

Eating Disorder Activity

Psychiatric Nursing 2025

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

Directions:

Please complete the following activity and turn it into the appropriate dropbox on Edvance360. This assignment is due at 0800 on **Monday June 30th**.

This assignment starts with a case study about Abby. Please read the case study then classify each behavior that is mentioned on the following page. The final part of the assignment is to answer the five questions on the last page.

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.

Case Study:

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. 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. 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?

Anorexia nervosa may be associated with a primary dysfunction of the hypothalamus. Serotonin and dopamine regulate eating behaviors in the hypothalamus.

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

The level of BMI that has been associated with the definition of obesity is 30 or greater.

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

Individuals with anorexia nervosa have distorted body image meaning they view themselves as fat when they are obviously extremely thin or excessively underweight.

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

Purging behaviors are when an individual forces themselves to vomit or they misuse diuretics, laxatives, or enemas. This may cause problems such as electrolyte imbalances, dehydration, and erosion of tooth enamel from gastric acid in the vomit. An individual may also develop tears in the esophageal or gastric mucosa. Due to repeated long-term self-induced vomiting, an individual may develop calluses on the dorsal surface of their hands which is usually their knuckles.

5. What are TWO priority problems for this patient? What are THREE nursing interventions for each of those priority problems?

<p>Priority Problem 1: Risk for Imbalanced Nutrition: Less than Body Requirements/Deficient Fluid Volume</p>	<p>Priority Problem 2: Denial</p>
<p>Nursing intervention:</p> <ul style="list-style-type: none"> • Monitor lab values, such as, potassium, calcium, phosphate, and magnesium while nutrition is being restored. • Perform daily weights first thing in the morning, after first void, and use the same scale. Assess skin integrity, moistness and color of oral mucous membranes. • Encourage the patient to identify and explore true feelings or fears associated with maladaptive eating behaviors. 	<p>Nursing intervention:</p> <ul style="list-style-type: none"> • Create a trusting relationship with the patient by being accepting, honest, and available by keeping all promises. • Acknowledge the patient’s feelings of loss of control brought about by the established eating regimen associated with the program of behavior modification. • Encourage the patient to verbalize feelings regarding their role within the family and issues related to dependence/independence and the intense need for achievement. Assist the patient to identify how maladaptive eating behaviors may be related to the emotional issues. Identify ways to maintain these problematic areas of life without resorting to maladaptive eating behaviors.