

# Eating Disorders

## Introduction:

Eating Disorders are illnesses that are characterized by irregular eating habits and extreme distress or concern about body weight or shape. Eating disturbances may involve inadequate or excessive food intake which can basically cause harm to a person's well-being. The most common forms of eating disorders are anorexia nervosa, bulimia nervosa, binge-eating disorder, pica, rumination disorder, Avoidant or restrictive food intake disorder (ARFID), and other specified Feeding or eating disorder (OSFED). Read this study guide and learn more about eating disorders (anorexia nervosa and bulimia nervosa), its nursing care management, interventions, and assessment

**Definition:** Eating disorders are characterized by a repeated disturbance of eating or eating-related behaviour that results in the altered consumption or absorption of food and that significantly diminishes physical health or psychosocial functioning.

## Types of eating Disorder:

The most common eating disorders found in the mental health setting are anorexia nervosa, bulimia nervosa, binge-eating disorder, pica, rumination disorder, avoidant or restrictive food intake disorder (ARFID), and other specified feeding or eating disorder (OSFED).

- **Anorexia Nervosa.** Anorexia nervosa is a life-threatening eating disorder characterized by the client's refusal or inability to maintain a minimally normal body weight, intense fear of gaining weight or becoming fat, significantly disturbed perception of the shape or size of the body, and steadfast inability or refusal to acknowledge the seriousness of the problem or even that one exists.
- **Bulimia Nervosa.** Bulimia nervosa, often simply called bulimia, is an eating disorder characterized by recurrent episodes (at least twice a week for 3 months) of binge eating followed by inappropriate compensatory behaviours to avoid weight gain such as purging, fasting, or excessively exercising.
- **Binge-eating disorder (BED).** Binge-eating disorder is another eating disorder characterized by recurrent episodes of binge eating but it is not associated with the recurrent use of inappropriate compensatory behaviours as in bulimia nervosa, and does not occur exclusively during the course of bulimia nervosa, or anorexia nervosa methods to compensate for overeating, such as self-induced vomiting.
- **Pica.** Pica is an eating disorder that involves persistent eating of non-nutritive substances such as hair, dirt, and paint chips for a period of at least one month.
- **Rumination disorder.** Rumination disorder is characterized by repeatedly and persistently regurgitating food after eating, but it's not due to a medical condition or another eating disorder such as anorexia nervosa, bulimia nervosa, binge-eating disorder, or avoidant/restrictive food intake disorder.
- **Avoidant/Restrictive Food Intake Disorder (ARFID).** Avoidant or restrictive food intake disorder is an eating or feeding disturbance characterized by persistent failure to meet appropriate nutritional or energy needs due to having no interest in eating regarding food with certain sensory characteristics, such as colour, texture, smell or taste; or fear of choking.

- **Other Specified Feeding or eating disorder (OSFED).** Other specified feeding or eating disorders or (OSFED) are eating behaviours that cause clinically compelling distress and impairment in areas of functioning, but do not meet the full criteria for any of the other feeding and eating disorders

### **Causes:**

A specific cause for eating disorders is unknown; initially, dieting may be the stimulus that leads to their development.

- **Biologic factors.** Studies of anorexia nervosa have shown that these disorders tend to run in families; genetic vulnerability also might result from a particular personality type or a general susceptibility to psychiatric disorders.
- **Developmental factors.** Onset of anorexia nervosa usually occurs during adolescence or young adulthood; some researchers believe its causes are related to developmental issues.
- **Family influences.** Girls growing up amid family problems and abuse are at higher risk for both anorexia and bulimia; disorders eating is a common response to family discord.
- **Sociocultural factors.** Adolescents often idealize actresses and models as having the perfect “look” or body even though many of these celebrities are underweight or use special effects to appear thinner than they are; pressure from others also may contribute to eating disorders.

### **Clinical features:**

The following are the signs and symptoms of eating disorders:

#### **Symptoms of anorexia nervosa include:**

- Fear of gaining weight or becoming fat even when severely underweight.
- Body image disturbance.
- Amenorrhea or absence of menstrual period.
- Depressive symptoms such as depressed mood, social withdrawal, irritability, and insomnia
- Preoccupation with thoughts of food.
- Feelings of ineffectiveness.
- Inflexible thinking.
- Strong need to control environment.
- Limited spontaneity and overly restrained emotional expression.
- Complaints of constipation and abdominal pain
- Cold intolerance.
- Lethargy.
- Emaciation.
- Hypotension, Hypothermia, bradycardia.
- Hypertrophy of salivary glands.
- Elevated BUN.
- Electrolyte imbalances.
- Leukopenia and mild anaemia
- Elevated liver function studies.

