

Eating Disorders: Anorexia Nervosa and Bulimia Nervosa

Anorexia nervosa often has its onset associated with a stressful life event. Individuals with this disorder intensely fear obesity. Body image is distorted, and a disturbed self-concept is common. There is a preoccupation with foods that prevent weight gain and a phobia against foods that produce weight gain. This eating disorder can be life-threatening. Death can occur from starvation, suicide, cardiomyopathies, or electrolyte imbalances.

Assessment

- Appetite loss and refusal to eat
- Appetite denial
- Feelings of lack of control
- Compulsive exercising
- Overachiever and perfectionist

Physical alterations

- Decreased temperature, pulse, and blood pressure
- Weight loss
- Gastrointestinal disturbances such as constipation
- Teeth and gum deterioration
- Esophageal varices from induced vomiting
- Electrolyte imbalances
- Dry, scaly skin
- Presence of lanugo on extremities
- Sleep disturbances
- Hormone deficiencies
- Amenorrhea for at least three consecutive menstrual periods
- Cyanosis and numbness of extremities
- Bone degeneration

Bulimia Nervosa

Bulimia nervosa involves indulgence in eating binges followed by purging behaviors. Individuals have repeated episodes of excessive and uncontrollable consumption of large amounts of food (binges), followed by inappropriate compensatory actions such as self-induced vomiting, misuse of cathartics (e.g., laxatives), diuretics, and/or self-starvation. Most clients remain within a normal weight range but think that their lives are dominated by eating-related conflict.

Assessment

- Preoccupied with body shape and weight
- Preoccupation with thoughts of food
- Extreme fear of gaining weight
- Consumption of high-calorie food in secret; guilt about secretive eating

- Binge-purge syndrome
- Attempts to lose weight through diets, vomiting, enemas, cathartics, and amphetamines or diuretics
- A need to control yet experiences feelings of powerlessness or loss of control
- Low self-esteem
- Poor interpersonal relationships
- Decreased interest, or absence of interest, in sex
- Mood swings
- Electrolyte imbalances

Physical alterations

- Similar to those that occur with anorexia nervosa

Anorexia Nervosa vs. Bulimia Nervosa

Similarities

- Disturbed eating behavior
- Body image distortion
- Psychological factors
- Medical complications
- Comorbidity

Differences

Weight Status

- *Anorexia nervosa*: Low body weight, often 15% or more below expected weight for height and age
- *Bulimia nervosa*: May maintain a relatively normal weight, although may experience weight fluctuations

Eating Patterns

- *Anorexia nervosa*: Severely restricted food intake, engage in excessive exercise and other weight-control behaviors
- *Bulimia nervosa*: Recurrent episodes of binge eating followed by compensatory behaviors

Frequency of Binge-Purge Episodes

- Binge eating episodes are a core feature of bulimia nervosa

Perception of Body Weight

- *Anorexia nervosa*: Perceive themselves as overweight even when they are severely underweight
- *Bulimia nervosa*: More accurate perception of body size and shape but dissatisfied with it

Degree of Control

- *Anorexia nervosa*: Strong need for control over food intake, weight, and body shape
- *Bulimia nervosa*: Feelings of loss of control during binge eating episodes, followed by attempts to regain control through purging behaviors

Prognosis

- *Anorexia nervosa*: May experience more severe physical complications due to extreme weight loss and malnutrition

Nursing Interventions for Eating Disorders

- Establish a one-to-one therapeutic relationship with the client; the nurse needs to establish trust and recognize any client's reluctance to establish a relationship
- Establish a plan concerning the nutritional plan for the day
- Assist in identifying precipitants to the eating disorder
- Encourage the client to express feelings about the eating behavior and how the client feels about their body
- Be accepting and nonjudgmental
- Work on exploring self-concept and establishing identity
- Implement behavior modification techniques
- Individual, group, and family therapy
- If in a healthcare facility, supervise during mealtimes and for a specified period after meals, and monitor intake and output; set a time limit for each meal, and provide a pleasant, relaxed environment for eating
- Monitor for signs of physical complications related to the eating disorder
- When a client's weight is below 75% of ideal body weight, provide immediate medical stabilization as an inpatient
- Weigh daily at the same time, using the same scale, after the client voids (weighing each day may decrease anxiety in some clients); when weighing the client, ensure that the client is wearing the same clothing as when the previous weight was taken
- Monitor and restore fluid and electrolyte balance
- Monitor elimination patterns
- Assess and limit the client's activity level (*anorexia nervosa* and *bulimia nervosa*)
- Encourage the client to participate in diversional activities
- Assess suicide potential
- Administer antidepressant medication if prescribed
- Encourage psychotherapy