

Psychiatric Nursing 2025
Unit 6 Online Assignment
Eating Disorders

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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 6/30/25 at 0800. ***This assignment has a minimum word count of 750 words.***

This assignment is worth 0.75 hour of online content. In order to receive full credit for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignment not completed in its entirety will result in missed theory time and must be made up

1. Provide a brief summary of your perceptions, biases and or understanding of eating disorders? **The way I perceive eating disorders is that they are an unhealthy relationship that an individual has with eating. Eating disorders may stem from an individual having low self-esteem about their body/weight, being bullied, or having some type of trauma to their body in my understanding. Underlying mental health disorders such as anxiety or depression could also contribute to eating disorders. Individuals with an eating disorder may differ on the type of relationship they have with food, whether that being they eat a lot of food and then try to get it out of their system, don't eat much food, don't eat food at all, and more. I believe that having an eating disorder takes a toll on people both mentally and physically, in that physically it is unhealthy for their body such as their weight fluctuating and not being where it needs to be. This type of condition may also deprive individuals of the necessary nutrients that they need for their body to stay strong and healthy. As for mentally, eating disorders can be distressing to individuals especially if they are not achieving the look that they want to. These people probably feel an increased sense of stress when trying to control how their body looks, along with anxiety and/or depression. I have had a personal experience of a family member with an eating disorder, so I know from an inside look how in control people with these struggles may want to be over what they eat.**

2. Define anorexia nervosa and bulimia nervosa in your own words. **Anorexia nervosa is an eating disorder in which someone holds back on the amount and types of food that they eat due to a fear of being fat or gaining weight, causing that person to have low body weight and a distorted body image. On the other hand, bulimia nervosa is an eating disorder targeted at the same goal, which is avoiding weight gain and trying to achieve a good self-worth of their body weight and shape, however it is achieved in a different way. Rather than restricting what they eat as in anorexia nervosa, individuals with bulimia nervosa consume an excessive amount of food, and then follow that up with making themselves vomit, abusing laxatives, restricting foods, or overindulging in exercise so that weight gain from the large food consumption does not occur.**
3. List the clinical signs of anorexia nervosa, bulimia nervosa, and binge-eating disorder. Provide a summary of the differences between the three disorders. **Some clinical signs of anorexia nervosa include refusal to eat, low body weight, fear of obesity, and a distorted body image in which the individual thinks they are fat even though they are underweight. This disorder may also cause bradycardia, hypothermia, orthostatic hypotension, neonatal like hair growth, or peripheral edema. In addition, anorexia nervosa can also cause female specific changes such as absence of their period after the weight loss occurs along with weakness, constipation, dizziness, chest pain, poor memory, and more. As for bulimia nervosa, clinical signs may include social interruption, sleep, abdominal discomfort, or self-induced vomiting. With this eating disorder, weight fluctuations often occur, and the self-induced vomiting may cause issues such as electrolyte imbalance, tooth enamel erosion, gastric tears, dehydration, or calluses on their knuckles. Clinical signs of binge eating disorder include feelings of uncontrollable fullness from eating excessive amounts of food, guilt, and depression. These individuals also have a risk for gaining weight. To distinguish between the three, note that anorexia nervosa includes reducing the amount of food consumed or refusing to eat at all, and individuals often abuse laxatives or diuretics, excessively exercise, or make themselves vomit. On the other hand, bulimia nervosa is different than anorexia nervosa in that individuals initially consume large amounts of food unlike what is done with anorexia nervosa, but then they follow this with purging in order to rid the body of those calories; doing so in similar ways as to anorexia. Lastly, binge eating disorder is different than the other two because individuals with this type of eating disorder do not try to lose weight or rid their bodies of the excess calories. Instead, these individuals eat large amounts of food at a rapid pace, and without purging afterwards, which is why they are at risk for weight gain. Anorexia and bulimia both have a goal to lose weight where they both may include purging, while binge eating disorder does not include purging.**
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). **The article says that treatment options for anorexia nervosa consist of family-based therapy, cognitive behavioral therapy as well for adults, and Olanzapine (Zyprexa), or SSRIs. The article also shares that Wellbutrin (Bupropion) is contraindicated in anorexia and bulimia because it may cause seizures. For bulimia nervosa, the article suggests treatment with family-based therapy and cognitive behavioral therapy for adolescents, and self-guided/therapist guided CBT or interpersonal psychotherapy for adults. This eating disorder can also use Fluoxetine (Prozac) for pharmacotherapy. Binge eating disorder, according to the article, can be treated with CBT and self-guided therapy along with Lisdexamfetamine (Vyvanse) or Topiramate. The article also claims that tricyclic antidepressants, SSRIs, appetite suppressants, and anticonvulsants may be helpful in treating binge eating disorder. On the other hand, the book mentions behavior modification programs to treat anorexia and bulimia nervosa, which wasn't mentioned in the article. The book is similar with the article**

on noting family treatment as a method for anorexia nervosa and bulimia nervosa treatment. Another difference, however, is that the article mentions interpersonal psychotherapy for adults with bulimia nervosa, but the book only talks about individual psychotherapy and does not specify which eating disorders it would be useful for. The book and article talk about the same pharmacotherapy methods for eating disorders.

5. How have your perceptions regarding eating disorders changed after reading the article and textbook? Provide specific examples. **The article and textbook broadened my knowledge about eating disorders and taught me some things that I found surprising. For example, both sources share treatment options for adolescents versus for adults. This is new knowledge to me and surprising in my opinion because I never thought about eating disorders being an issue in the adolescent age group. Before reading the article and book, my view would have been that adolescents aren't really at the age yet where they have the mind capacity to even think about how their body looks or have low self-esteem. I just found this surprising because I know when I was in that age range, I was so focused on playing and having friends. Also, being younger is when it is most important to eat properly and get the necessary nutrients, as you are growing at this age. Now, thinking of the younger population and considering that this could be an issue with them, changes how I look at things.**
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.

After reading this article, I know now what I should be on the lookout for when I am working as a nurse. For example, if I have a patient that I might think has an eating disorder, this article allowed me to know how certain labs could change as well as things that might be unexpected to look for, such as menstrual changes in a woman. Beforehand, I never knew that eating patterns could change this, but now I know that that assessment finding could be indicative of an eating disorder. I also know how to differentiate the different types of eating disorders, so that I can look at a patients' assessment findings and understand the reason they got a certain diagnosis; such as the differences between the eating disorders discussed above. The article also taught me what meds can be used as a treatment for the different types of eating disorders, as well as contraindications and precautions of certain meds. One that interested me was that Wellbutrin cannot be used in treatment of anorexia and bulimia because of the risk for seizures.