

# Eating Disorders

Unit 4

Chapter 22, Davis, Pgs. 567-589

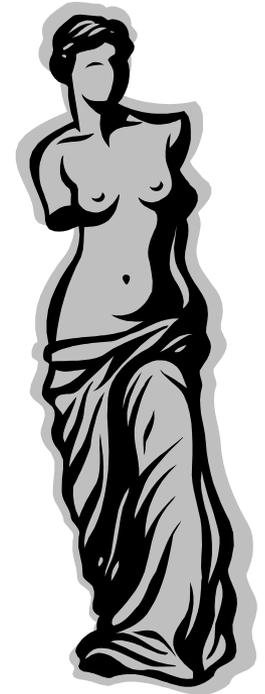
# Introduction

- The hypothalamus contains the appetite regulation center within the brain.
- It regulates the body's ability to recognize when it is hungry, when it is not hungry, and when it has been sated.



# Introduction (cont'd)

- Eating behaviors are influenced by
  - Society
  - Culture
- Historically, society and culture also have influenced what is considered desirable in the female body.



<https://youtu.be/gy90ucB2-8E>

# Epidemiological Factors

- Prevalence rate of anorexia nervosa among young women in the United States is approximately 1 percent.
- **Anorexia nervosa** occurs predominantly in girls and women ages 12 to 30 years.
- *Leading cause of death for a mental illness with one in five deaths from suicide*

National Association of Anorexia Nervosa and Associated Disorders



# Epidemiological Factors (cont'd)

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- **Bulimia nervosa** is more prevalent than is anorexia nervosa, with estimates of up to 4 percent of young women being affected.
- The onset of bulimia nervosa occurs in late adolescence or early adulthood.
- It occurs primarily in societies that emphasize thinness.

# Epidemiological Factors (cont'd)

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- **Binge Eating Disorder (BED)**
- **Obesity** has been defined as a body mass index (BMI) of 30 or greater.
- 68.5 percent of adult Americans are overweight, and 35 percent of these are in the obese range.
- More prevalent in African American and Latino cultures as well as women with low income

# Epidemiological Factors (cont'd)

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Why talk about obesity if it's not a mental disorder?  
(pg. 540)

- Because there are several mental disorders in which obesity is a significant problem and is often related to the side effects of psychotropic medications
- Can also be a risk factor for the development of depression
- *And*, BED carries a high risk for weight gain and obesity

# Application of Nursing Process

## Assessment

- Anorexia nervosa
  - Characterized by a *morbid* fear of obesity
  - Symptoms include gross distortion of body image, preoccupation with food, and refusal to eat.



# Anorexia Nervosa (cont'd)

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- Weight loss is extreme, usually more than 15 percent of expected weight.
- Other symptoms:
  - Hypothermia, bradycardia
  - Hypotension, edema, lanugo
  - Variety of metabolic changes.

What cues would you look for in an assessment of a patient suspected to have anorexia?

# Anorexia Nervosa (cont'd)

- Amenorrhea is typical and may even precede significant weight loss.
- There may be an obsession with food.
- Feelings of anxiety and depression are common.



# Anorexia Nervosa (cont'd)



1. Which is characteristic of the diagnosis of anorexia nervosa?
  - a) Obsession with weight gain
  - b) Body image disturbance
  - c) Disregard for the feelings of others
  - d) Healthy family relationships

# Application of Nursing Process

## ■ Bulimia nervosa

- Bulimia nervosa is an episodic, uncontrolled, compulsive, rapid ingestion of large quantities of food over a short period (bingeing).
- The episode is followed by inappropriate compensatory behaviors to rid the body of the excess calories (self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

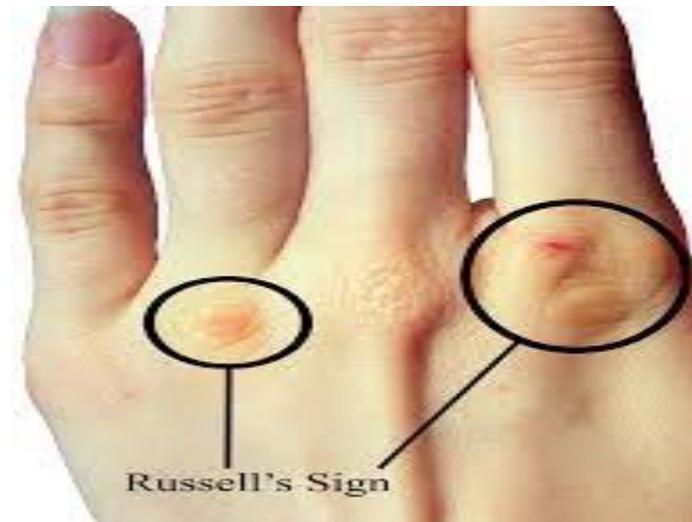
With these extremes of vomiting and misuse of laxatives, what is the patient at risk for?

# Bulimia Nervosa (cont'd)

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- Fasting or excessive exercise may also occur.
- Most patients with bulimia are within a normal weight range.
- Depression, anxiety, and substance abuse are not uncommon.
- Excessive vomiting and laxative or diuretic abuse may lead to problems with *dehydration and electrolyte imbalances*.

