

Caring for a person who has an Eating disorder

Case study

Alina is 17 years old. She has been a dedicated athlete since early childhood. Alina was brought to the hospital after she fainted at school. She has been admitted to the adolescent ward and has been diagnosed as having anorexia nervosa. On discharge, her treatment will involve primary care services.

The following information could help you nurse a patient like Alina.

What is an eating disorder?

The two most common eating disorders are anorexia nervosa and bulimia nervosa and eating disorders not otherwise specified which are characterised by disordered eating patterns, abnormal perceptions of weight and appearance, and often obsessions with exercise and purging. Between two and three per cent of adolescent and adult females experience an eating disorder. Anecdotally, the number of men presenting with eating disorders is rising.

Anorexia nervosa is characterised by a loss of at least 15 per cent of body weight resulting from a range of the following — a refusal to consume sufficient food despite extreme hunger; a disturbance of body image perception; an intense fear of becoming 'fat' and losing control; a tendency to exercise obsessively; and a preoccupation with the preparation of food for others to eat.

A significant proportion of people with anorexia nervosa will progress to other eating disorders, particularly bulimia nervosa. Anorexia nervosa is one of the top three chronic conditions of adolescence — it is 10 times more prevalent than diabetes, and only slightly less common than asthma. In addition, of the three eating disorder conditions, anorexia nervosa has the highest mortality rate of all mental disorders. One in five (20 per cent) people with anorexia nervosa will die due to the illness.

The life of a person with **bulimia nervosa** is dominated by an obsessive control of their weight. This condition is characterised by eating binges that involve the consumption of large amounts of calorie-rich foods, during which the person feels a loss of personal control and self-disgust; attempts to compensate for binges and avoid weight gain by self-induced vomiting or abuse of laxatives or fluid tablets; and a combination of restricted eating and compulsive exercise.

The person with bulimia is usually average or slightly above average weight for height and is often less recognisable than the person with anorexia. There may be evidence of dental erosion, electrolyte imbalance or swelling around the face due to irritation of the salivary glands.

Causes and onset of eating disorders

Actual causes remain disputed, with biological, psychological and social factors involved. A combination of risk and predisposing factors may be involved. For example, females are more likely to develop eating disorders than males. Some twin studies suggest a significant genetic component and chemical or hormonal imbalances (perhaps associated with adolescence) in the body could act as triggers. In approximately 70 per cent of cases, onset follows a severe life event or difficulty.

Eating disorders are conditions that develop over time, sometimes taking years. Both anorexia nervosa and bulimia nervosa often start with a period of food restriction of some kind, which gradually increases. The disorders have an average duration of six to seven years, although some people never fully recover and continue to have abnormal attitudes to food and eating.

Symptoms and physical effects of eating disorders

Typical behaviours associated with eating disorders include difficulties with activities involving food; deceptive behaviours relating to food (for example, pretending to have eaten); difficulties in expressing feelings; mood swings; changes in personality; depression; loneliness due to self-imposed isolation; a reluctance to develop personal relationships; fear of the disapproval of others should the illness become known, which is tinged with the hope that family and friends might intervene and provide assistance.

The physical effects can be very serious, but are generally reversible if the illnesses are tackled in the early stages. However, if left untreated, severe anorexia nervosa and bulimia can be fatal. Responding to early warning signs and obtaining early treatment is essential.

Many of the effects of anorexia are related to malnutrition and include a severe sensitivity to the cold, growth of down-like hair all over the body and an inability to think rationally and concentrate. Bulimia nervosa is likely to cause erosion of dental enamel from excessive vomiting, swollen salivary glands, the possibility of a ruptured stomach and a chronic sore throat and gullet.

Both illnesses, when severe, can cause:

- ◆ kidney dysfunction
- ◆ urinary tract infections and damage to the colon
- ◆ dehydration, constipation and diarrhoea
- ◆ seizures, muscle spasms or cramps (resulting from chemical imbalances)
- ◆ chronic indigestion
- ◆ loss of menstruation or irregular periods (in females)
- ◆ strain on most of the body organs.

