

**Anorexia Nervosa and Bulimia Nervosa**

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Eating is key to our survival. Without food, we would eventually fail to thrive, our body would be unable to maintain its homeostasis, and we would quite literally shrivel up and die. It is an instinctual process and from the time we are born, we know how to express our need for sustenance.

Today, eating has become a social activity. The majority of big events and special occasions are planned around a meal of some sort. Food is catered in or we have potlucks for birthdays and anniversaries. Weddings, funerals, and holidays are almost always planned in coordination with a feast.

Food can even be a mark of social status. The quality of the food you eat, where you shop for your groceries, the brands you frequently purchase, and even the restaurants where you choose to take the family out to eat can all be indicative of your financial well-being. You can be considered poor or well-off just by how much you are willing to spend and how you choose to feed your family.

However, what if you didn't want to eat? Of course, everyone (presumably) likes to eat, but some people wish they didn't. They wish they didn't like eating because they are so unhappy with their appearance and/or size that the thought of eating a light meal could induce panic, worry, or anxiety. They despise our social events because other guests may question why they don't eat the food. They are concerned about being seen eating too much or whether or not they will have a private place to go purge afterwards. This is the unfortunate truth behind an eating disorder.

### **Eating Disorders**

Eating disorders are documented as far back as the middle Ages (Videbeck, 2020). During these times, it has been written that female saints fasted for long periods of time in order

to achieve purity (Videbeck, 2020). Doctors in England during the 19<sup>th</sup> century wrote about young women who would participate in self-starvation in order to avoid obesity (Videbeck, 2020). In the 1960s, anorexia nervosa was established as an eating disorder with bulimia nervosa following suit in 1979 (Videbeck, 2020).

### **Freud's Personality Structure**

Sigmund Freud, “the father of psychoanalysis,” saw the personality structure as having 3 components: the id, ego, and superego (Videbeck, 2020). Each of these components can be idealized in eating disorders. The id seeks instant gratification and causes impulsive thinking such as “I need to be skinny as soon as possible” or “everyone thinks I’m fat. I shouldn’t have eaten that. I need to go throw it up” (Videbeck, 2020).

The superego reflects social expectations, among other things (Videbeck, 2020). This relates because the individual struggling with an eating disorder believes that society expects them to be a certain body type (Videbeck, 2020). The ego balances between the two in order to help the patient function successfully in the world (Videbeck, 2020). One aspect of the ego is the “ego defense mechanisms.” There are many ego defense mechanisms, but the one that most relates to these eating disorders is denial. Typically, when an individual has anorexia nervosa, they are in denial about their condition (Videbeck, 2020).

### **Anorexia Nervosa**

Anorexia nervosa is primarily what people think of when one mentions an eating disorder. It is also the psychiatric illness that has the highest mortality rate (Westmoreland et al, 2015). With anorexia, the patient will dangerously restrict calories to the point that it is difficult for the body to maintain a normal weight (Videbeck, 2020). The patient has a very unhealthy

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obsession with not gaining weight and avoiding a particular body shape (Videbeck, 2020).

Meanwhile, they refuse to accept that a problem exists (Videbeck, 2020).

There are 2 types of anorexic patients: the restrictive subtype and the binge eating/purging subtype (Videbeck, 2020). The restricting subtype is the one mentioned in the previous paragraph that restricts their nutrition intake to a dangerous minimum and usually engage in periods of fasting or intense exercise (Videbeck, 2020). The binge eating/purging subtype will typically eat large amounts of food then they will try to get rid of that food by way of self-induced vomiting or laxative abuse in an attempt to keep those extra calories from turning into fat (Videbeck, 2020). Some anorexic patients may be restrictive types but will still purge if they feel they've eaten a little too much (Videbeck, 2020).

Someone who is suffering from anorexia will avoid food, have a preoccupation with food or weight gain, have a fear of fat and be in denial about their condition (Pinhas et al, 2017). You may also notice that they have a gross misperception of their body size, they exercise more than most people, and have a history of extreme weight loss over the last 6 months (Pinhas et al, 2017).