# Assessment Cues



# Assessment Cues



# Application of Nursing Process

- The *DSM-5* identifies binge eating disorder (BED) as an eating disorder that can lead to obesity.
  - The individual binges on large amounts of food, as in bulimia nervosa.
  - BED differs from bulimia nervosa in that the individual does not engage in behaviors to rid the body of the excess calories.

# Bulimia Nervosa (cont'd)



2. Which assessment finding would the nurse expect in clients diagnosed with bulimia?
- a) They are below normal weight.
  - b) They binge when they experience hunger.
  - c) They will be highly motivated to seek help.
  - d) They are within their normal weight range.

# Predisposing Factors

## 1. Biological influences

- **Genetics:** A hereditary predisposition to eating disorders has been hypothesized.
  - Anorexia nervosa is more common among sisters and mothers of those with the disorder than it is among the general population.
  - Possible chromosomal linkage sites have been suggested.

# Predisposing Factors (cont'd)

- Biological influences (cont'd)
  - **Neurobiological Influences**
    - There has been some speculation about a primary hypothalamic dysfunction in anorexia nervosa.
    - Bulimia nervosa may be associated with the neurotransmitters serotonin and norepinephrine.
    - Anorexia nervosa may be associated with high levels of endogenous opioids.

# Predisposing Factors (cont'd)

## 2. Psychodynamic influences

- Unfulfilled sense of separation-individuation
- Events threaten a vulnerable ego resulting in the need to exert control.
- Control over food provides that control



# Predisposing Factors (cont'd)

## 3. Family influences

- Historically, family influences were heavily considered as factors, but there is not sufficient evidence to support these claims.
- Family members should be involved in treatment rather than blamed for the issue.



# Body Mass Index

- A BMI range for normal weight is 20 to 24.9.
- Obesity is defined as a BMI of 30 or greater.
- Anorexia nervosa is characterized by a BMI of 17 or lower, or less than 15 in extreme cases.

$$\text{BMI} = \frac{\text{weight (kg)}}{\text{height (m}^2\text{)}}$$

# Nursing Process

## Nursing diagnoses

- Formed based on assessment cues and patient history
  - *Imbalanced nutrition*: Less than body requirements related to refusal to eat
  - *Deficient fluid volume* (risk for or actual) related to decreased fluid intake, self-induced vomiting, and laxative and/or diuretic abuse

# Nursing Diagnoses (cont'd)

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- *Ineffective denial* related to delayed ego development and fear of losing the only aspect of life over which he or she perceives some control (eating)
- *Imbalanced nutrition: More than body requirements* related to compulsive overeating

# Nursing Diagnoses (cont'd)

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- *Disturbed body image/low self-esteem* related to retarded ego development, dysfunctional family system, or feelings of dissatisfaction with body appearance
- *Anxiety (moderate to severe)* related to feelings of helplessness and lack of control over life events

# Outcomes

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## The patient

- Has achieved and maintained at least 80 percent of expected body weight
- Has vital signs, blood pressure, and laboratory serum studies within normal limits
- Verbalizes importance of adequate nutrition

# Outcomes (cont'd)

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## The patient (cont'd)

- Verbalizes knowledge regarding consequences of fluid loss caused by self-induced vomiting (or laxative/diuretic abuse) and importance of adequate fluid intake
- Verbalizes events that precipitate anxiety and demonstrates techniques for its reduction

# Outcomes (cont'd)

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- The patient (cont'd)
- Verbalizes ways in which he or she may gain more control of the environment and thereby reduce feelings of powerlessness
- Expresses interest in welfare of others and less preoccupation with own appearance

# Outcomes (cont'd)

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## The patient (cont'd)

- Verbalizes that image of body as “fat” was misperception and demonstrates ability to take control of own life without resorting to maladaptive eating behaviors (anorexia nervosa)

# Outcomes (cont'd)

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## The patient (cont'd)

- Has established a healthy pattern of eating for weight control and weight loss toward a desired goal is progressing (BED)
- Verbalizes plans for future maintenance of weight control (BED)

# Planning and Implementation

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- Hospitalization may be necessary in cases of:
  - Malnutrition
  - Dehydration
  - Severe electrolyte imbalance
  - Cardiac arrhythmia or severe bradycardia
  - Hypothermia
  - Hypotension
  - Suicidal ideation

# Planning and Implementation (cont'd)

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- Imbalanced nutrition/deficient fluid volume
  - Determine appropriate calories to provide adequate nutrition and weight gain.
  - Do not focus on food and eating specifically.
  - Keep a strict record of intake and output.
  - \*\* patients cannot go to the bathroom alone

# Planning and Implementation (cont'd)

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- Denial
  - Establish trusting relationship.
  - Avoid arguing or bargaining with the client.

# Planning and Implementation (cont'd)

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- Obesity
  - Encourage diary of food intake.
  - Provide instruction about medications.

# Planning and Implementation (cont'd)

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- Disturbed body image/low self-esteem
  - For client with anorexia nervosa or bulimia
    - Promote feelings of control.
    - Help client realize perfection is unrealistic.
  - For client with BED
    - Help identify positive attributes.
    - Refer client to a support or therapy group.

