Psychiatric Nursing 2025
Unit 6 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 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?**

   I understand that eating disorders are serious mental and physical health conditions. There are many different types of eating disorders and there are factors that impact an individual's risk of developing an eating disorder. An individual can present with specific signs and symptoms that connect to having an eating disorder. These symptoms include lab values, objective data, and subjective data. Some biases that commonly occur when regarding eating disorders can be based on gender, assumptions, and observations. Eating disorders can be thought of as just limited to women experiencing them. However, men can also struggle with an eating disorder, and it may present differently compared to women. Assumptions are made when regarding an induvial suffering from an eating disorder. Assumptions include that they just want to be small or skinny. Something that is also common in society is seeing a smaller individual and stating that they may have an eating disorder and making jokes. When someone is struggling with an eating disorder, it is not just them struggling with eating food. When suffering from this there is a heavy mental aspect that can cause additional complications. This means that recovery is not just a simple fix of viewing food a different way. While this is part of the recovery

process there are additional aspects. Creating positive coping mechanisms, positive self-worth and body image are just some aspects that are worked on. Group therapies, one-to-one therapy, support groups, medication, and support systems are all interventions that a client would experience when recovering and staying in remission. Within society, more awareness needs to be brought to eating disorders and what these individuals go through. It typically is not thought of as a medical problem and diagnosis. However, it is and is just as serious.

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

Anorexia nervosa is a type of eating disorder where an individual wants their weight to be as low as possible. Afraid of gaining weight or having a weight at a certain number. These individuals will take any measure to ensure that they stay at a low weight and do not gain. Two common measures that these individuals take to prevent weight gain include not eating and making themselves throw up when they do eat. Individuals that have this specific eating disorder and severely underweight and malnourished.

Bulimia nervosa is another eating disorder where an individual eats a large portion of food within a small amount of time and then takes extreme measures to try and reverse the effects of consuming an excess amount. Two measures that these individuals take include inducing vomiting and over exercising. These individuals typically struggle with their mental and physical health. Degrading themselves and feeling guilty for their thought processes and actions. People who struggle with this eating disorder have ineffective coping mechanisms by using food to cope.

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, bulimia, and binge-eating include: Anorexia nervosa- weight loss, fatigue, hypothermia, bradycardia, hypotension, dizziness, abdominal discomfort, and abnormal menstrual patterns. Bulimia nervosa- abdominal discomfort, vomiting, sleep disturbances, impaired social functioning, depressed mood, weight fluctuations, and Russell's sign. Binge-eating disorder- weight fluctuations, abdominal discomfort, fatigue, and sleep disturbances.

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 cognitive behavioral therapy is one treatment modality that is effective for binge-eating disorder, anorexia nervosa, and bulimia nervosa. Behavioral interventions that are beneficial for binge-eating and bulimia nervosa include self-guided therapy and in person cognitive behavioral therapy. For anorexia nervosa family therapy, hospitalizations, focal psychodynamic psychotherapy, interpersonal psychotherapy, and specialized supportive care from a mental health professional are effective. These interventions will differ depending on the client's age a specific situation. There are currently no approved medications to treat anorexia nervosa, however, SSRIs are used.

For bulimia nervosa Fluoxetine, SSRIs, Topiramate, Citalopram, and Escitalopram are commonly used for this eating disorder. The main goal being to reduce the occurrence of binging and purging. For binge eating Lisdexamfetamine is approved, Topiramate, SSRIs, TCAs, anticonvulsants, and appetite suppressants are used to decrease binge episodes.

According to the book behavioral therapy for anorexia nervosa includes family therapy and earning privileges that are focused on the goal of improving weight. Exact to the article, the textbook also states that there are no medications to treat anorexia nervosa. For bulimia nervosa behavioral therapy also includes earning privileges along with SSRIs, Fluoxetine, Trazodone, and Tricyclics. Binge-eating disorder treatment modalities include SSRIs for weight management. However, ensuring to treat the disorder is the priority. Topiramate and lisdexamfetamine are used as also stated in the article. Cognitive behavioral therapy and dialectical behavioral therapy are recommended for all three eating disorders. In person group therapies are preferred in comparison to one-on-one individual therapy.

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

Some of my perceptions have changed regarding eating disorders since reading the article and textbook. One main perception that I had prior to reading was that eating disorders are simple. Just a bad relationship with food with issues on control with the individual wanting to be smaller. After reading I realized that eating disorders are not simple but complex and affect individuals in many ways. It is not just their relationship with food that is affected but their relationships with other people and with themselves. Knowing all the information regarding these disorders has opened my eyes to how complex it is for individuals. It is something's that someone can suffer with life long and need continued therapy and help throughout their entire life. These disorders when serious can also lead to additional health problems. These individuals suffer mentally and physically and require immense support.

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 the article has helped me understand the different eating disorders from a nurse's perspective by giving me an understanding of the disorders and what an individual can experience. Understanding the disorders allows me to ensure that I promote therapeutic communication, have respect and do not judge, have sensitivity and patience, recognize client cues, and promote a safe environment. All these aspects are essential from the nurse's point of view and need to be integrated into client care. While these are important for every client, sometimes individuals with eating disorders are thought of as not needing the same amount and heightened care that other clients need. The article supports the fact that these individuals struggle with a lot, mentally and physically, and need the same amount of care as every other client. Specific examples would include

understanding what the client can be going through and letting the client express what they are comfortable with and when. Recognizing client cues which can include isolation, having a depressed mood, and acting differently when it comes to food. Being able to recognize these behavior changes are essential. One last example would be ensuring a support and safe environment for the clients. Especially during meals time, these individuals struggle with this aspect and can have an increase in negative emotions when exposed to this environment. Clients' anxiety, depression, and agitation could increase during the challenging time of eating. That is why creating a safe and support environment is crucial for their well-being.