



**Tishk**  
International University

# **Psychiatric and Mental Health Nursing**

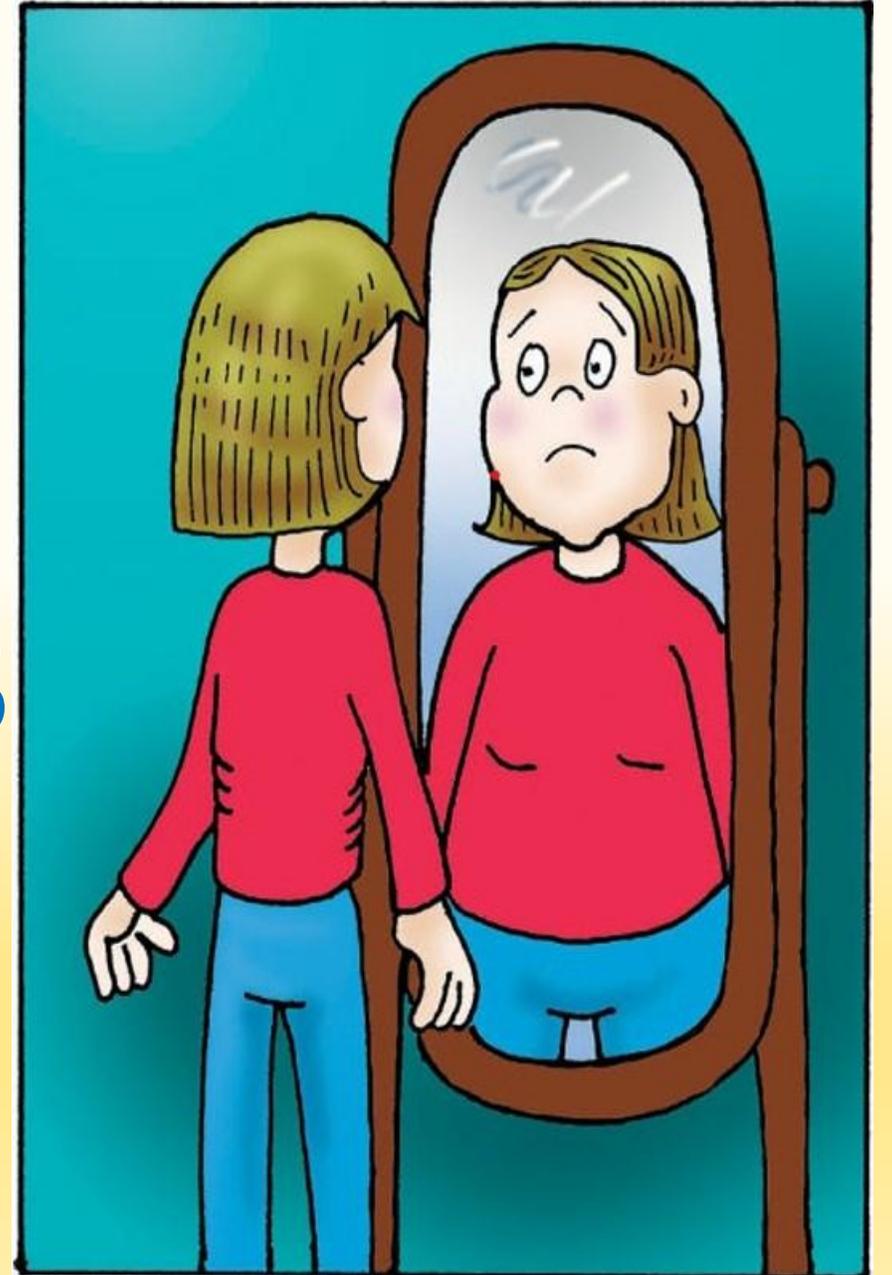
## **2<sup>nd</sup> Lecture**

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# Feeding and Eating Disorders



# Introduction

- “Eating disorders are characterized by an obsession with weight that results in severe issues with eating and other behaviors.”

## Eating disorders. Know the first signs?



### Lips

Are they obsessive about food?



### Flips

Is their behaviour changing?



### Hips

Do they have distorted beliefs about their body size?



### Kips

Are they often tired or struggling to concentrate?



### Nips

Do they disappear to the toilet after meals?



### Skips

Have they started exercising excessively?

# Types of Eating Disorders

- Anorexia Nervosa.
- Bulimia Nervosa.
- Binge Eating Disorder.