# Patient/Family Education

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- Nature of the illness
  - Symptoms of anorexia nervosa and bulimia nervosa
  - What constitutes obesity?
  - Causes of eating disorders
  - Effects of the illness or condition on the body

# Patient/Family Education (cont'd)

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- Management of the illness
  - Principles of nutrition
  - Ways client may feel in control of life
  - Importance of expressing fears and feelings, rather than holding them inside
  - Alternative coping strategies

# Patient/Family Education (cont'd)

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- Management of the illness (cont'd)
  - Correct administration of prescribed medications
  - Indication for and side effects of prescribed medications
  - Relaxation techniques
  - Problem-solving skills

# Patient/Family Education (cont'd)

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- For the obese client
  - How to
    - Plan a reduced-calorie, nutritious diet
    - Read food content labels
    - Establish a realistic weight loss plan
    - Establish a planned program of physical activity

# Patient/Family Education (cont'd)

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- Support services
  - Weight Watchers International
  - Overeaters Anonymous
  - National Association of Anorexia Nervosa and Associated Disorders
  - National Eating Disorders Association

# Evaluation

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- Evaluation of the patient with an eating disorder requires reassessment of the behaviors for which the client sought treatment.
- Behavioral change will be required by patient and family members.
- \* constantly look to see if improvements are being made

# Treatment Modalities

## 1. Behavior modification

- Issues of control are central to the etiology of these disorders.
- For the program to be successful, the client must perceive that he or she is in control of the treatment.
- \*\*this is how behavior modification
- works



# Treatment Modalities (cont'd)

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- Behavior modification (cont'd)
  - Successes have been observed when the patient:
    - Is allowed to contract for privileges based on weight gain
    - Has input into the care plan
    - Clearly sees what the treatment choices are

# Treatment Modalities (cont'd)

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- Behavior modification (cont'd)
  - The patient has control over
    - Eating
    - Amount of exercise pursued
    - Whether to induce vomiting
  - Staff and patient agree about
    - Goals
    - System of rewards

# Treatment Modalities (cont'd)

## 2. Individual therapy

- Helpful when underlying psychological problems are contributing to the maladaptive behaviors



# Treatment Modalities (cont'd)

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## 3. Family therapy

- Involves educating the family about the disorder
- Assesses the family's impact on maintaining the disorder
- Assists in methods to promote adaptive functioning by the patient
- \* What is the name of this approach?

# Treatment Modalities (cont'd)

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## 4. Psychopharmacology

- No medications are specifically indicated for eating disorders.
- Various medications have been prescribed for associated symptoms.
  - Anxiety
  - Depression

# Treatment Modalities (cont'd)

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- Psychopharmacology (cont'd)
  - Medications that have been tried with some success include:
    - For anorexia nervosa
      - Fluoxetine (Prozac)

# Treatment Modalities (cont'd)

- Psychopharmacology (cont'd)
  - Medications that have been tried with some success include: (cont'd)
    - For bulimia nervosa
      - Fluoxetine (Prozac)
      - Imipramine (Tofranil)
      - Desipramine (Norpramine)
      - Amitriptyline (Elavil)
      - Nortriptyline (Aventyl)
      - Phenzelzine (Nardil)

# Treatment Modalities (cont'd)

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- Psychopharmacology (cont'd)
  - Medications that have been tried with some success include: (cont'd)
    - For BED with obesity
      - Topiramate (Topamax)

# Treatment Modalities (cont'd)

- Psychopharmacology (cont'd)
  - Medications that have been tried with some success include: (cont'd)
    - For obesity
      - Fluoxetine (Prozac)
      - Various anorexiant (central nervous system stimulants)
      - Lorcaserin (Belviq)
      - Phentermine/topiramate (Qsymia)

# QSEN Teaching Strategy

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- Please be sure to read the QSEN info starting on pg. 552
- Then read through Box 21-5 which is using the QSEN domain of Evidence-based practice
- Great overview of how this is used in practice and why EBP is important
- Helpful in learning how to ask yourself questions to improve patient care and advance nursing practice

# Nursing Process

4. A client is 5'8" tall and weighs 105 pounds. The client has been taking laxatives daily, and self-induces vomiting after eating. Which is the priority nursing diagnosis for this client?
- a) Ineffective denial
  - b) Disturbed body image
  - c) Low self-esteem
  - d) Imbalanced nutrition, less than body requirements



# Predisposing Factors: Obesity (cont'd)

3. The nurse is teaching a class on obesity prevention. Which statement by a student indicates that learning about obesity has occurred?
- a) “Obesity is classified as a psychiatric disorder in the *DSM-5*.”
  - b) “Obesity is defined as a body mass index (BMI) of 25.0 to 29.9.”
  - c) “Eighty percent of offspring of two obese parents are obese.”
  - d) “Lesions in the appetite center in the thalamus may contribute to obesity.”



# Conclusion Eating Disorders



I need to ~~be~~  
~~skinnier.~~  
love myself.

edited by [thisisnotn.tumblr.com](https://www.tumblr.com/thisisnotn)