### **Bulimia Nervosa**

Bulimia nervosa, or just "bulimia," is another well-known eating disorder. It is typically confused with the binge/purge subtype of anorexia. However, with bulimia, the patient may have a completely normal body type (Videbeck, 2020). Bulimic patients are characterized by having frequent episodes of binge eating more than normal people could eat, then self-inducing vomiting in order to purge those calories (Videbeck, 2020). Patients that fall into this category are typically ashamed with their behavior and will binge eat in secret (Videbeck, 2020). The

stomach acid that will inevitably be brought up with their food will eventually destroy tooth enamel and can damage the lining of the esophagus (Videbeck, 2020).

Purging is a dangerous act for a patient. Some will not only engage in self-induced vomiting, but they will also use laxatives inappropriately in order to quickly eliminate weight from the body (Westmoreland et al, 2015). Syrup of ipecac has also become popular to induce vomiting rather than sticking fingers down one's throat. This action is also dangerous though and can result in irreversible cardiomyopathy (Westmoreland et al, 2015).

Signs and symptoms of bulimia can include dizziness, high heart rate, sore throat, abdominal pain, GERD, blood in vomit, irregular periods, tooth enamel damage, enlarged parotid glands, acne, dry skin, hypoglycemia, low insulin, adrenal disturbance, and low prolactin (Langdon, 2019).

### **Risk Factors for Eating Disorders**

Both anorexia and bulimia have risk factors of obesity and childhood dieting (Videbeck, 2020). Bulimic patients may also have possible serotonin and norepinephrine disturbances or a chromosome 1 susceptibility (Videbeck, 2020). Patients with both eating disorders may also have a genetic predisposition to anxiety and perfectionism as well as psychiatric comorbidities (Westmoreland et al, 2015). Other risk factors include socialization concerns and a personality trait that pairs harm avoidance with reward dependence (Westmoreland et al, 2015).

### **Treatment for Eating Disorders**

Treatment for anorexia nervosa can be a difficult process as the patients are usually unwilling to comply (Videbeck, 2020). Most patients that are diagnosed with anorexia are in denial about their actions and their illness (Videbeck, 2020). Nutritional rehabilitation is usually an important treatment for these patients (Westmoreland et al, 2015), as well as hospitalization,

day treatment programs, or outpatient therapy, depending on the severity of the patient's condition (Videbeck, 2020).

There have been multiple drugs that have been used but few have shown a lot of success for anorexia (Videbeck, 2020). Olanzapine has seen success with helping the patient with their body dysmorphia issues, while Prozac has also had success keeping the patient from relapsing after the weight has been lost (Videbeck, 2020).

The most successful treatment for bulimia has been cognitive-behavioral therapy (CBT) (Videbeck, 2020). With this approach, the aim is to change the patient's thinking and actions in regard to food (Videbeck, 2020). They also hope to interrupt the cycle of dieting, bingeing, and purging (Videbeck, 2020). There has also been success with web-based CBT programs and smartphone apps that can help an individual with an eating disorder self-manage (Videbeck, 2020).

### **Conclusion**

It's ironic to think that in a world where eating has become such a social construct, that people could be so judgmental of others, simply because of their body size and type. More often than not, these expectations for physical perfection fall on women in our misogynistic society. 90% of all cases of anorexia nervosa and bulimia occur in women (Videbeck, 2020). The number of men diagnosed with an eating disorder may be much larger, in reality, yet they are less likely to seek treatment (Videbeck, 2020).

While the majority of the general population is dissatisfied with their body image and have been preoccupied with dieting at some point, eating disorders are estimated to have only affected 2-4% of the population in the US (Videbeck, 2020). Half of the people diagnosed with anorexia exhibit the bingeing and purging behavior seen in bulimic patients (Videbeck, 2020). At

the same time, 30-35% of bulimic patients have had a history of anorexia and low body weight (Videbeck, 2020).

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