# Anorexia Nervosa (Diagnostic Criteria)

- ❑ A. Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than that minimally expected.
- ❑ B. Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.
- ❑ 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 persistent lack of recognition of the seriousness of the current low body weight.

# Anorexia Nervosa (Diagnostic Criteria)

- ❑ The minimum level of severity is based, for adults, on current body mass index (BMI) (see below) or, for children and adolescents, on BMI percentile. The ranges below are derived from World Health Organization categories for thinness in adults; for children and adolescents, corresponding BMI percentiles should be used. The level of severity may be increased to reflect clinical symptoms, the degree of functional disability, and the need for supervision.

Mild: BMI  $\geq 17$  kg/m<sup>2</sup>

Moderate: BMI 16–16.99 kg/m<sup>2</sup>

Severe: BMI 15–15.99 kg/m<sup>2</sup>

Extreme: BMI  $< 15$  kg/m<sup>2</sup>

# Anorexia Nervosa

## Physical Signs & Symptoms

- ❑ Constipation
- ❑ Overly sensitive to cold, lanugo hair on body
- ❑ Loss of body fat
- ❑ Muscle atrophy
- ❑ Hair loss
- ❑ Dry skin
- ❑ Pedal edema
- ❑ Bradycardia, arrhythmias
- ❑ Orthostasis
- ❑ Electrolyte imbalance (i.e., hyponatremia, hypokalemia)

# Anorexia Nervosa

## Emotional & Behavioral Symptoms

- ❑ Refusal to eat
- ❑ Denial of hunger
- ❑ Excessive exercising
- ❑ Flat mood, lack of emotion
- ❑ Difficulty concentrating
- ❑ Obsession with food

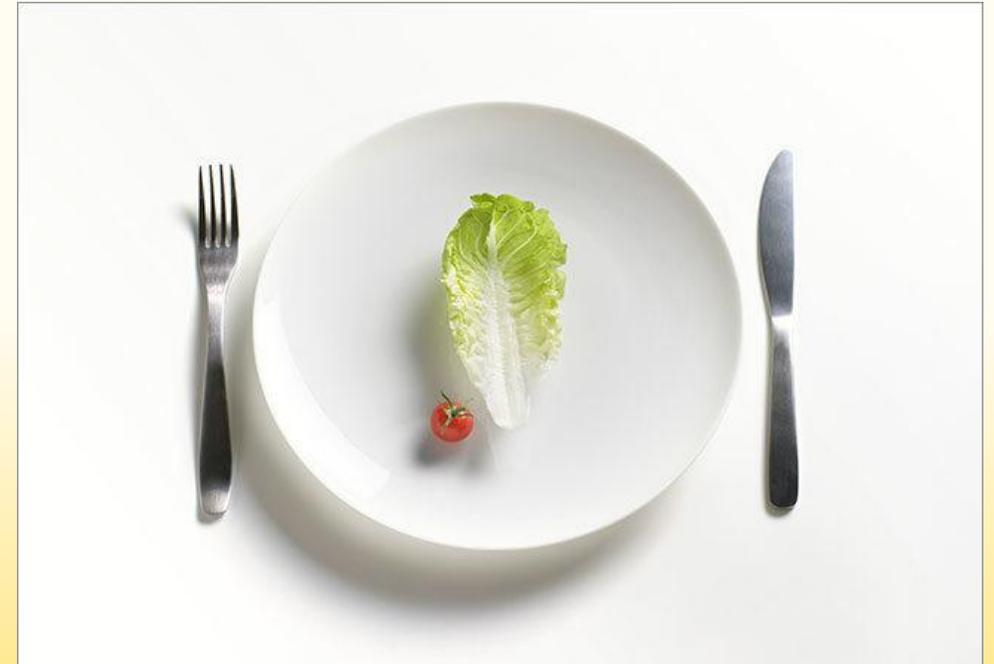


# Prevalence

- Prevalence The 12-month prevalence of anorexia nervosa among young females is approximately 0.4%. Less is known about prevalence among males, but anorexia nervosa is far less common in males than in females,

# Medical Complications of Anorexia Nervosa

- ❑ Heart Disease
- ❑ Hormonal Changes
- ❑ Imbalance of Minerals & Electrolytes
- ❑ Nerve Damage
- ❑ Digestive Problems



# Bulimia Nervosa (Diagnostic Criteria)

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

1. Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances.
2. A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

# Bulimia Nervosa (Diagnostic Criteria)

B. Recurrent inappropriate compensatory behaviors in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.

C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.

