Eating Disorders:

Los Angeles County College of Nursing and Allied Health

N233

Medical Surgical and Psychiatric Nursing

Required Reading

- Townsend 8th edition
- Chapter 31
- Lecture Notes

OBJECTIVES

- Implements the nursing process for individuals experiencing an eating disorder
- Discusses the therapeutic management for eating disorders
- Differentiates between eating disorders

Eating Disorders

- Eating disorders are classified as psychological illnesses
- Characterized by persistent abnormal eating patterns and habits
- Eating disorders impact health, productivity and relationships with others

Eating Disorders

- Anorexia Nervosa
- Bulimia Nervosa
- Binge eating disorder
- Prader Willi Syndrome

Society and Culture

- ✖ Society sets unrealistic expectations for appearance, equating thinness with being successful and popular

Eating Disorders Statistics

- In the United States approximately 30 million people have an eating disorder
- Eating disorders have a high mortality rate
- 1 in 5 anorexia deaths is by suicide
- Patients with eating disorders have comorbidities

History and Epidemiology of Anorexia Nervosa

- The incidence of A/N increased in the US and Western Europe in the past 30 years
- In the US approximately 1% of young women are affected (12-30 years of age)
- Fewer than 10 % of anorexia cases are males

Statistics

- Eating disorders are increasing in children as young as 7 years old
- 13 percent of high school girls purge
- 40 percent of 9-year-old girls have dieted

Anorexia Nervosa Diagnostic Criteria

- Restriction of energy intake relative to requirements
- Intense fear of gaining weight
- Disturbance in the way in which one’s body weight or shape is experienced

Anorexia Nervosa Forms

Restrictive type: The person loses weight by dieting, fasting and/or excessive exercise and has not engaged in binging and purging in the last 3months.

Anorexia Nervosa Forms

- **Binge-eating/purging type**: During the last three months, The individual has engaged in recurrent episodes of binge eating or purging behaviors (i.e., self-induced vomiting, misuse of laxatives, diuretics or enemas

Binging

Is an episodic, uncontrolled, compulsive, rapid ingestion of large quantities of food over a short period of time

Purging

Purging to rid the body of excessive calories

- Self induced vomiting
- Missuse of laxatives
- Diuretic abuse
- Enemas

Anorexia Nervosa

Causes

- Complex interaction of genetics, biological, behavioral, social and family influences

