

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 talking about disorders, they are quite common to come upon as a young girl. With social media being such an influence in every young teenage girl's life, perceptions of how you look are most commonly the highlight of social media. Most young girls may feel as if having an eating disorder is the only way of maintaining these "looks" they see on social media. I have never personally struggled with an eating disorder, but I have watched many family members and friends struggle with their body image. Eating disorders from what I have seen firsthand includes an obsession with calories, limiting what they eat, constantly body checking, and feeling insecure of one selves body image.

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

To me, anorexia nervosa is a type of eating disorder that includes restricting food eaten, not eating at all, constat calorie checking, as well as having mislead perceptions of what their body may look like. This is a disorder which limits food intake to the point of a person becoming underweight. On the other hand, bulimia nervosa is an eating disorder

in which the individual eats in large amounts at a time, then goes into episodes of throwing up or excessive laxative use to try to combat the weight gain one might have from the bingeing episode. To me, one is excessively restricting, whereas the other is not necessarily restricting food, but trying to restrict weight gain from eating.

3. List the clinical signs of anorexia nervosa, bulimia nervosa, and binge-eating disorder. Provide a summary of the differences between the three disorders.

Clinical signs of anorexia are that the patient has a distorted body image, is severely underweight or thin, excessive exercising, or restricting food. Symptoms include lanugo, amenorrhea, hypothermia, bradycardia, hypotension, metabolic changes, cold intolerance, dizziness, chest pain, abdominal bleeding, constipation, weakness, and decreased concentration may all be signs of this disorder. For bulimia nervosa, you will see the patient has bingeing episodes, as well as purging episodes to get rid of the food. The bingeing episode usually includes unhealthy food that is high in calories. Many individuals may also have symptoms of abdominal discomfort, social interruption, sleep, and self-induced vomiting episodes. Binge eating disorder is very similar clinically to bulimia nervosa, except there is no purge episode that follows the bingeing episode. Instead, patients may self-seclude due to guilt or depression of the amount of food they had just consumed. Low self-esteem, boredom, and stressors may induce these episodes for individuals struggling with BED.

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 states that treatment for anorexia nervosa first starts off with family-based therapy (youth) and CBT (adults). This therapy for AN is recommended as when there is family-based therapy involved, the remission rates are higher. Currently there are no medications approved for treatment of AN but some trials have been done to test the effectiveness of SSRIs for AN. In the book, they recommend behavior therapy as the first line treatments for AN and BN. It also discusses the use of family-based therapy for AN, and also describes the same trials with SSRIs as the article does. For BN, the article talks about CBT for BN, which is similar to what the book states. In the article and the book, they acknowledge the use of fluoxetine for BN, as well as other SSRIs. For BED, the article discusses use of CBT, due to the rates of sustained remission with patients. Medication wise, Lisdexamfetamine and Topiramate help decrease binge eating episodes and help stabilize weight. They do discuss uses of TCAs, SSRIs, and anticonvulsants to help with binge eating as well. In the book, it also attests that CBT or DBT is appropriate for BED patients, as well as discussing use of Lisdexamfetamine and topiramate to control binge episodes. It touches on SSRIs for treatment for this disorder 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 because I did not know the severity of how they may impact your health. Of course, doing those things to your body wouldn't result in the best outcomes for your health, but I did not know they could become so severe that women may have a loss of menstrual cycles, or that during treatment a goal is help someone regain their bone density, because It diminished with the habits the individual had with that eating disorder. Even though I knew the disorder can stem from mental disorders, I did not realize how many symptoms appear on the mental health aspect as well. When you think of signs of an eating disorder, you primarily think of physical signs, not mental.

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 better understand that eating disorders may not always be visible. Typically, they are hidden away, due to the person being shameful. As a nurse, I can observe physical and behavior signs that I am aware of now that might not just be someone who is "extremely thin". Eating disorders are not just restrictive in type, they come in all different behaviors and characteristics, and everyone can be affected by them. The article mentions that early identification of these disorders emits the best outcome for our clientele, and as a nurse I will strive to help recognize these disorders early on to give my clients the best outcome.