D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of anorexia nervosa.

# Bulimia Nervosa

## Physical Symptoms

- ❑ Abnormal bowel functioning
- ❑ Dehydration
- ❑ Fatigue, weakness, depression
- ❑ Damaged teeth and gums
- ❑ Swollen glands in the cheeks
- ❑ Sores in throat & mouth
- ❑ Intestinal damage
- ❑ Bloating
- ❑ Loss of Menstrual cycle or irregularities
- ❑ Enlarged parotid glands and hypothermia
- ❑ Dental caries

# Bulimia Nervosa

## Emotional & Behavioral Symptoms

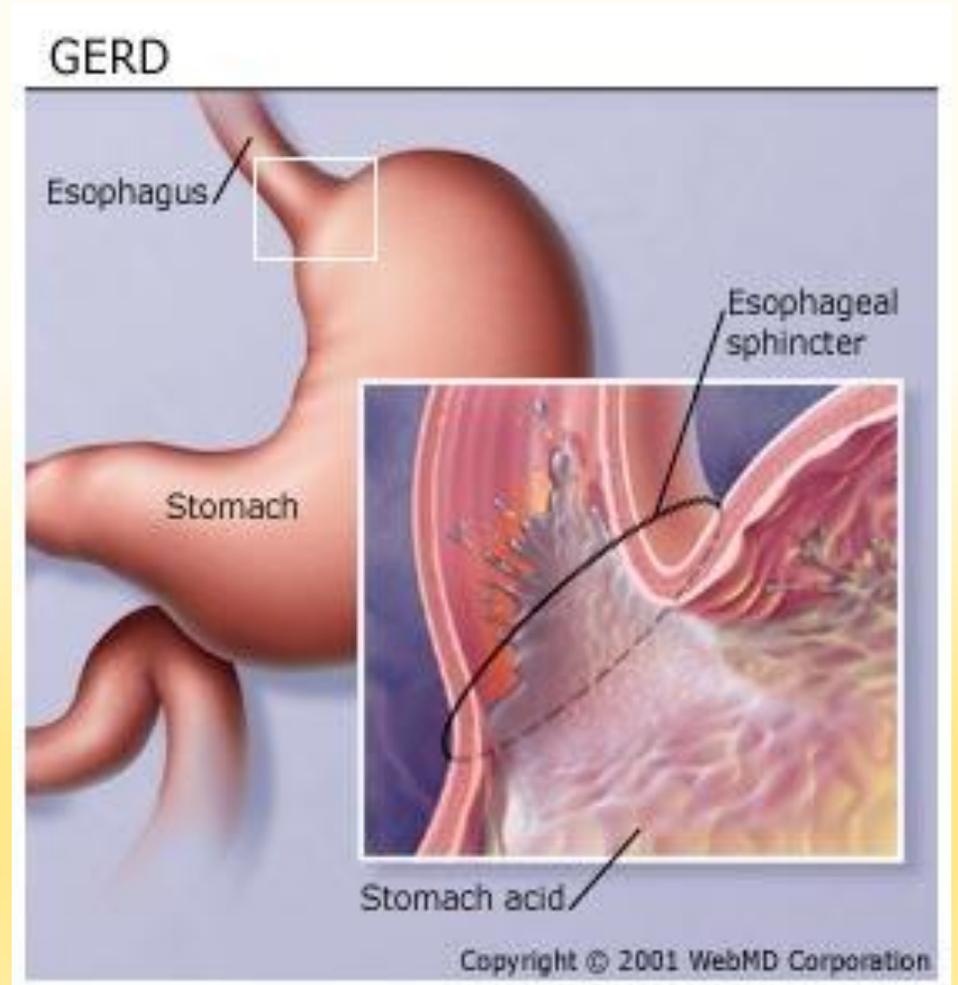
- ❑ Constant dieting
- ❑ Constant episodes of binge eating
- ❑ Feeling that she can't control her eating disorder
- ❑ Eating to the point of discomfort/pain
- ❑ Following a binge w/efforts to prevent weight gain
- ❑ Unhealthy focus on the body shape & weight
- ❑ Distorted, excessively negative body image
- ❑ Going to the bathroom after eating or during meals
- ❑ Depression/anxiety



# Bulimia

## Medical Complications

- ❑ Teeth & Gum Problems
- ❖ Low Nutrient Levels
- ❑ Digestive Problems
- ❑ Abuse of Medications



## Prevalence:

Twelve-month prevalence of bulimia nervosa among young females is 1%–1.5%. Point prevalence is highest among young adults since the disorder peaks in older adolescence and young adulthood. Less is known about the point prevalence of bulimia nervosa in males, but bulimia nervosa is far less common in males than it is in females, with an approximately 10:1 female-to-male ratio.