Risk Factors

- Gender
- Age
- Family history
- Mental health
- Situation
- Social

Sisters

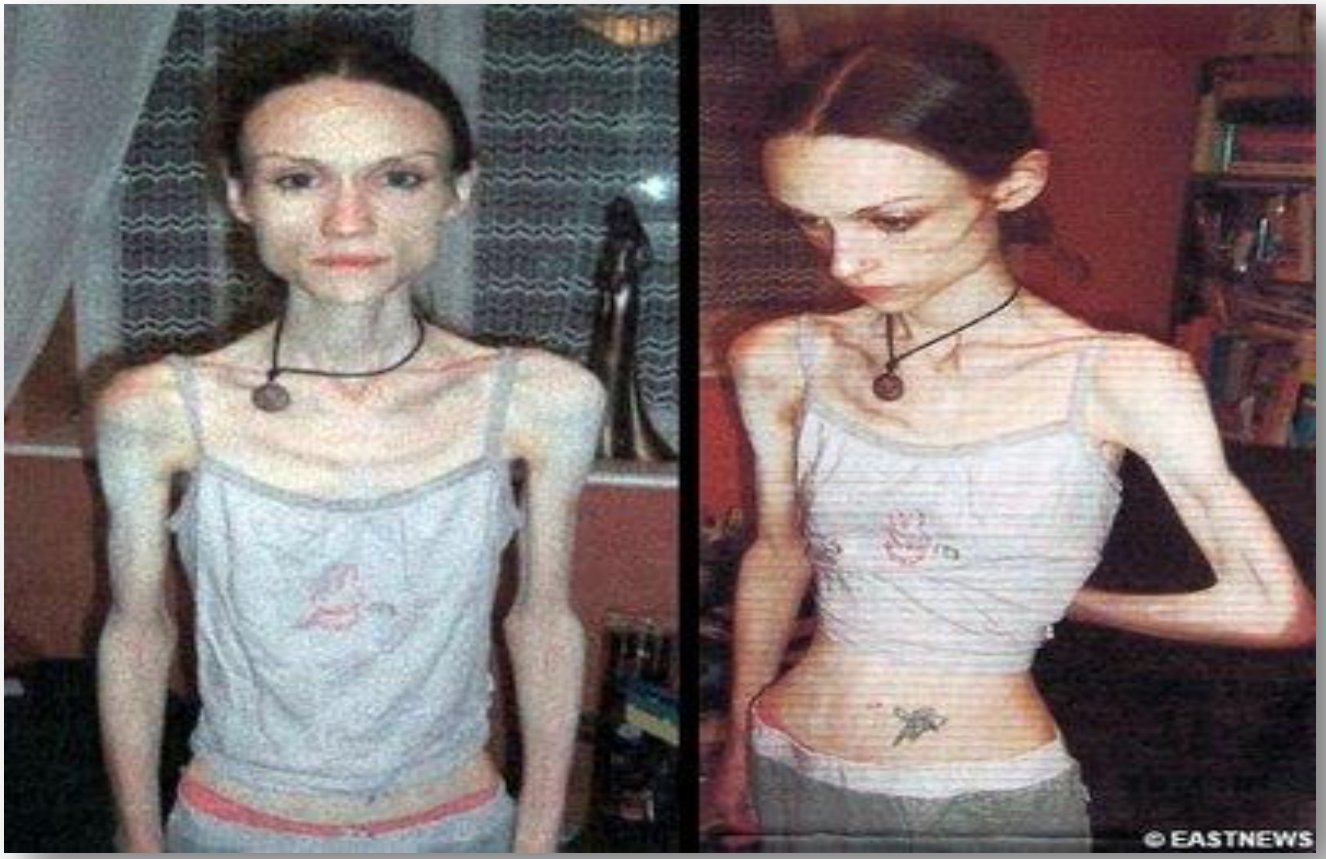
Physiologic Factors

- The major neurotransmitter system involved in eating disorders are serotonin and dopamine
- The brain of a person with an eating disorder may not release balanced amounts of these neurotransmitters

Clinical Manifestations

- Extreme thinness (emaciation)
- Thinness of the bones (osteopenia, osteoporosis)
- Dry and yellowish skin
- Breast tissue atrophy
- Hypothermic
- Lanugo

Appearance



Clinical manifestations of AN

- ✖ Thinning hair or alopecia
- ✖ Mild anemia and muscle wasting
- ✖ Decreased heart rate and low blood pressure
- ✖ Severe constipation
- ✖ Joint swelling feeling tired
- ✖ Amenorrhea and infertility

Characteristics of Anorexia Nervosa

- ✖ Compulsive exercise habits
- ✖ Overly preoccupied with food
- ✖ Body dysmorphia

Perfectionism and obsessive need for control are two dominating personality traits in people with anorexia

Body Image

Treating Anorexia Nervosa

- All forms of psychotherapy
- Cognitive behavioral therapy
- Reasonable diet with or without liquid supplements
- Vitamin and mineral supplements
- Activity curtailment
- SSRI's

Review Goals

- Memory Trigger The 3 R's
- Restoring nutritional status
- Reasonable weight maintenance
- Reestablishing normal eating behaviors

Bulimia Nervosa

- Is characterized by episodes of binge-eating followed by feelings of guilt, humiliation, depression and self-condemnation
- Followed by inappropriate compensatory behaviors to rid the body of the excess calories

Bulimia Nervosa

- Usually bulimic behavior is done secretly because it is often accompanied by feeling of disgust or shame

Bulimia Nervosa Diagnostic Criteria

- Recurrent episodes of binge eating
- Recurrent inappropriate compensatory behaviors in order to prevent weight gain
- Self-evaluation that is unduly influenced by body shape and weight

Predisposing Factors to Bulimia

- Exact cause is unknown
- Interplay of : genetic, biological, behavioral, environmental, family and psychosocial factors

Predisposing Factors to Bulimia

- Gender
- Childhood obesity
- Early pubertal maturation
- Genetic vulnerability
- Overanxious disorders of childhood

Characteristics of Bulimia

- Intestinal distress and irritation from laxative abuse
- Severe dehydration from purging of fluids
- Electrolyte imbalance

Clinical Manifestations for BN

- Appears thin, normal or slightly overweight
- Persistent sore throat, heartburn
- Callus or scarring on back of the hands and knuckles
- Tooth staining, loss of dental enamel & caries

Complications of Bulimia

- ✖ Possible gastric rupture during episodes of binging
- ✖ Parotitis and gum infections
- ✖ Dehydration F&E imbalances
- ✖ Chronic irregular bowel movements
- ✖ Increased risk of mood and anxiety disorders
- ✖ Increased risk of substance abuse
- ✖ Rectal prolapse

