Food Frenzy

As I opened the refrigerator door, my stomach growled with anticipation... suddenly, I realized I'd gone too far. In two minutes I had destroyed an all-day effort to avoid eating. Well, no need to get depressed. I might as well eat my fill of everything now. I'll just have to get rid of it later. I knew how. I'd done it dozens of times before.

Mindlessly, I began shoveling handfuls of food into my mouth. I devoured huge amounts of leftovers from Christmas dinner, breakfast, and even from days before... Anonymous

Introduction

- Nutrition is important to sustain life
- Hypothalamus contains the appetite regulation center
- Society and culture influence eating
  - Social activity
  - The way women should look
- Eating disorders have increased in the past thirty years
Eating Disorders

Theories About Eating Disorders
(ANOREXIA AND BULEMIA)

- Psychodynamic Influences
  - Weight control derives for the desire to suppress adult sexual development
  - Have strong perfectionist tendencies
  - Want to achieve complete control
  - Eating disorder is triggered by a stressor where the girl believes she has lost control over some aspect of her life
- Family Influences
  - Power and control:
    - Parental criticism leads to perfectionistic behavior
    - Client will attempt to control others with eating disorder
  - Conflict avoidance: “sick” child is the cause of family problems

Theories Continued
(Anorexia and Bulimia)

- Neuroendocrine Abnormalities:
  - Impairment of dopamine regulation
  - High levels of opioids
  - Elevated levels of cortisol
- Genetics:
  - Common among sisters and mothers of those with the disorder
  - High frequency of mood disorders among first degree relatives

General Nursing Assessment

- Assessment
  - Weight
    - Present weight
    - How much was lost or gained
  - Eating patterns
    - Binge-purge cycle
    - Eating in secret?
  - Activity
    - Compulsive exercise
    - Sedentary lifestyle
  - Family and Psychosocial Factors
    - Presence of overt marital conflict
    - Chaos family life
    - Anxiety/Depression
### Nursing Assessment Continued

#### THE ANOREXIA NERVOSA PATIENT

- Underweight (15% of expected weight)
- 13-22 years old (mean age of 18)
- Cachexia
- Hair loss
- Yellowish skin
- Lanugo
- Cyanosis of extremities
- Anxiety and depression
- Peripheral edema
- Amenorrhea
- Denies hunger
- Intense fear of gaining weight
- Introverted
- Rigid and controlled family environment
- Bradycardia
- Hypotension
- Hypothermia

#### The Bulimia Nervosa Patient

- Normal or overweight
- Age 20-30
- Chipmunk face
- Enlarged parotid glands
- Chronic hoarseness
- Dental caries
- Dehydration
- Depression
- Anxiety
- Electrolyte imbalance (hypokalemia)
- Poor impulse control among family members
- Introverted
- High incidence of compulsive behaviors (stealing etc)
- Fasting or excessive exercise
- Rapid ingestion of large quantities of food followed by vomiting, laxatives, diuretics

### Remember The Signs And Symptoms of Hypokalemia

- Depressed and prolonged ST segment and depressed and inverted T Wave
  - Dysrhythmias:
    - ventricular fibrillation
    - cardiac arrest
- Hypotension
- Slow and weakened pulse
- Shortness of breath
- Confusion
- Convulsions
- Dysphasia

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Nursing Assessment Continued
THE OBESE PATIENT

- Definition
  - BMI of 30 or greater is considered obese
  - High risk for hyperlipidemia, IDDM, osteoarthritis, angina, respiratory insufficiency

- Predisposing factors
  - Genetics: 80% of children born to obese parents will be obese
  - Lifestyle: high caloric intake, sedentary lifestyle
  - Psychosocial influences: unresolved dependency needs, oral fixation
  - Physiological factors: lesions in the appetite and satiety centers, hypothyroidism, excessive cortisone production

General Goal Guidelines

- Restore nutritional balance
- Emphasis on gaining control over life situations
- Promotion of Self-esteem and positive self-image

