

## Care of Patient with Anorexia Nervosa

### Introduction

Anorexia nervosa is an eating disorder that's characterized by a fear of gaining weight, which leads to impaired eating habits and excessive weight loss. This disorder occurs in 5% to 10% of the population; about 95% of those affected are female—primarily adolescents and young adults.

A patient with anorexia is at least 15% below expected body weight, is preoccupied with body size, describes herself as "fat," and commonly expresses dissatisfaction with a particular aspect of her physical appearance. (See *Diagnostic criteria for anorexia nervosa*.)

Specific causes of anorexia haven't been identified; however, genetic, social, and psychological factors have been implicated, such as social attitudes that equate slimness with beauty and family factors. Most theorists believe that refusing to eat is a subconscious effort to exert personal control over one's life.

### DIAGNOSTIC CRITERIA FOR ANOREXIA NERVOSA<sup>4</sup>

*Anorexia nervosa is characterized by these criteria.*

- A. Refusal to maintain body weight at or above a minimally normal weight for age and height
- B. Intense fear of gaining weight or becoming fat, even though underweight
- C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight
- D. In postmenarcheal females, the absence of at least three consecutive menstrual cycles

#### You must specify the type:

*Restricting type:* During the current episode of anorexia nervosa, the person hasn't regularly engaged in binge-eating or purging behavior.

*Binge-eating/Purging type:* During the current episode of anorexia nervosa, the person has regularly engaged in binge-eating or purging behavior.

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### Equipment

- Scale
- Stadiometer
- Stethoscope
- Sphygmomanometer

- Thermometer
- Optional: Enteral feeding equipment as indicated (see the "Feeding tube insertion" procedure)

## Implementation

1. Confirm the patient's identity using two patient identifiers according to your facility's policy.<sup>6</sup>
2. Introduce yourself and establish an initial trusting rapport with the patient.
3. Assess the patient's vital signs and obtain a baseline weight and height.<sup>1</sup>
4. Collaborate with the patient and health care team to develop a treatment plan. Be aware that patients with anorexia may be resistant to treatment and typically deny that they have a problem.<sup>1</sup>
5. Set a target weight with the patient that's within the recommended weight per height for the patient's sex and age.
6. Establish a weekly target weight gain of 1 to 2 lb (0.5 to 0.9 kg) per week.<sup>1</sup>
7. Consult with the dietitian to establish the caloric intake needed per day to achieve the patient's weight goal. Typically, the caloric intake increases over time rather than starting at the goal point.<sup>1</sup>
8. Encourage the patient to discuss nutrition and her feelings about food.
9. Weigh the patient daily at the same time, using the same scale.
10. Observe the patient during meals and snacks and monitor her for 1 hour afterward. If the patient has to go to the bathroom, accompany her. *Many anorexic patients risk developing bulimia nervosa because of their intense fear of gaining weight.*<sup>1</sup>
11. Monitor food and fluid intake for targeted amounts as agreed upon by the patient and the health care team.
12. Provide positive reinforcement for weight gain.
13. Encourage the patient to keep a food journal and to verbalize feelings about weight loss and eating habits.
14. Document the procedure.<sup>7</sup>

## Special Considerations

1. Severely malnourished patients may require parenteral or enteral feedings to obtain their caloric intake, but this practice is highly controversial.<sup>1</sup>
2. Patients who have been ill for less than 6 months may benefit from outpatient treatment more than inpatient treatment.<sup>1</sup>
3. Medications that have been shown to have some benefit in treating patients with anorexia include amitriptyline (Elavil), olanzapine (Zyprexa), and fluoxetine (Prozac).
4. If edema or bloating occurs after the patient has returned to normal eating behavior, provide reassurance that this condition is temporary. *The patient may fear that she is becoming fat and stop complying with the treatment plan.*

## Patient Teaching

Teach the patient how to keep a food journal, which should include the types of food she eats, how frequently she eats, and the feelings associated with food and exercise. Tell family members to avoid discussing food with the patient. Teach the patient how to plan and prepare healthy meals that meet her daily nutritional requirements. Discuss how family therapy can help the family and patient become aware of the underlying causes of anorexia.

## Documentation

Document the patient's weight and height upon initial assessment. Record her daily weight on an ongoing basis. Record the patient's intake and output and how much and what type of food she ate during the day. Document any patient teaching performed.

## References

1. American Psychiatric Association. (2006). "Treatment of Patients with Eating Disorders" [Online]. Accessed January 2010 via the Web at <http://www.psychiatryonline.com/content.aspx?aID=138866>.
2. Bissada, H., et al. "Olanzapine in the Treatment of Low Body Weight and Obsessive Thinking in Women with Anorexia Nervosa: A Randomized, Double-Blind, Placebo-Controlled Trial," *American Journal of Psychiatry* 165(10):1281-8, October 2008.
3. Cook-Darzens, S., et al. "Family Therapy in the Treatment of Adolescent Anorexia Nervosa: Current Research Evidence and its Therapeutic Implications," *Eating and Weight Disorders* 13(4):157-70, December 2008.
4. *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed., Text Revision. Arlington, Va.: American Psychiatric Association, 2000.
5. Herpertz-Dahlmann, B., and Salbach-Andrae, H. "Overview of Treatment Modalities in Adolescent Anorexia Nervosa," *Child and Adolescent Psychiatry Clinics of North America* 18(1):131-45, January 2009.
6. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard NPSG.01.01.01. Oakbrook Terrace, Il.: The Joint Commission, 2010.
7. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard RC.01.03.01. Oakbrook Terrace, Il.: The Joint Commission, 2010.
8. Mohr, W.K. *Psychiatric-Mental Health Nursing: Evidence-Based Concepts, Skills, and Practices*, 7th ed. Philadelphia: Lippincott Williams & Wilkins, 2008.
9. Sanci, L., et al. "Childhood Sexual Abuse and Eating Disorders in Females: Findings from the Victorian Adolescent Health Cohort Study," *Archives in Pediatric and Adolescent Medicine* 162(3):261-7, March 2008.
10. Schebendach, J.E., et al. "Dietary Energy Density and Diet Variety as Predictors of Outcome in Anorexia Nervosa," *American Journal of Clinical Nutrition* 87(4):810-6, April 2008.

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