Week #7 (A case of Bulimia Nervosa in teen patient)

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PRAC 6675: PMHNP Care Across the Lifespan I

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Assignment Due Date: 4/10/24

Learning Objectives: At the end of this presentations, the participants will be able to:

1. Recognize signs and symptoms of Bulimia Nervosa in the adolescent population
2. Provide differential diagnosis for Bulimia
3. Describe treatment options for Bulimia

Subjective:

CC (chief complaint): "I can't stop eating"

HPI: CM is a 15 y/o Caucasian female who presents with her mother; referred by her pedriatrician for psychiatric evaluation. Over the past 4 months patient has had several episodes of severe dehydration due to vomiting and diarrhea. During the anamnesis patients recalls recent periods of significant stress associated with a car accident where a close friend died, followed by multiple episodes of anxiety including panic attacks and depression. Patient admits binge eating 2-3 times a week , usually in the middle of the night; frequently ice-cream donnoughts, pizza and hotdogs along with large amount of sodas and sweetened tea. After endulging in the overeating pattern for a couple of hours, patient admits feeling bloated and guilty. She will then compensate by provoquing vomiting or self administering enemas. She admits feeling innapropriate and ugly, and verbalized persistent negative thoughts including passive death wishes. Patient denied use of alcohol or any other substance. And according to the pediatrician the behavior is not associated with any particular medical condition.

Substance Current Use: Patient denied use of alcohol or any substance.

Medical History: Patient birth weight was 9.5 pounds.
Mother had gestational diabetes
Father healthy

- **Current Medications**: Patient takes Midol for cramps during menses and Melatonin 5mg at bedtime
- **Allergies**: There is no known allergies
- **Reproductive Hx**: Menarquia at age 12, Heavy irregular periods, no sexualy active, no use of contraceptives

ROS:

- GENERAL: Appears stated age, slightly overweight, no fever, or chills, reported **weakness and ocassional fatigue**.

- HEENT: Normocephalic, eyes no visual loss, double vision or yellow sclera, **dry eyes noted,** no hearing loss, runny nose, **noted irritated troat and preliminary tooth decay**
- SKIN: **Dry and warm,** otherwise intact
- CARDIOVASCULAR: No chest pain or discomfort, reported ocassional palpitations, audible S1, S2, no edema
- RESPIRATORY: No SOB, cough, or sputum
- GASTROINTESTINAL: **Reported episodes of binge eating followed by induced emesis and cleansing enemas causing intermittent diarrhea**, no abdominal pain or bleeding reported
- GENITOURINARY: **Irregular menses,** No burning, urgency, hesitancy reported. Odor, color WNL
- NEUROLOGICAL: No headaches, syncope, ataxia, tingling, numbness,
- MUSCULOSKELETAL: No deficit, moves all four extremities freely
- HEMATOLOGIC: No reports of anemia, bleeding or bruising
- LYMPHATICS: No splenectomy or lymph nodes enlargment
- ENDOCRINOLOGIC: No cold/heat intolerance, no polyuria, polydipsia, polyphagia reported

Objective:

Diagnostic results: Remmarkable for BMI >18.5, mild hyponatremia Na 134 and potassium level of 3.5

Assessment:

Mental Status Examination:

CM is a 15 year-old Caucasian female who appears stated age and presents today with mother. She is properly dressed and groomed, cooperative and calm during the interview, but there is evidence of previous innapropriate behavior characterized by binge eating followed by compensatory purging and cleansing. Her speech is clear,normal in tone and speed. Her mood is constricted with congruent affect. Thought process is goal oriented, no evidence of auditory or visual hallucinations, no evidence of delusional thinking. Patient denied suicidal/ homicidal ideation, but admit having passive death wishes, associated with distorted body image. Patient is Alert and oriented x3. Memory and concentration are preserved.

