# Care of Patient with Bulimia Nervosa

## Introduction

Bulimia nervosa is a psychiatric condition characterized by eating binges followed by feelings of guilt, humiliation, and self-deprecation. About 80% to 90% of patients suffering from bulimia use self-induced vomiting to compensate for their binging behavior. This vomiting may occur several times per day or several times per week.

Bulimia nervosa is considered an affective disorder. The cause of bulimia nervosa is unknown; however, psychosocial factors, such as family disturbance or conflict, sexual abuse, maladaptive learned behavior, struggle for control or self-identity, cultural over-emphasis on physical appearance, and parental obesity, are thought to contribute to the condition. A patient with bulimia may outwardly appear healthy, but on close inspection the patient may exhibit emotional instability, impulsivity, difficulty with interpersonal relationships, an exaggerated sense of guilt, depression, anxiety, phobia, and obsessive-compulsive behavior. (See *Diagnostic criteria for bulimia nervosa*.) Overt clues to this disorder include hyperactivity, frequent weighing, and a distorted body image.

**DIAGNOSTIC CRITERIA FOR BULIMIA NERVOSA**[2]

*Bulimia nervosa is characterized by these criteria.*

A. The patient has recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

   - eating, in a discrete period of time (within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances
   - a sense of lack of control over eating during the episode.

B. The patient exhibits recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, enemas, or other medication; fasting; or excessive exercise.
C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.
D. Self-evaluation is unduly influenced by body shape and weight.
E. The disturbance doesn't occur exclusively during episodes of anorexia nervosa.

**You must specify the type:**

*Purging type:* during the current episode of bulimia, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

*Nonpurging type:* during the current episode of bulimia, the person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but hasn't regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

**Equipment**

- Scale
- Stadiometer
- Stethoscope
- Sphygmomanometer
- Thermometer

**Implementation**

1. Confirm the patient's identity using two patient identifiers according to your facility's policy.[4]
2. Introduce yourself and establish an initial trusting rapport with the patient. Present an accepting and nonjudgmental attitude.
3. Assess the patient's vital signs and obtain a baseline weight and height. Compare the patient's body weight to her ideal body weight based on her height.[1]
4. Perform a comprehensive nursing assessment. Pay special attention to the face and dentition. *Patients with bulimia may have an enlarged parotid gland and dental complications, including multiple dental caries and dental erosion due to excessive vomiting.*
5. Collaborate with the patient and health care team to develop a working treatment plan.
6. Talk with the patient and develop a list of food likes and dislikes *to help encourage the patient in maintaining a healthy diet.*
7. Encourage the patient to discuss nutrition and feelings about food.
8. Consult with the dietitian to help develop an appropriate diet that's based on the patient's likes and dislikes.[1]
9. Give the patient information about good nutritional practices.[1]
10. Weigh the patient daily at the same time of the day, using the same scale if possible *to help track the patient's progress in reaching and maintaining a healthy weight.*
11. Assess the patient for suicidal thoughts. *Patients with an eating disorder have a 10% to 30% risk of attempting suicide at least once.*
12. Restrict the availability of food to meals and snack times and maintain the predetermined food selections *to encourage healthy eating habits and discourage binge eating.*
13. Encourage family members not to bring the patient food from home or any place other than the unit.
14. Observe the patient during meals and snacks and then monitor the patient for 1 hour after eating. If the patient attempts to go into the restroom during this time, make sure a staff member accompanies her.

15. Contract with the patient on expected eating behaviors.
16. Encourage verbalization of the feelings that lead the patient to overeat. Assist the patient with analyzing these feelings and finding appropriate coping mechanisms that don't involve overeating. Encourage the patient's family to participate, if appropriate.[6]
17. Encourage the patient to keep a food journal *to verbalize feelings about foods and the need to purge.*
18. Administer medications as ordered. Stay with the patient while she takes the medication *to make sure she swallows it.*
19. Refer the patient and her family to the National Eating Disorders Association for additional information and support.
20. Document the procedure.[5]

**Special Considerations**

- Fluoxetine (Prozac) is the only drug approved by the Food and Drug Administration to treat bulimia. It may be especially useful for those patients who are also suffering from anxiety and depression. Fluoxetine has been shown to decrease the frequency of binging and purging behaviors and to help improve the patient's attitude toward eating.[18]

**Patient Teaching**

Teach the patient and the family about the physical problems associated with binging and purging. Teach about the cycle of binge eating and assist the patient with identifying trigger foods that may induce binge eating. Teach the patient about the risks of laxative, emetic, and diuretic abuse.

**Documentation**

Document the patient's weight and height from your initial assessment. Then document the patient's weight on a daily basis. Record the patient's food intake—what foods she ate and how much of each food. Document intake and output. Document any patient teaching performed.

**References**

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