Diagnostic issues

It is important that identification and screening of eating disorders occurs in primary care and non-mental-health settings. When screening, one or two simple questions should be considered for use with specific target groups (for example, 'Do you worry excessively about your weight?'). Target groups for screening should include young women with relatively low body mass index (BMI); people with weight concerns when not overweight; women with menstrual disturbances or amenorrhoea; people with gastrointestinal symptoms or physical signs of starvation or repeated vomiting; and children with poor growth. Young people with type 1 diabetes and poor treatment adherence should also be screened and assessed for the presence of an eating disorder.

A person's perspective on what is it like to have an eating disorder

'It is tormenting, exhausting, emotionally painful, draining and means that I live in fear daily. I have a sense that there is nothing positive or worthwhile about me, the numbers going down on the scales are the only glimmer of something that I can define as "good" about myself. I need to hang onto this glimpse of "goodness" (weight loss) because I cannot see any other reason why I deserve to exist.'

Some reported reactions to people who have eating disorders

Nurses who have worked with people who have eating disorders have reported the following reactions:

- Inadequacy** Nurses may feel inadequate when they are unable to help the person develop and maintain a healthy weight.
- Frustration** Some nurses have difficulty interacting with and caring for people who appear to willingly starve themselves. It is not uncommon for nurses to report feeling disgusted at the illness and to perceive that the person has only themselves to blame and should 'pull themselves together'.
- Struggle for power** When a nurse engages in activities that require a person to change their eating behaviours — despite the person's own potential resistance — this situation can set up a power struggle between the two. If there is not a consistent and accepted approach to the issues, there is also the potential for conflict to develop between care providers and with the person with the eating disorder.
- Resentment** Nurses who make every effort to encourage a person with an eating disorder may experience feelings of resentment towards the person, especially if he or she attempts to deceive staff (for example, by hiding food or secretly vomiting).

Goals for nursing a person who has an eating disorder

Appropriate goals for caring for a person with an eating disorder in a community or hospital setting include:

- ◆ Develop a relationship with the person based on empathy and trust.
- ◆ Promote the person's sense of positive self-regard.
- ◆ Encourage no further decrease in the person's weight and promote a slow increase of the person's weight to a healthy range.
- ◆ Promote positive health behaviours and an understanding of the side-effects of an eating disorder.
- ◆ Promote the person's engagement with their social and support network.
- ◆ Ensure effective collaboration with other relevant service providers, through development of effective working relationships and communication.
- ◆ Support and promote self-care activities for families and carers of the person experiencing an eating disorder.

Guidelines for responding to a person who has an eating disorder

- ◆ Arrange for an initial or follow-up psychiatric assessment if their care plan needs reviewing. A mental health assessment may be appropriate to undertake — see the MIND Essentials resource ‘What is a mental health assessment?’.
- ◆ A person’s cultural background can influence the way symptoms of mental illness are expressed or understood. It is essential to take this into account when formulating diagnosis and care plans. Indigenous Mental health workers or multicultural mental health coordinators and the Transcultural Clinical Consultation Service from Queensland Transcultural Mental Health Centre are available for advice and assistance in understanding these issues.

