NCLEX 2026 • MENTAL HEALTH

Eating Disorders

Anorexia Nervosa • Bulimia Nervosa • Binge Eating Disorder

SYSTEM: MENTAL HEALTH / PSYCHIATRIC • DSM-5-TR ALIGNED

Anorexia Nervosa

Restriction + fear of weight gain. BMI < 18.5, distorted body image, amenorrhea, bradycardia. *Highest mortality of any mental illness.*

Bulimia Nervosa

Binge + purge cycle. Usually normal weight. Russell's sign, dental erosion, hypokalemia → arrhythmia risk.

Binge Eating Disorder

Binge WITHOUT purging. Most common eating disorder in U.S. Linked to obesity, T2DM, metabolic syndrome.

🚨 Universal Red Flags — Call Provider Immediately

- 🚨 HR < 40 or > 110 bpm
- 🚨 K^+ < 3.0 mEq/L
- 🚨 Temperature < 96 °F (35.5 °C)
- 🚨 Suicidal ideation
- 🚨 BP < 80/50 or orthostatic drop
- 🚨 Phosphorus ↓ after refeeding
- 🚨 Syncope, chest pain, confusion
- 🚨 Rapid weight loss > 1 lb/wk when unstable

Color legend: Definition · Pathophysiology · Signs & Symptoms · Interventions · Pharmacology · NCLEX Traps · Education

Anorexia Nervosa

MENTAL HEALTH • DSM-5-TR • ICD-10: F50.0

1 Definition / Overview

- **Restriction of energy intake** leading to significantly low body weight (BMI < 18.5 adults; < 5th percentile in youth).
- **Intense fear** of gaining weight + **distorted body image** — sees self as "fat" despite being underweight.
- Two subtypes: **Restricting** (dieting/fasting/exercise) and **Binge-eating/Purging**.
- ⚠️ **Highest mortality rate** of any psychiatric disorder — cardiac arrest & suicide.

2 Pathophysiology (Simplified)

Genetic + psychosocial triggers → **Distorted body image** → **Caloric restriction** → **Starvation state** → **Hypothalamic/HPA dysfunction** → **↓ Estrogen • ↓ T3 • ↑ Cortisol** → **Amenorrhea, bradycardia, osteoporosis** → **Electrolyte depletion + cardiac muscle atrophy**

3 Signs & Symptoms

🟢 EARLY / BEHAVIORAL

- Obsessive calorie counting & ritualistic eating
- Excessive exercise, "food rules"
- Wearing baggy clothes, hiding body
- Social withdrawal during meals
- Perfectionism, rigidity, denial of hunger
- Amenorrhea (≥ 3 missed cycles)

🔴 LATE / PHYSICAL

- **Emaciation**, sunken eyes, muscle wasting
- **Lanugo** (fine body hair), dry skin, brittle nails/hair loss
- **Bradycardia, hypotension, hypothermia**
- Peripheral edema, yellow skin (↑ carotene)
- Osteopenia / osteoporosis, stress fractures
- Cold intolerance, syncope

🚨 **RED FLAG findings — hospitalize:** HR < 40 • BP < 80/50 • orthostatic Δ HR > 20 • temp < 96 °F • K^+ < 3.0 • Mg^{2+} ↓ • phosphorus ↓ • glucose < 60 • QTc prolonged • syncope • weight < 75% IBW.

🧠 **Complications:** cardiac arrhythmia, cardiomyopathy, osteoporosis, infertility, refeeding syndrome, seizures, **death**.

