



Mental Health Nursing: Eating Disorders

By Mary B. Knutson, RN, MS, FCP

Maladaptive Eating

- Food may be used to satisfy unmet emotional needs, to moderate stress, and to provide rewards or punishments
- People can have unrealistic images of their ideal body size and desired body weight



Continuum of Eating Regulation Responses

■ **Adaptive responses:**

Balanced eating patterns, appropriate caloric intake, and healthy body weight

↔ Occasional overeating or skipping meals

↔ Overeating or fasting under stress →

■ **Maladaptive responses:**

↔ Frequent bingeing, fasting, night eating, or severe dieting

↔ Anorexia, Bulimia, Binge eating disorder, or Night eating syndrome

Maladaptive Eating Illnesses



Sociocultural norms may result in a distorted body image

- Inability to regulate eating habits and the frequent tendency to overuse or underuse food
- Interferes with biological, psychological, and sociocultural integrity

Scope of the Problem

- Eating disorders can cause biological changes that include altered metabolic rates, profound malnutrition, and possibly death
- Obsessions about eating can cause psychological problems like depression, isolation, and emotional lability

Eating Disorders



- **Anorexia nervosa** occurs in approximately 0.5% to 1% of females
- About 5% to 10% with anorexia are male
- Usual onset between 13 and 20, but can occur in any age
- Although hungry, a person with anorexia refuses to eat because of distorted self-perception of fatness
- Starvation ensues
- Can become a chronic illness
- Estimated mortality from anorexia nervosa is 5% of those with the disorder

Eating Disorders (continued)



- **Bulimia nervosa** is more common,
 - Estimated to occur in 1% to 4% of population, mostly in females
 - 4% to 15% of female high school and college students
- Onset usually at 15 to 18 years old
- Uncontrolled binge eating alternating with vomiting or dieting
- Bulimia and anorexia both may be present in the same patient
- Bulimia usually occurs in people of normal weight, but may be in obese or thin people



What is Purging?

- Behaviors may include:
- Excessive exercise
- Forced vomiting
- Over-the-counter or prescription diuretics, diet pills, laxatives, or steroids
- Laxative abuse is common, but it is an inefficient way to lose calories

More Eating Disorders



- **Binge Eating Disorder** is consuming large amounts of calories in a contained amount of time
- Differs from bulimia because they do not attempt to prevent wt gain by purging behaviors
 - Prevalence is approximately 2% to 4% of population



- **Night eating syndrome** includes pattern of awakening during the night that is associated with food intake
 - It is not yet listed as a separate eating disorder in DSM-IV-TR
 - Prevalence is estimated to be 1.5% in general population and 27% among severely obese population seeking surgical tx

Medical Complications of Eating Disorders

- CNS- Fatigue, seizures, weakness
- Renal- Hematuria, proteinuria, and renal calculi
- Hematological- Anemia, leukopenia
- GI- Dental caries and erosion, esophagitis, gastric dilatation, pancreatitis, high cholesterol
- Metabolic- Acidosis, dehydration, starvation, potassium depletion or hypokalemia, osteoporosis, alkalosis
- Endocrine- Amenorrhea, irregular menses
- CV- Bradycardia, postural hypotension, dysrhythmia (sudden death)

Predisposing Factors



- Psychological- rigidity, perfectionism
- Environmental- illnesses, sexual abuse, drug abuse, media influences
- Familial- risk increases in female relatives
- Biological- probable relationship to serotonin and dopamine levels (regulated in hypothalamus)
- Precipitating stressors include peer pressure, daily solitude, interpersonal rejection or loss of a significant other

Psychiatric Complications

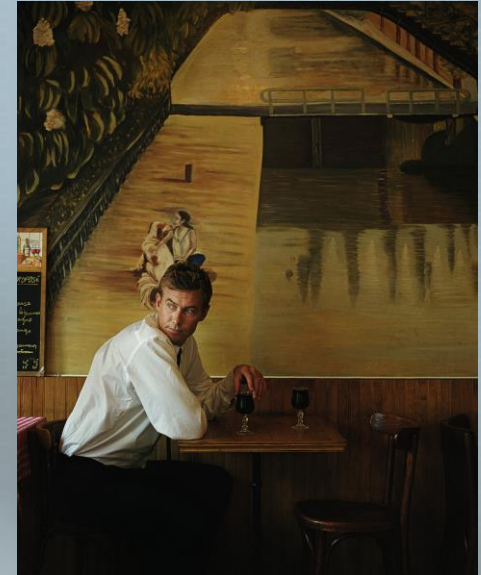


- Many people with eating disorders also have depression, anxiety, and substance abuse
- Bulimia may also be associated with posttraumatic stress disorder
- People with antisocial personality disorders are more likely to have bulimia



Alleviating Factors

- Important coping resource is motivation to change behavior
- Includes intrapersonal, interpersonal, cultural, and social factors



Medical Diagnosis

- Anorexia nervosa
 - Includes intense fear of gaining wt, and disturbed body image
 - >15% below minimum normal wt for age/ht
 - Can be restrictive type or binge-eating/purge type
- Binge eating disorder
- Bulimia nervosa

Diagnoses as listed in Diagnostic and statistical manual of mental disorders, ed 4, text revision, Washington DC, 2000, American Psychiatric Association.

Examples: Nursing Diagnosis

- Anxiety related to fear of weight gain, e/b rituals associated with food preparation and eating
- Disturbed body image related to fear of weight gain, e/b verbalization of being “fat” while being 30% below ideal weight
- Powerlessness r/t perceived lack of control over eating behaviors, e/b inability to stop binge eating and avoidance of food-related settings
- Imbalanced nutrition: more than body requirements e/b 40% over IBW, and sleep apnea

Nursing Diagnoses (continued)

- Imbalanced nutrition: less than body requirements e/b being 25% below body IBW, and weakness r/t malnutrition and anemia
- Chronic low self esteem r/t to feelings of low self-worth e/b verbalization of sole standard of success being r/t physical attractiveness
- Risk for self-mutilation r/t feelings of inadequacy e/b injuries caused by excessive exercise and self-induced vomiting



Nursing Care

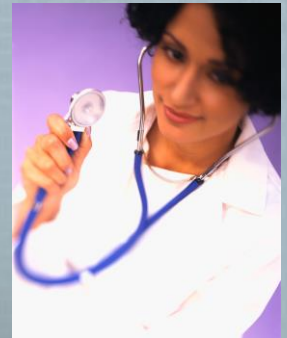


- Assess subjective and objective responses
- Recognize defense mechanisms
 - Denial, avoidance, intellectualization, isolation of affect
- Choose outpatient or inpatient tx setting
- Utilize nurse-patient contracts



Implementation

- Stabilize nutritional status
 - Refeeding interventions such as NG tube feeding or total parenteral nutrition (TPN) are rarely used
- Monitor activity
- Promote family involvement
- Utilize group therapies
- Administer medication, if ordered
 - No drugs have been completely effective for anorexia, but antidepressants may be helpful



Interventions (continued)



- Utilize cognitive behavioral intervention to help pts become aware of their cognitive distortions
- Teach alternative eating regulation responses to assist in problem solving and making healthier decisions
- Include body image intervention
- Explain consequences of maladaptive eating responses
- Set realistic goals together



Evaluation

- Patient Outcome/Goal
 - Patient will restore healthy eating patterns and normalize physiological parameters related to body weight and nutrition
- Nursing Evaluation
 - Was nursing care adequate, effective, appropriate, efficient, and flexible?



References



- Stuart, G. & Laraia, M. (2005). Principles & practice of psychiatric nursing (8th Ed.). St. Louis: Elsevier Mosby