# Binge-Eating Disorder



# Binge-Eating Disorder (Diagnostic Criteria)

A. Recurrent episodes of binge eating. An episode of binge eating is characterized

by both of the following:

1. Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances.
2. A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

# Binge-Eating Disorder (Diagnostic Criteria)

B. The binge-eating episodes are associated with three (or more) of the following:

1. Eating much more rapidly than normal.
2. Eating until feeling uncomfortably full.
3. Eating large amounts of food when not feeling physically hungry.
4. Eating alone because of feeling embarrassed by how much one is eating.
5. Feeling disgusted with oneself, depressed, or very guilty afterward.

# Binge-Eating Disorder (Diagnostic Criteria)

- C. Marked distress regarding binge eating is present.
- D. The binge eating occurs, on average, at least once a week for 3 months.
- E. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

## Prevalence:

Twelve-month prevalence of binge-eating disorder among U.S. adult (age 18 or older) females and males is 1.6% and 0.8%, respectively. The gender ratio is far less skewed in binge eating disorder than in bulimia nervosa. Binge-eating disorder is as prevalent among females from racial or ethnic minority groups as has been reported for white females. The disorder is more prevalent among individuals seeking weight-loss treatment than in the general population.

**Eating or feeding disorders** in childhood include pica, which is persistent ingestion of nonfood substances, and rumination, or repeated regurgitation of food that is then rechewed, reswallowed, or spit out.

**TABLE 20.1****Risk Factors for Eating Disorders**

<b>Disorder</b>	<b>Biologic Risk Factors</b>	<b>Developmental Risk Factors</b>	<b>Family Risk Factors</b>	<b>Sociocultural Risk Factors</b>
Anorexia nervosa	Obesity; dieting at an early age	Issues of developing autonomy and having control over self and environment; developing a unique identity; dissatisfaction with body image	Family lacks emotional support; parental maltreatment; cannot deal with conflict	Cultural ideal of being thin; media focus on beauty, thinness, fitness; preoccupation with achieving the ideal body
Bulimia nervosa	Obesity; early dieting; possible serotonin and norepinephrine disturbances; chromosome 1 susceptibility	Self-perceptions of being overweight, fat, unattractive, and undesirable; dissatisfaction with body image	Chaotic family with loose boundaries; parental maltreatment including possible physical or sexual abuse	Same as above; weight-related teasing

# Eating Disorder Treatment Options

- ❑ Immediate hospitalization for severe cases
- ❑ Nutrition education
- ❑ Psychotherapy
- ❑ Family counseling
- ❑ Prescription medications

# Nursing Interventions for Eating Disorders

## 1- Establishing nutritional eating patterns

- Sit with the client during meals and snacks.
- Offer liquid protein supplement if client is unable to complete meal.
- Adhere to treatment program guidelines regarding restrictions.
- Observe the client following meals and snacks for 1 to 2 hours.
- Weigh the client daily in uniform clothing.
- Be alert for attempts to hide or discard food or inflate weight.

# Nursing Interventions for Eating Disorders (Cont)

## 2- Helping the client identify emotions and develop non-food-related coping strategies

- Ask the client to identify feelings.
- Self-monitoring using a journal
- Relaxation techniques
- Distraction
- Assist the client in changing stereotypical beliefs.

# Nursing Interventions for Eating Disorders (Cont)

## 3-Helping the client deal with body image issues

- Recognize benefits of a more near-normal weight.
- Assist in viewing self in ways not related to body image.
- Identify personal strengths, interests, and talents.

## 4- Providing client and family education.

# References:

- 1- Psychiatric – Mental Health Nursing (Sheila L. Videbeck) Eighth Edition.
- 2- The Treatment of Eating Disorders: A Clinical Handbook. Edited by by Carlos M. Grilo (Editor), James E. Mitchell.
- 3- Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5)



Any  
Questions???