4 Priority Nursing Interventions (ABC + Safety)

🫀 Airway / Circulation

- **Monitor cardiac rhythm** — telemetry if K^+/Mg^{2+} abnormal
- Vital signs q4h; orthostatic BP daily
- Daily weight: **same time, same scale, after voiding, in gown, BACK-to-scale**
- Strict I&O; watch fluid overload during refeeding

🛡️ Safety / Behavioral

- **Supervise meals** + stay with patient **1 hr post-meal** (prevent purging/hiding food)
- Lock bathroom; supervise elimination if purging suspected
- Limit exercise; enforce rest periods
- Refeed SLOW: start **1,200–1,500 kcal/day**, ↑ 200 kcal q2–3d — **prevent refeeding syndrome**
- Monitor phosphorus, Mg^{2+}, K^+ daily x 5–7 days
- Suicide precautions; therapeutic milieu
- **Refer:** CBT, family-based therapy (Maudsley), dietitian

🚨 **Refeeding syndrome:** rapid drop in phosphorus, Mg^{2+}, K^+ + fluid shifts → cardiac failure, seizures, death. **"Start low, go slow."**

5 Pharmacology

Olanzapine ATYPICAL ANTIPSYCHOTIC
Used off-label to ↑ weight & ↓ obsessive thinking
- **Benefit:** weight gain (desired here)
- **Watch:** sedation, metabolic Δ, QT prolongation

Fluoxetine (Prozac) SSRI
Post weight-restoration for comorbid depression/OCD
- Limited efficacy while malnourished
- Monitor suicidal ideation, serotonin syndrome

Multivitamin + Thiamine SUPPLEMENT
- **Thiamine BEFORE glucose/refeeding** to prevent Wernicke's
- Replace K^+, Mg^{2+}, phosphorus as ordered

Calcium + Vitamin D / Bisphosphonates BONE
- Combat osteoporosis from chronic low estrogen
- Encourage weight-bearing exercise only when stable

6 NCLEX Test Traps ⚠️

✗ DISTRACTOR	✓ CORRECT
"You look so much better — you've gained weight!"	Praise behavior/effort, **never appearance or weight.**
Let the client weigh themselves facing the scale.	Weigh **back-to-scale**, same conditions daily.
Prioritize CBT & insight therapy first on admission.	**ABCs first** — cardiac, electrolytes, refeeding safety.
Rapid high-calorie refeeding to restore weight fast.	Slow refeeding; monitor **phosphorus** (the hallmark lab).

7 Patient & Family Education

- Recovery is **gradual**; goal is restoring weight **0.5–1 kg/week** inpatient.
- Report dizziness, palpitations, swelling of legs — possible refeeding syndrome.
- Avoid "good/bad" food labels; follow meal plan with dietitian.
- Family therapy improves outcomes in adolescents (Maudsley approach).
- Avoid diuretics, laxatives, diet pills, and excessive exercise.
- Long-term follow-up: DEXA scan for bone density; menstrual monitoring.
- Crisis plan + therapy appointments are **non-negotiable**.

8 Memory Boosters

A-N-O-R-E-X-I-A

- **A** menorrhea
- **N** o appetite (denied hunger)
- **O** steoporosis
- **R** efuses to eat / Rigid thinking
- **E** lectrolyte imbalance
- **X** -tremely low weight (BMI<18.5)
- **I** mage distorted
- **A** rrhythmia / Anxiety

💡 **"L"s of Anorexia (physical signs):**
Lanugo • **L**ow HR • **L**ow BP • **L**ow temp • **L**ow estrogen • **L**ow bone density

💡 **Refeeding mnemonic — "PMK":**
Phosphorus ↓ • **M**agnesium ↓ • **K**$^+$ ↓
(These three drop first — check them!)

💡 **Weighing rule:**
"Same Scale, Same Time, Same Gown, **Back Turned**"

Bulimia Nervosa

MENTAL HEALTH • DSM-5-TR • ICD-10: F50.2

1 Definition / Overview

- **Recurrent binge eating** (large amount, loss of control) **+ compensatory behaviors** to prevent weight gain.
- Compensation: self-induced vomiting, laxatives, diuretics, enemas, fasting, excessive exercise.
- Occurs **≥ 1×/week for ≥ 3 months** (DSM-5-TR).
- Usually **normal weight or slightly overweight** — easily hidden from family.

2 Pathophysiology (The Binge-Purge Cycle)

Emotional trigger / restriction → **Binge (loss of control)** → **Guilt, shame, fear of weight gain** →
Purge (vomit / laxatives / exercise) → **Temporary relief** → **Hunger + low self-esteem** ↻
CYCLE REPEATS

Electrolyte chemistry: Vomiting → loss of HCl → **metabolic alkalosis** + ↓ K^+, ↓ Cl^-. Laxative abuse → **metabolic acidosis** + ↓ K^+.

