

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?
 - My background knowledge coming into this chapter comes from watching tv and consuming media when I was a kid. I was born in 2003 and for the most part I remember in movies, tv shows, and education in school on eating disorders put an emphasis on anorexia and bulimia. It depicted mostly young girls, a lot of the time athletes participating in these behaviors. As a kid it always made me uncomfortable to see because I would have those feelings of being overweight, but I came from parents who emphasized a healthy relationship with healthy foods, eating all of the food groups, and snacks are always ok to have. I remember watching an episode of full house that depicted DJ having traits of an eating disorder. Watching her overly exercise (to the point of passing out), limit food, and talk negatively about her body, all because she wanted to look better for a pool party. This was an episode that always stuck with me. In the episode, they talked about healthy ways to lose weight and eat nutritious foods to help her stay healthy and lose some weight if she wanted to.
2. Define anorexia nervosa and bulimia nervosa in your own words.

- Anorexia nervosa is an eating disorder characterized by limiting foods so severely to the point of no longer feeling hunger. I think of it as someone who is overly shadowed by their own view of themselves being to “fat” that they cannot see themselves in the state of dysfunction that not eating has put them into.
 - Bulimia nervosa is someone who has an uncontrolled eating binge of a large quantity of food in a short amount of time followed by inducing vomiting “purging” or other ways to rid the body of excess calories. Such as misuse of laxatives or the use of enemas.
3. List the clinical signs of anorexia nervosa, bulimia nervosa, and binge-eating disorder. Provide a summary of the differences between the three disorders.
 - Anorexia nervosa- Clinical signs include hypothermia, bradycardia, hypotension, peripheral edema, lanugo, amenorrhea, weight loss, cold intolerance, chest pain, tooth enamel loss, dizziness, abdominal bloating, constipation, pain or discomfort, weakness, poor concentration, and poor memory. They could possibly be food obsessed, and hoard or conceal food.
 - Bulimia nervosa- Clinical signs include abdominal discomfort, sleep or social interruption, self-induced vomiting, self-degradation, depressed mood, fasting, excessive exercise, tooth enamel loss, weight fluctuations, dehydration, electrolyte imbalance, hand and knuckle calluses, anxiety, depression, and excessive concern with personal appearance.
 - Binge eating disorder- Clinical signs include that food consumption is rapid and continues to a point where the patient feels uncomfortably full. Low-self-esteem and boredom are seen as triggers (out of control eating). After an episode they are filled with guilt and depression.
 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).
 - Treatment options in the article include the use of a treatment team that focuses on behavioral interventions, pharmacotherapy, a focus on bone health, and limited sports participation. Behavioral interventions include cognitive behavioral therapy and family-based therapy. Pharmacotherapy is utilized in conjunction with other therapies. Weight restoration is essential for bone density recovery. Limiting sports participation is needed because it can interfere with the healing process.
 - Treatment options in the book include treating the physical conditions first such as electrolyte imbalance, dehydration, emaciation, and nutritional status. Then treatment focused on behavior modification (to change maladaptive eating behaviors), family treatment (actively involving family), individual therapy (to explore unresolved conflicts and recognize maladaptive eating behaviors), and psychopharmacology are utilized.
 5. How have your perceptions regarding eating disorders changed after reading the article and textbook? Provide specific examples.

- After reading the article and the textbook I learned that the hypothalamus is the appetite regulator in the brain, and in conjunction with society and culture this is what affects the likelihood of someone having an eating disorder. I also learned that in many cases eating disorders present subtly in the early stages of the disorder may not meet the requirements for the disease classification, however they are still suffering from an eating disorder. Early detection is so important in eating disorders, but the signs and symptoms are often overlooked. Patients also in many cases come to receive help with the side effects or symptoms of an eating disorder, rather than the disorder itself. This helps to change my perception because the disease is often shown in media to stem from 2 sources, disordered eating being forced onto a child by family or parents or from societal norms placed heavily on the person from friends. The way family is used as a treatment method also helps to break that stereotype placed on mothers to their daughters.
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.
- This article helps me in understanding the initial evaluation of patients with eating disorders, such as, any recent weight loss can be considered a sign, boys becoming way too obsessive over the gym and becoming bulky and cut can also be a sign. It shows me assessing patients and educating everyone on the importance of a healthy well-rounded diet and exercise. It also teaches me to assess my patients, and no sign is to minimal or insignificant. Treatment having an emphasis on psychology and therapies makes sense to me as well as the considerations to bone health and the use of pharmacotherapy options in conjunction with other therapies. Many forms of treatment are needed to better work through eating disorders. The diagnosis of eating disorders is something that reading this article helped me in keeping straight. I often get them confused with each other, but they are each specific and different. Anorexia nervosa being an intense fear of gaining weight (being fat), restricting food, distorted body image, restrictive eating or binge eating/purging. Bulimia nervosa being self-worth comes from body shape and weight, binge eating and using unhealthy ways to prevent weight gain. Binge eating disorder is bingeing on foods with reoccurring episodes of binge eating with perceived loss of control, no behaviors to prevent weight gain are used.