Diagnosing and Treating Bulimia Nervosa

- Evaluation of upper GI disorder
- Psychological evaluation
- Lab tests
- Base line ECG

Treating BN

- Cognitive Behavior Therapy
- Centering on issues that cause the behavior , not the behavior itself
- Work on their extreme perfectionism & weight control behavior
- Antidepressants/Antianxiety meds.
- Self-help Groups

Contrast anorexia from bulimia

Anorexia

Bulimia

Physiology of AN and BN

- Endocrine abnormalities
- Electrolyte & Metabolic abnormalities
- Cardiac & Cardiovascular disturbances
- Gastrointestinal complications
- Other abnormalities

Quick Review of Anorexia

- More common in teen agers
  - Intense fear of obesity
  - Feels fat when thin
  - Avoids eating
  - Refusal to maintain body weight
  - Amenorrhea

Quick Review of Bulimia

- More common in women in their 20's
- Recurrent binge eating followed by purging
- Persistent over-concern with body shape
- Appears of normal size

Binge Eating

- With binge eating disorder a person loses control over his, her eating
- As a result, they are often over-weight or obese
- They also experience guilt, shame, about their binge eating

Binge Eating Disorder

- Binge-eating disorder (BED) involves rapidly eating large amounts of food, usually in secret and feeling out of control of what and how much one is eating.
- These episodes are followed by feelings of guilt, shame and emotional distress

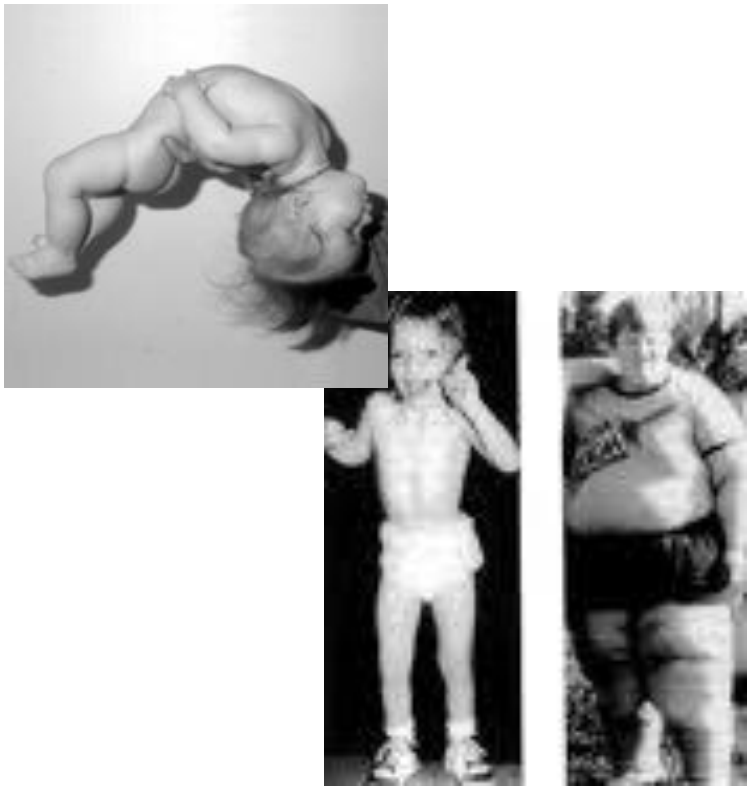
Binge-Eating Disorder

- Bing-Eating Disorder differs from Bulimia in that is not associated with the regular use of inappropriate compensatory behaviors (e.g., purging, fasting, excessive exercise etc.)

Binge Eating Disorder Nursing Interventions

- Establish a therapeutic nurse-patient relationship
- Promote an accepting non-judgmental atmosphere
- Help patients to learn other coping strategies
- Offer support and encouragement

Prader Willi Syndrome (P.W.S.)



Prader-Willi Syndrome

- A complex genetic disorder
- Low muscle tone
- Short stature
- Incomplete sexual development
- Cognitive disabilities
- Chronic feeling of hunger leading to excessive eating and life threatening obesity

Prader-Willi Syndrome

- People with PWS have a flaw in the hypothalamus
- Failure to register feeling of hunger and satiety
- Appetite suppressants do not work for them
- Require an extremely low-calorie diet all their lives and must have their environment designed to have very limited access to food

Questions

- “Without skepticism there are no questions; with no questions there is no research; and with no research there are no answers”