3 Signs & Symptoms

🟢 BEHAVIORAL / EARLY

- Secretive eating; disappearing after meals
- Frequent bathroom trips after eating
- Hoarding or stealing food
- Running water to mask vomiting
- Mood swings, depression, impulsivity
- Preoccupation with body image

🔴 PHYSICAL / SEVERE

- **Russell's sign** — calluses on knuckles from teeth
- **Parotid gland swelling** ("chipmunk cheeks")
- **Dental erosion** (lingual enamel loss)
- Sore throat, hoarseness, bloodshot eyes (petechiae)
- Hypokalemia → **cardiac arrhythmias**
- Esophagitis, **Mallory-Weiss tear**, GERD
- Dehydration, orthostatic hypotension

🚨 **RED FLAGS:** hematemesis (esophageal tear) • $K^+ < 3.0$ • severe dehydration • arrhythmia/chest pain • QTc prolongation • suicidal ideation.

🧠 **Complications:** electrolyte imbalance, cardiac arrhythmia, esophageal rupture, aspiration, dental caries, ipecac cardiomyopathy, laxative dependence.

4 Priority Nursing Interventions (ABC + Safety)

🫀 Physiologic Stability

- **Monitor K^+, Cl^-, Mg^{2+}, bicarb** — replace as ordered
- Continuous cardiac monitoring if severe hypokalemia / QTc↑
- Daily weights — back-to-scale
- Assess oral cavity & dental status
- Monitor for hematemesis / abdominal pain

🛡️ Behavioral / Safety

- **Stay with client 1–2 hours after meals** (prevent purging)
- Supervise/lock bathrooms; no flushing during observation
- Structured meal plan — 3 meals + 2 snacks; eat in dining room
- Encourage **food/mood journaling** to identify triggers
- **CBT is first-line therapy**; also IPT, DBT
- Suicide precautions — high comorbidity with depression

5 Pharmacology

Fluoxetine (Prozac) FDA-APPROVED

Only SSRI FDA-approved for bulimia.

- Dose: **60 mg/day** (higher than depression dose)
- Reduces binge-purge frequency & depression
- Watch: serotonin syndrome, ↑ suicide ideation in young adults
- Takes 2–4 weeks for full effect

Potassium chloride / electrolyte replacement SUPPLEMENT

- Oral KCl for mild; IV for $K^+ < 3.0$ or symptomatic
- **Never IV push** — infuse ≤ 10 mEq/hr peripheral
- Monitor ECG during replacement

Topiramate OFF-LABEL

- May reduce binge frequency; causes weight loss
- Side effects: paresthesia, cognitive fog, kidney stones

⚠️ AVOID: Bupropion CONTRA-INDICATED

- **Lowers seizure threshold** — contraindicated in bulimia & anorexia due to electrolyte imbalance risk

6 NCLEX Test Traps ⚠️

✗ DISTRACTOR	✓ CORRECT
"This patient is normal weight so she's stable."	Normal weight does **not** equal stable — check K^+ and ECG.
Allow bathroom privacy right after meals.	Supervise bathroom for **1–2 hours after eating.**
Start bupropion for depressed bulimic client.	Use **fluoxetine**; bupropion **contraindicated** (seizures).
Confuse with anorexia B/P subtype.	**Bulimia = normal weight.** Anorexia B/P = underweight + purging.

7 Patient & Family Education

- Identify binge **triggers** — emotions, hunger, restrictive dieting, stress.
- **Do not brush teeth immediately after vomiting** — rinse with water or baking soda rinse (brushing rubs acid into enamel).
- Regular dental visits; fluoride treatments to protect enamel.
- Eat meals with others; avoid skipping meals (restriction triggers bingeing).
- Keep binge foods out of easy access at home.
- Never use syrup of ipecac — **cardiotoxic.**
- Report chest pain, blood in vomit, severe weakness immediately.
- CBT + nutrition counseling + peer/family support = best outcomes.

