

**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?

When I reflect on my perceptions of the eating disorders, I often think about the precipitating factors that come into the development of anorexia nervosa, bulimia nervosa, and binge eating disorder. I think that this thought process, leading to a issue with body image, can often come from an emotional experience or trauma that occurred. An example of this would be if a student was bullied in middle school for their weight, then developed an eating disorder from then on throughout high school. I understand that recovering from a disorder like this can be a lifelong battle, requiring emotional healing and support from others. Coming from a nursing standpoint, it is crucial that the individual with the eating disorder deserves a nonjudgmental approach with compassion, especially with family members or close friends.

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

The eating disorders, anorexia nervosa and bulimia nervosa, are conditions regarding your mental health that involve unhealthy habits and relationships with food, weight, and body image in general. In anorexia nervosa, the distortion of body image is manifested by the idea that the individual feels “fat”, even though they have an extremely low BMI and body weight. However, in bulimia nervosa, the individual binges eats a high caloric content and then engages in purging behaviors. The two eating disorders are complete opposite of one another; In anorexia nervosa, the person has a complete loss of appetite, whereas in bulimia nervosa, there is an excessive appetite for savory and sweet foods.

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 individual is emaciated, or excessively thin in anorexia nervosa. Self-induced vomiting and overuse of laxatives is not uncommon, as well as consistently restricting the amount of intake during the day. Associated symptoms with the mental disorder include hypothermia, bradycardia hypotension with orthostatic changes, peripheral edema, lanugo (fine, neonatal-like hair growth) and many metabolic changes. For women experiencing an eating disorder, the symptom of amenorrhea occurs which is the absence of a menstrual cycle. This can be due to the extreme weight loss that occurs with the eating disorder. Those with anorexia nervosa are often obsessed with food, including actions of hoarding food and talking about recipes, but does not indulge in food themselves. There is a higher risk for depression and anxiety with this disorder.

In bulimia nervosa, the individual experiences an excessive, unsatisfiable appetite. They often suffer bingeing, which is the overindulgence of food, followed by behaviors to get rid of the calories taken in. These episodes usually occur in secret, without people knowing. It is followed by symptoms of abdominal discomfort, sleep social interruption, or self-induced vomiting. Purging is defined as the behavior that a person with bulimia nervosa does after eating large amounts of food: Self-induced vomiting or the misuse of laxatives, diuretics, or enemas, accompanied by fasting or excessive exercise. This can lead to dehydration and electrolyte imbalance.

Individuals with binge-eating disorder (BED) is similar to bulimia nervosa in the way that people with this disorder are binge eating. However, the person does not participate in purging behaviors. These people gain a substantial amount of weight as a result. The person feels uncomfortably full after binge eating. An important clinical sign is the guilt and depression after an episode.

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).

After reading the article provided for this assignment, I learned that cognitive behavioral therapy (CBT) is often the first-line treatment for eating disorders, specifically

bulimia nervosa and binge eating disorder. This is the therapy that assists individuals in reframing their rather negative thought patterns, looking at situations in a more positive light. However, family-based therapy (FBT) is also one of the main treatments for anorexia nervosa and bulimia nervosa. This is often used with adolescents diagnosed with this disorder, emphasizing the family's important role in the child's recovery process. Pharmacotherapy often used in these disorders are olanzapine, helping with weight loss and appetite in anorexia nervosa, fluoxetine in bulimia nervosa, lisdexamfetamine and topiramate in binge eating disorder.

In the textbook, it was explained that there has not yet been an identifiable medication that for an improvement in symptoms of anorexia nervosa. However, SSRIs (particularly fluoxetine) has been known to treat bulimia nervosa successfully. Other medications such as amitriptyline, desipramine, trazodone, and MAOIs have also been helpful. Currently, lisdexamfetamine has been approved by the FDA for treatment in binge eating disorder. However, studies have shown that CBT has been more beneficial in the treatments for these disorders than medication alone. It is also known that changing maladaptive behaviors and family approaches have been widely accepted as well.

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

My perceptions regarding eating disorders have changed greatly after reading both the chapter in the textbook and the article attached to the assignment. It opened my eyes to the possibility of other people being affected, such as males. Initially, I did not think about how males can struggle with body image regarding how muscular or lean they are. When I think of eating disorders, I always seem to think of women and younger girls who are overly observant of their weight and what they eat. I have also come to appreciate how important it is to intervene in the process of the eating disorder as early as possible. The mental health issues caused by these disorders become worse the longer it goes on, even becoming possibly life-threatening.

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 to understand all the different aspects that come into play with the eating disorders, including recognizing sudden and early symptoms like weight and appetite changes. I also learned the importance of asking open-ended questions, while approaching the patient in a nonjudgmental manner. In the article, there was specific therapeutic communication techniques provided. The nurse can say, "I am concerned with your eating. Can we talk about it?" This can help build trust while allowing the patient to feel comfortable enough to talk about their hardships regarding the eating disorder. The reading also mentioned how important a treatment and support team can be in the recovery process of the disorder, as it is crucial that the patient also undergoes emotional healing as much as physically.