### **Symptoms of bulimia nervosa include:**

- Recurrent episodes of binge eating.
- Compensatory behaviour such as self-induced vomiting, misuse of laxatives, diuretics, enema or other medications, or excessive exercise.
- Self- evaluation overly influenced by body shape and weight.
- Usually within normal weight range, possible underweight or overweight.
- Restriction of total calorie consumption between binges, selecting low-calorie foods while avoiding foods perceived to be fattening or likely to trigger a binge.
- Depressive and anxiety symptoms.
- Possible substance use involving alcohol and stimulants.
- Loss of dental enamel.
- Chipped, ragged, or moth-eaten appearance of teeth.
- Increased dental caries.
- Menstrual irregularities.
- Dependence on laxatives.
- Oesophageal tears.
- Fluid and electrolyte abnormalities.
- Metabolic alkalosis (from vomiting) or metabolic acidosis (from diarrhoea).
- Mildly elevated serum amylase levels.

### **Diagnostic Evaluation:**

The following diagnostic tests and assessment cues are commonly used for patients suspected with eating disorders:

- Physical or mental status examination
- **Complete blood count (CBC).** The haemoglobin levels are typically normal, although elevations are observed in states of dehydration; the white blood cell count (WBC) is typically low due to increased margination, and thrombocytopenia is also observed.
- **Liver function tests.** Liver function test results are minimally elevated, but levels encountered in patients with active hepatitis are not observed; albumin and protein levels are usually normal, because although the amount of food intake is restricted, it usually contains high-quality proteins.
- Baseline ECG
- Confirmed, if ICD 10 Criteria met

## Medical Management

Medical management focuses on weight restoration, nutritional rehabilitation, rehydration, and correction of electrolyte imbalances.

- **Nutritional rehabilitation and weight restoration.** Clients receive nutritionally balanced meals and snacks that gradually increase caloric intake to a normal level for size, age, and activity.
- **Family-based therapy.** Individuals with anorexia nervosa may respond best to family-based treatment, also known as the Maudsley method, an established therapeutic modality for achieving and maintaining remission from anorexia nervosa.
- **Cognitive behavioural therapy (CBT).** CBT is an evidence-based, effective treatment for bulimia nervosa (BN); behavioural approaches to avoiding undesirable eating habits are used, including diary keeping; behavioural analyses of the antecedents, behaviours, and consequences (so-called ABCs) associated with binge eating and purging episodes; and exposure to food paired with progressive response prevention regarding binge eating and purging.
- **Individual Psychotherapy**
- **Behavioral therapy**

## Pharmacologic Management

- **Electrolyte supplements.** Electrolyte repletion is necessary in patients with profound malnutrition, dehydration and purging behaviours; repletion may be done orally or parenterally, depending on the patient's clinical state.
- **Appetite Stimulant**
- **Neuroleptics**
- **Antidepressants, SSRIs.** These agents have been reported to reduce binge eating, vomiting, and depression and to improve eating habits, although their impact on body dissatisfaction remains unclear.

## Nursing Management for Eating Disorders

Nursing care for a client with eating disorder include the following:

- **Nursing Assessment**

Although anorexia and bulimia have several differences, many similarities are found when assessing.

- **History.** Family members often describe clients with anorexia nervosa as perfectionists with above-average intelligence, achievement oriented, dependable, eager to please, and seeking approval before their condition began; clients with bulimia, however, often have a history of impulsive behaviour such as substance abuse, shoplifting, as well as anxiety, depression, and Personality disorder.
- **General appearance and motor behaviour.** Clients with anorexia appear slow, lethargic, and fatigued; they may be emaciated depending on the amount of weight loss; clients with bulimia may be underweight or overweight but are generally close to expected body weight for age and size.
- **Mood and affect.** Clients with eating disorders have labile moods that usually correspond to their eating or dieting behaviours.
- **Thought processes and content.** Clients with eating disorders spend most of the time thinking about dieting, food, and food-related behaviour.
- **Self-concept.** Low self-esteem is prominent in clients with eating disorders

**References:**

Sreevani R. A guide to mental health and psychiatric nursing. New Delhi: Jaypee Brothers Medical Publishers; 2016.

Townsend MC. Psychiatric Mental Health Nursing. 8th ed. Jaypee Brothers Medical Publisher (P) Ltd;

PGPathshala [Internet]. e. [cited 2023May4]. Available from: <https://epgp.inflibnet.ac.in/>

Psychiatric Nursing Archives [Internet]. Nurseslabs. [cited 2023May4]. Available from: <https://nurseslabs.com/category/nursing-notes/psychiatric-nursing>