8 Memory Boosters

P-U-R-G-E-S

- **P** arotid swelling (chipmunk cheeks)
- **U** lcerated esophagus / Mallory-Weiss
- **R** ussell's sign (knuckle calluses)
- **G** um & dental erosion
- **E** lectrolytes ↓ (esp. K^+)
- **S** ecretive binge-purge cycle

💡 **"Normal weight, abnormal labs"**
The single biggest clue for bulimia vs anorexia on NCLEX.

💡 **Acid-base shortcut:**
Vomit = alkal**O**sis (O up top, like food coming up)
Laxatives = acid**O**sis (O on bottom, like stool going out)

💡 **Drug trick:**
Fluoxetine **F**or bulimia (FDA). **B**upropion = **B**ad (seizures).

Binge Eating Disorder (BED)

MENTAL HEALTH • DSM-5-TR • ICD-10: F50.81

1 Definition / Overview

- **Recurrent binge eating WITHOUT compensatory behaviors.** This is the key differentiator from bulimia.
- Binge = large amount in discrete period + **loss of control**.
- Occurs **≥ 1×/week for ≥ 3 months**, with marked distress.
- **Most common eating disorder** in the U.S. (~2–3% adults). Equal rates across genders & ethnic groups.
- Usually associated with **overweight / obesity** but not required.

2 Pathophysiology (Emotional Eating Loop)

Emotional trigger (stress, sadness, boredom) → **Dysregulated dopamine / reward pathway** →
Rapid, large food intake → **Brief dopamine relief** → **Shame, guilt, self-disgust** →
Depression + emotion dysregulation ↻ **CYCLE REPEATS (no purge)**

Chronic result: excess caloric intake → **obesity, insulin resistance, type 2 DM, hyperlipidemia, HTN, CAD, OSA, NAFLD**.

3 Signs & Symptoms (DSM-5-TR: ≥ 3 of 5 features)

🟢 BEHAVIORAL HALLMARKS

- Eating **much more rapidly than normal**
- Eating until **uncomfortably full**
- Eating large amounts **when not hungry**
- Eating **alone due to embarrassment**
- Feeling **disgusted, depressed, or guilty** after
- No purging, fasting, or excessive exercise

🔴 PHYSICAL / METABOLIC

- **Obesity** (BMI ≥ 30), weight fluctuations
- **Metabolic syndrome:** ↑ BP, ↑ glucose, ↑ triglycerides
- Type 2 diabetes, insulin resistance
- Cardiovascular disease, sleep apnea
- GERD, gallbladder disease, NAFLD
- Joint pain, reduced mobility

🚨 **RED FLAGS:** suicidal ideation (high comorbidity with depression) • uncontrolled DM / DKA risk • chest pain / acute MI • severe OSA with hypoxia.

🧠 **Complications:** obesity, T2DM, HTN, dyslipidemia, CAD, stroke, OSA, NAFLD, GERD, depression, anxiety, substance use disorder.

4 Priority Nursing Interventions

🫀 Physiologic / Medical

- Assess BP, glucose, A1C, lipids — treat metabolic syndrome
- Screen for OSA, NAFLD, cardiovascular risk
- Coordinate with dietitian for structured meal plan (regular meals/ snacks)
- Gradual weight management — **avoid restrictive dieting** (triggers bingeing)

🧠 Behavioral / Safety

- **CBT is first-line** — targets thoughts, triggers, emotion regulation
- Interpersonal therapy (IPT), DBT for emotion dysregulation
- Encourage **food & mood journaling** to identify triggers
- Mindful eating techniques — eat slowly, no screens
- Screen for depression, anxiety, SI — refer to mental health
- Support groups (OA, peer-led BED groups)

5 Pharmacology

Lisdexamfetamine (Vyvanse) FDA-APPROVED

ONLY FDA-approved drug specifically for moderate-severe BED.

