Nursing Care Considerations for the Hospitalized Patient with an Eating Disorder

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KEYWORDS

• Anorexia nervosa • Bulimia nervosa • Binge eating disorder • Eating disorders
• Inpatient • Hospitalization • Nursing diagnoses • Nursing care

KEY POINTS

- Eating disorders are serious conditions.
- A comprehensive nursing assessment is essential.
- Nursing interventions are tailored to the individual needs for optimal outcomes.

Eating disorders are chronic psychiatric illnesses with significant medical complications, psychological distress, and psychiatric comorbidity. In addition to being a public health concern,[1] eating disorders are among those psychiatric illnesses having the highest mortality.[2] Although many patients are treated on an outpatient basis, inpatient care for the more severely ill patient can be challenging given the severity of illness and concurrent issues. This article provides an overview of the clinical characteristics of eating disorders typically seen for inpatient care and key areas for nursing assessment and intervention during hospitalization.

EPIDEMIOLOGY

Anorexia nervosa (AN) affects 0.3% to 2.2% of women over the lifetime and bulimia nervosa (BN) affects 1% to 3% of this same group.[3] Binge eating disorder (BED) affects up to 3.5%% of the population.[3] The number of men with eating disorders is

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increasing in recent years due to changes in diagnostic criteria and reporting; however, overall, women are up to 3 times more likely to be affected.[1] Onset of AN and BN is typically during adolescent and early adulthood but may occur at other ages. BED is more likely to begin later in life.[4] These disorders seem to be most prevalent in Western cultures, although studies suggest that binge eating behavior is equally or more common in minority groups compared with white samples.[5]

CAUSES

Although the cause of eating disorders is elusive, several factors are likely to have a contributory role. Sociocultural and environmental factors, including the media and peer influences, are thought to be influential.[6] Family characteristics, including parenting styles,[7] dynamics and discord,[8] and parental personalities,[9] likely play a role. Biological variables, including genetics, neurotransmitter regulation, and hormonal functioning, have been implicated.[6] Negative affect, low self-esteem, and dieting commonly predate the onset of an eating disorder, although causality has not been shown. Because none of these factors offers a sufficient explanation alone, it is likely that there are several pathways to the development of an eating disorder, and the possibility of a constellation of interactive factors contributing to vulnerability and expression.

DIAGNOSTIC CRITERIA

Anorexia Nervosa

The Diagnostic Statistical Manual of Mental Disorders, 5th edition (DSM-5) defines AN as occurring in individuals who restrict their energy intake resulting in a significantly low body weight or, in the case of children and adolescents "less than minimally expected."[10] These individuals are terrified of gaining weight and are severely influenced by a distorted perception of their own body shape and weight.[10] AN is classified into 2 subtypes: (1) restricting, with no routine binge eating or purging; and (2) binge-eating / purging, with regular binge or purge episodes.[10]

Bulimia Nervosa

BN occurs in individuals who are in a normal weight range or who may be overweight. Patients experience recurring binge eating episodes characterized by the consumption of a large amount of food in a short period of time accompanied by a loss of control over the behavior. To avoid gaining weight, patients use inappropriate purging (eg, self-induced vomiting, laxative abuse, enemas) or nonpurging (eg, fasting, diuretics, extreme exercise) compensatory behaviors. Frequency of binge eating and compensatory episodes averages at least once a week for 3 months or more.[10] As with AN, body shape and weight are pivotal to self-esteem.

Other Eating and Feeding Disorders

Several other eating and feeding disorders sometimes are encountered in the hospital setting. BED is characterized by repeated binges, similar to those seen in BN, occurring at least once weekly.[10] Unlike BN, no compensatory behaviors occur in BED; thus, these individuals tend to be above normal weight. Binges cause distress and are often associated with rapid eating and feeling uncomfortably full despite not being physically hungry.[10] More common to infancy and early childhood are pica, rumination disorder, and avoidant / restrictive food intake disorder.[10] "Other specified" and "unspecified" feeding or eating disorders are diagnoses used when individuals do not meet full criteria for 1 of the former diagnoses or there is a need for more information.[10]