that I should be expecting to see. I have a better understanding of how to formulate an effective plan of care for these patients that will also be therapeutic for the patient. I know now that identifying these disorders early be a beneficial in the plan of treatment. I know that it is even more important to monitor patients' mood and weight.