For more information please visit www.health.qld.gov.au/pahospital/qtmmc/default.asp

- ◆ Be aware of the person’s increased risk of self-harm and suicide. Assess whether they display any indicators of suicidal thinking. Refer to the MIND Essentials resource ‘Caring for a person who is suicidal’.
- ◆ Ask the person about their concerns regarding the disorder and its treatment. Most people experience mixed feelings about their disorder and need to feel that acknowledging the disorder and accepting treatment will not lead to total loss of control.
- ◆ Talk with the person about self-perception. Try not to criticise or judge, instead provide empathy while also giving your perception of the situation. Adopt a ‘serious-but-friendly’ attitude with comments like: ‘I understand that you see yourself as fat, but people are very concerned about you being underweight.’
- ◆ To increase the person’s self-confidence, encourage him or her to make independent decisions appropriate to their situation. This will enable the person to feel that he or she has control over their care.
- ◆ Encourage the person to verbalise positive feelings about his or her appearance and self.
- ◆ Encourage the person to become involved in activities that do not focus on food or physical activity.
- ◆ Encourage the person to start using relaxation techniques to counteract anxiety and tension associated with eating.
- ◆ Do not overreact if the person is hiding food or vomiting. Instead, discuss these issues openly. Try not to avoid the problem, but rather encourage the person to talk to you about feelings of guilt or anxiety if he or she has the urge to vomit.
- ◆ The person may deny problems with eating but may be able to relate to the consequences, such as poor concentration that affects work or study. Use this as an opportunity to talk gently about some of these consequences (for example, malnutrition and the brain).
- ◆ Provide family members and carers with information about the illness, if appropriate, as well as reassurance and validate experiences with the person. Encourage family members and carers to look after themselves and seek support if required.
- ◆ Be aware of your own feelings when caring for a person with an eating disorder. Arrange for debriefing for yourself or any colleague who may need support or assistance with feelings such as frustration, helplessness and anger — this may occur with a clinical supervisor or an employee assistance service counsellor.

The Employee Assistance Service provides confidential, short-term counselling free-of-charge to Queensland Health staff to assist them to resolve personal and work related problems. For more information visit <http://qheps.health.qld.gov.au/eap/home.htm>

Treatment for eating disorders

Changes in eating behaviour might be caused by a number of illnesses other than anorexia nervosa or bulimia nervosa, so a thorough physical examination is the first step in treatment. Once the illness has been diagnosed, a range of health practitioners might be involved in treatment, as the illness affects people both physically and mentally. It is likely that the person will require treatment for a considerable time, often for a number of years. Psychiatrists, psychologists, nurses, physicians, dietitians, social workers, occupational therapists and dentists may all play a role in assisting a person to recover.

There has recently been a trend away from hospitalisation for people who have eating disorders. However, hospitalisation may be necessary for people who are severely malnourished from anorexia, have uncontrollable vomiting, have medical complications (for example, fainting and/or cardiac abnormalities), have suicidal behaviour or who do not respond to outpatient treatment. The preferred method of treatment is a more flexible approach, which may involve short-term inpatient treatment, outpatient or day-patient treatment. Outpatient treatment is generally preferred for people with bulimia.

Therapies may include:

- ◆ assessment and treatment of underlying and comorbid psychiatric problems (for example, depression and/or anxiety)
- ◆ individual or group psychological approaches aimed at increasing self-esteem, developing assertiveness skills and teaching anxiety management
- ◆ cognitive behaviour therapy aimed at correcting dysfunctional thinking patterns and assumptions about food, eating and body image
- ◆ family therapy aimed at teaching families to effectively communicate emotion, to set limits, to resolve arguments and to solve problems more effectively
- ◆ specific counselling (for example, to deal with issues of sexual identity or sexual abuse) where indicated.

Discharge planning

Discuss referral options with the person and consider referrals to the following:

- ◆ Statewide Eating Disorders Outreach Service. Referral form available from http://hi.bns.health.qld.gov.au/mental_health/eating_disorder/default.htm
- ◆ GP
- ◆ Community Child Health
- ◆ Community Health
- ◆ Mental Health Services (infant, child and youth or adult)
- ◆ Private service providers

To access the contact numbers and details for your local services use QFinder (available on QHEPS) or call 13HEALTH (13 43 25 84).

Further reading

For more information, see Isis — The Eating Issues Centre at www.isis.org.au and the Eating Disorders Association at www.eda.org.au (internet access required).

Sources

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