

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 bingeing—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 bingeing 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.**

1. Imbalance nutrition: less than body requirements:
 - a. Monitor lab values including: Potassium, Calcium, phosphate, and magnesium. Want to make sure they don’t have major imbalances that can cause more damage.
 - b. Weigh the patient daily. Always use the same scaled to try and keep the reading as accurate as possible.
 - c. Educate patient on the importance of eating and keeping a balanced meal.
2. Disturbed body image/low self-esteem:
 - a. Assess the patients feelings and attitudes about being obese. This can help establish a baseline of where their thoughts reside from.
 - b. Asses for history of trauma and adverse childhood life events. This can help get important information about possible triggers.
 - c. Determine the patient’s motivation for weight loss and set goals. Most of the time with anorexia nervosa they feel as though they are overweight. Making a plan for that patient might help them lose the unwanted weight in a healthier manner.

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		

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?

Yes there is. It is suspected that there is a connection between serotonin, dopamine, and norepinephrine.

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

The body mass index that is associated with obesity is 30 BMI or greater.

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

This means that body image is manifested by the individuals perception of being fat, even if the person is emaciated or excessively underweight.

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

Some physiological signs that may be associated with excessive vomiting is tooth erosion. Excessive gastric acid in the mouth causes the teeth to start eroding. Another sign is dehydration. With repeated vomiting or purging it will in turn cause dehydration and electrolyte imbalance. Calluses are another sign. These may start to develop usually on the knuckles after repeated self-induced vomiting.