Diagnostic Impression:

Eating Disorder: (Bulimia Nervosa)

Classification Mild: Based on the amount of episodes of innapropriate compensatory behaviors 1-3 per week. Patient meets full criteria according to DSM-5. **A)** 1. Eating in a dicrete period of time (*middle of the night*) a larger than standard amount of food compared to what other individuals would ingest under similar

circumstances (*ice-cream, donnoughts, pizza, hotdogs, sodas)* 2. A sense of lack of control during the episode, inability to stop eating or at least control how much to eat (*I can't stop eating)* **B) 1.** Recurrent innapropriate compensatory behaviors to prevent weight gain (*purging and cleansing after binge eating)* 2. Compensatory behavior occurring at least once a week for 3 months. *(2-3 times a week for the past 4 months)* 3. Self evalution is unduly *(feeling boated and ugly)* (APA, 2013)

Diferential Diagnosis

Binge-eating disorder: Some individuals binge eat, but do not engage in the regular innaprorpriate compensatory behavior. According to the DSM-5 in such cases the diagnosis of Binge-eating disorder should be considered (APA, 2013).

Kleine-Levin syndrome: This condition as other neurological cases presents with a disturbed eating behavior, but the classical concern about body image and weight is not present

Major Depressive disorder with atypical features: Overeating is common in MDD, with atypical features, but the engagement in inappropriate compensatory behaviors and the persistent concern regarding body image are not part of it.

Reflections:

Bulimia Nervosa, is a serious eating disorder affecting teenagers. The emotional impact involving the disorder affects self-steem and self confidence, related to body image and self-value. The innapropriate behavior places a high risk for suicidality among this vulnerable population.

The pressure and unrealistic expectations presented through the social media platforms gives beauty and thinness so much value ,pushing teens to struggle to fit in the ideal standard at all cost. Peer pressure and cultural expectations play a role in shaping teens body image satisfaction.

Bulimia nervosa can lead to serious helath issues from electrolyte and fluid imbalance, to serious metabolic conditions including permanent damange and death, even by suicide. It is important to educate this population regarding true beauty, acceptance and self- care practices such as; healthy lifestyle featuring a balance between pleasurable and nutritious eating, weight management with exercise and rest is critical to prevent spreading this terrible epidemia of eating disorders among teens and young adults.

Recovery from bulimia Nervosa is possible but is a process that requires, time, patience and support. It is important to know that relapse can occur , therefore, it is important to have ongoing support along the way (Mitchell, 1990).

Case Formulation and Treatment Plan:

CM is a 15 y/o Caucasian girl referred to our service by Pediatrician for psychiatric evaluation. During the assessment it was determined that patient meets criteria for a diagnosis of Eating disorder, in this case Bulimia Nervosa, mild in severity. During the interview patient recalled episodes of binge eating followed by purging and cleansing to avoid weight gain. Patient also admits having episodes of depression and anxiety leading to panic attacks, but the main complain for the visit was "I can't stop eating". After formulating the diagnosis of Bulimia Nervosa (mild) the following treatment plan has been proposed.

1. Start Fluoxetine 10mg daily for 2 weeks. Will follow up for dose adjustment. Fluoxetine (Prozac) is the only FDA approved medication to manage Bulimia Nervosa, it can also manage Panic disorder, so this is the drug of choice to start treating this patient.
2. Referral to CBT for behavioral management and healthy coping strategies training. CBT is the preferred psychotherapy modality to treat bulimia Nervosa because it assist patient to ideltify negative thinking patterns and develop healthy coping strategies instead of maladaptive behaviors. (Wheeler, 2022).
3. Provide Education to patient and family regarding risk for suicidality and providedwith emergency contact information. (988) and (911)
4. Discussed other complications associated to BN. Including but not limited to GI, Endocrino, cardiac and metabolic.

Discussion Questions:

1. Base on the History of present illness. Which other diagnosis would you give this patient with this presentation?

2. Why does Bulimia nervosa increases the chances of suicidality in teenagers?

3. Which alternative treatment or adjunt therapy would you recommend to provide ongoing support and prevent relapse on patients with Bulimia Nervosa?

References

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental Disorders Dsm-5.*

Carlat, D. J. (2017). *The psychiatric interview* Wolters Kluwer

Mitchell, J. E. (1990). *Bulimia nervosa. [electronic resource]*. University of Minnesota Press.

Nussbaum, A. M. (2013). The pocket guide to DSM-5 diagnostic exam. American Psychiatric Publishing

Wheeler, K. (2022). *Psychotherapy for the Advanced Practice Psychiatric Nurse.* (3rd ed.). NY: Springer

PRECEPTOR VERFICIATION:

I confirm the patient used for this assignment is a patient that was seen and managed by the student at their Meditrek approved clinical site during this quarter course of learning.

Preceptor signature: _____

Date: 4/9/24