Goals For The Anorexic or Bulimia Patient

- The client will
  - Gain one kg per week
  - Demonstrate two positive behaviors she can substitute for purging two weeks after treatment starts
  - Remain safe with the aid of staff support and supervision
  - By (date), client will be able to name two people she can talk to when thinking of suicide
  - By (date), client will explore feelings of anger and hopelessness with the nurse
  - Client will identify two personal strengths by (date)
  - Client will name two personal accomplishments she is proud of by (date)
Goals For The Obese Patient

- Client will demonstrate change in eating patterns resulting in a steady weight loss over the next 3 months
- The client will state that she feels better about her situation and will name two strengths or supports in three weeks

Nursing Diagnosis For The Anorexic-Bulimia Patient

- Imbalanced nutrition: less than body requirements RT refusal to eat
- Deficient fluid volume RT self induced vomiting, laxative use
- Imbalanced nutrition: more than body requirements RT compulsive overeating
- Disturbed body image /low self esteem RT dysfunctional family system or dissatisfaction with body appearances
- Anxiety RT feelings of helplessness and lack of control over life events

Nursing Diagnosis For The Obese Patient

- Ineffective individual coping related to low self-esteem and unmet emotional needs, as evidenced by compulsive overeating
- Imbalanced nutrition: more than body requirements as evidenced by a BMI of greater or equal than thirty
Nursing Interventions For The Anorexia-Bulimia Patient

- Consult dietician
- Review privileges and restrictions based upon compliance with treatment
- Weigh client daily
- Offer small portions to encourage eating
- Stay with client during 30 min-1 hour after meals
- Avoid arguing or bargaining with client
- Set limits on behavior
- Encourage client to verbalize feelings regarding role within the family and issues RT dependence and independence
- Assist the client to develop a realistic perception of body image and relationship with food

Signs and Symptoms of Adverse Side Effects of Refeeding
Varcarolis (1994), pg. 728

- Abdominal discomfort
- Nausea
- Edema
- Constipation or diarrhea
- Gastric dilation
- Hypophosphatemia
- Congestive heart failure

Nursing Interventions For The Obese Client

- Encourage the client to keep a diary of food intake
- Discuss feelings and emotions associated with eating
- With input from the client formulate an eating plan
- Identify realistic goals for weekly weight loss
- Plan an exercise program: walking is the preferred method
- Discuss the probability of reaching plateaus when weight remains stable for periods of time
- Ensure the client has privacy during self-care activities
- Have client recall coping patterns related to food in family of origin
- Determine clients motivation for weight loss
- Help client identify positive self attributes
Eating Disorders

Evaluation For The Anorexic-Bulimia Patient
- Has the client gained 2-3 pounds per week
- Is the client free of the S&S for malnutrition and dehydration
- Does the client consume adequate calories determined by the Dietitian
- Is the client hiding food
- Have there been any attempts to vomit or take laxatives
- Has the client acknowledged that perception of body image as “fat” is incorrect and that her eating behaviors are maladaptive

Criteria For Inpatient Admission Of Clients With Eating Disorders
- Suicidal ideations
- Severely out of control
  - Self mutilating
  - Abusing large amounts of laxatives or diuretics
- Severely emaciated (20% below normal)
- Hypothermia (body temperature of less than 36 degrees celcius)
- Already medically compromised (infections)
- In need of extensive diagnostic work-up for medical and/or psychiatric problems

Treatment Modalities
- Behavior Modification
  - A system of rewards and privileges that can be earned
  - Developing a “contract” with the client
- Individual Therapy
  - Explore unresolved conflicts that lead to maladaptive eating behaviors
- Family Therapy
  - Eating disorders are considered a family disorder
  - Focus is on feelings of guilt with the perception that they may have contributed to the disorder and problematic interrelationship dynamics
- Psychopharmacology: Treat anxiety and depression
References

- Frisch, N. & Frisch, L. (2002). Psychiatric mental health nursing understanding the client as well as the condition. 2nd ed. Colorado: Delmar Thomson Learning