Manifestations and Complications of Anorexia Nervosa and Bulimia Nervosa

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<th>Disorder</th>
<th>Manifestations</th>
<th>Complications</th>
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<td>Anorexia nervosa</td>
<td>• Weight &lt; 85% of normal, muscle wasting&lt;br&gt;• Fear of weight gain, refusal to eat&lt;br&gt;• Disturbed body image, excessive exercise&lt;br&gt;• Amenorrhea&lt;br&gt;• Skin and hair changes&lt;br&gt;• Hypotension, bradycardia&lt;br&gt;• Hypothermia&lt;br&gt;• Constipation&lt;br&gt;• Insomnia</td>
<td>• Electrolyte and acid-base disturbances&lt;br&gt;• Reduced cardiac muscle mass, low cardiac output, dysrhythmias&lt;br&gt;• Anemia&lt;br&gt;• Hypoglycemia, elevated serum uric acid levels&lt;br&gt;• Osteoporosis&lt;br&gt;• Enlarged salivary glands&lt;br&gt;• Delayed gastric emptying&lt;br&gt;• Abnormal liver function</td>
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<td>Bulimia nervosa</td>
<td>• Weight often normal; may be slightly overweight&lt;br&gt;• Binge–purge behavior&lt;br&gt;• Oligomenorrhea or amenorrhea&lt;br&gt;• Lacerations of palate; callous on fingers or dorsum of hand</td>
<td>• Enlarged salivary glands&lt;br&gt;• Stomatitis, loss of dental enamel&lt;br&gt;• Fluid, electrolyte, and acid-base imbalances&lt;br&gt;• Dysrhythmias&lt;br&gt;• Esophageal tears, stomach rupture</td>
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and perfectionistic. Family, social, or occupational (e.g., a career in modeling or ballet) pressures to maintain low body weight also contribute.

The manifestations and complications of anorexia nervosa are listed in Table 20–2. Clients who engage in binge-purge behavior have a higher risk for complications.

**BULIMIA NERVOSA**

Bulimia nervosa develops in late adolescence or early adulthood, often following a diet. The client with bulimia typically reports binge eating followed by purging 5 to 10 times per week (Braunwald et al., 2001). Foods consumed during a binge often are high calorie, high fat, and sweet. After binge eating, the client induces vomiting (usually by stimulating the gag reflex), or may take excessive quantities of laxatives or diuretics. In contrast to anorexia, the client’s weight often is normal. Fluid and electrolyte balance, in contrast, may be severely disrupted by loss of fluid and gastrointestinal secretions. The complications of bulimia nervosa (Table 20–2) primarily result from the purging behavior.

**NURSING CARE**

Nurses can be instrumental in identifying clients with anorexia nervosa or bulimia nervosa and referring them for treatment. It is particularly important to identify these disorders early to prevent adverse effects on growth and increase the success of treatment.

The nurse is an integral part of the eating disorders treatment team. Although *Imbalanced nutrition: Less than body requirements* is a primary nursing diagnosis for clients with anorexia or bulimia, the following nursing diagnoses also should be considered.

• Altered patterns of sexuality
• Chronic low self-esteem
• Disturbed body image
• Ineffective family therapeutic regimen management

When planning and implementing care, consider the following nursing activities.

• Regularly monitor weight, using standard conditions. *Weight gain or loss provides information about the effectiveness of care, as well as the client’s risk for complications.*
• Monitor food intake during meals, recording percentage of meal and snack consumed. Maintain close observation for at least one hour following meals; do not allow client alone in bathroom. *Observing the client during and after meals helps*