Eating Disorders in the Adult

Physical assessment

**Anorexia Nervosa**
- Malnourished appearance
- Dulled reflexes
- Hypotension
- Decreased body temperature
- Hair loss
- Loss of muscle mass

**Bulimia**
- Loss of skin turgor
- Dehydration
- Persistent vomiting
- Bloody vomitus
- Tooth decay

**Nursing Tips**
- Develop safe and trusting relationship to promote security
- Watch for signs of gastric bloating, edema, *heart failure*
- Some discomfort is to be expected with increased feeding
- Educate patient to eat slowly and learn to taste and enjoy food
- Bathroom use must be supervised to prevent vomiting
- Explain NG as a tool rather than a punishment encourage adequate PO as an alternative
- Explain nasogastric feedings in matter-of-fact, supportive manner to decrease loss-of-control feelings
- Use mealtime for social interaction do not confront patient about eating
- Emphasize that the restrictions are to protect the patient not control behavior
- Anticipate anxiety with weight gain

**Nursing Diagnoses**
- Risk for deficient fluid volume related to imbalanced nutrition and purging behaviors
- Risk for impaired skin integrity related to malnutrition.
- Constipation related to laxative abuse and inadequate fiber intake.
- Anxiety related to self-concept.
- Disturbed sleep pattern related to malnourishment.
- Social isolation related to discomfort with others.

<table>
<thead>
<tr>
<th><strong>EKG &amp; Cardiac Changes</strong></th>
<th><strong>Lab and Endocrine Changes</strong></th>
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</thead>
<tbody>
<tr>
<td>- Bradycardia is very common, a normal heart rate might be a sign of problem</td>
<td>↓ FSH, luteinizing hormone, T3, T4, estrogens</td>
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<tr>
<td>- Prolonged QT interval</td>
<td>↑ cortisol, growth hormone, rT3, T3RU</td>
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<tr>
<td>- Decreased cardiac mass</td>
<td>- Normal free T4, TSH</td>
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<td>- Reduced cardiac chamber volumes</td>
<td>- Metabolic alkalosis</td>
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<tr>
<td>- Mitral valve prolapse</td>
<td>- Hypocalcemia</td>
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<tr>
<td>- Hypotension</td>
<td>- Hypokalemia</td>
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<tr>
<td>- Atrioventricular block</td>
<td>- Hypomagnesemia</td>
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<tr>
<td>- Ventricular arrhythmia</td>
<td>- Hypercholesterolemia</td>
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<tr>
<td>- Cardiac symptoms usually are worse when pt is &lt;80% of normal weight</td>
<td>- hypophosphatemia</td>
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<tr>
<td>- Cardiac changes usually resolve with electrolyte balancing and weight gain</td>
<td>- Leukopenia, thrombocytopenia, anemia, reduced erythrocyte sedimentation rate, reduced CD4 amd CD8 cells may be present</td>
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<td>- Increased plasma β-carotene levels</td>
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References