- CNS stimulant prodrug of dextroamphetamine
- Reduces binge days per week
- **Watch:** ↑ HR, ↑ BP, insomnia, appetite suppression, abuse potential (**Schedule II**)
- Contraindicated: structural heart disease, MAOI use

Fluoxetine / other SSRIs OFF-LABEL

- Helps comorbid depression & reduces binge frequency
- Monitor SI, serotonin syndrome

Topiramate OFF-LABEL

- Reduces binges + weight loss
- SE: paresthesia, cognitive slowing, nephrolithiasis

GLP-1 agonists (semaglutide, liraglutide) EMERGING

- Used for obesity-related comorbidities
- Monitor: N/V, pancreatitis, gallbladder disease

6 NCLEX Test Traps ⚠️

✗ **DISTRACTOR**
Recommend strict calorie restriction to reverse obesity.

✓ **CORRECT**
Avoid dieting — restriction triggers binges. Focus on regular, balanced meals.

✗ **DISTRACTOR**
Binge eating = bulimia.

✓ **CORRECT**
BED has **NO compensatory behaviors** — that's the defining line.

✗ **DISTRACTOR**
Prescribe fluoxetine as the FDA-approved drug for BED.

✓ **CORRECT**
Lisdexamfetamine is the only FDA-approved drug for BED.

✗ **DISTRACTOR**
Address weight first, therapy later.

✓ **CORRECT**
CBT + structured eating first; weight loss follows behavior change.

7 Patient & Family Education

- **Don't skip meals** — hunger + restriction = biggest binge trigger.
- Practice **mindful eating**: sit at a table, eat slowly, no phones/TV, notice fullness cues.
- Keep a food + mood journal to identify emotional triggers.
- Develop non-food coping: walk, call friend, journal, breathing exercises.
- Report lisdexamfetamine side effects: racing heart, chest pain, severe insomnia, mood changes.
- Never abruptly stop SSRIs — risk of discontinuation syndrome.
- Attend CBT + support groups — BED responds very well to therapy.
- Screen for and treat depression, anxiety, and substance use concurrently.

8 Memory Boosters

B-I-N-G-E

B ig amounts in short time
I n secret / alone (shame)
N o purging or compensation
G uilt, disgust, depression
E motional trigger → emotional eating

💡 **DSM-5-TR 3-of-5 rule:**
Rapid • Uncomfortably full • Not hungry • Alone • Guilty
Need ≥ 3 of these features to diagnose.

💡 **Drug memory:**
Vyvanse for **V**oracious eating (BED)
Fluoxetine for bulimia (**F**DA bulimia)

💡 **BED vs Bulimia shortcut:**
"**Binge + Purge = Bulimia**"
"**Binge alone = BED**"

🔍 Side-by-Side NCLEX Comparison

Feature	Anorexia Nervosa 🦴	Bulimia Nervosa 🔁	Binge Eating Disorder 🍽️
Weight	**Significantly low** (BMI < 18.5)	Normal or slightly overweight	Often overweight / obese
Key behavior	Restriction ± purging	Binge + **purge**	Binge **WITHOUT** compensation
Self-image	Distorted — sees self as fat	Dissatisfied but realistic	Usually realistic; shame-driven
Classic sign	Lanugo, bradycardia, amenorrhea	Russell's sign, parotid swelling, dental erosion	Obesity + metabolic syndrome
Key lab	↓ K^+, ↓ phosphorus, ↓ Mg^{2+}, ↓ WBC, ↓ T3	↓ K^+, ↓ Cl^-, metabolic alkalosis	↑ glucose, ↑ A1C, ↑ lipids
Biggest danger	Refeeding syndrome, cardiac arrest	Hypokalemia → arrhythmia, esophageal tear	T2DM, CV disease, OSA
First-line therapy	FBT (Maudsley) in teens; CBT-E in adults; nutrition rehab	**CBT-E**	**CBT-E** (also IPT, DBT)
Top medication	Olanzapine (off-label); fluoxetine after weight restored	**Fluoxetine 60 mg** (FDA-approved)	**Lisdexamfetamine** (FDA-approved)
Nursing priority	Slow refeeding; monitor phosphorus; cardiac	Electrolytes; 1–2 hr post-meal supervision	CBT + structured meals, not restriction
"DO NOT" pearls	❌ Do NOT praise weight gain appearance. ❌ No rapid refeeding.	❌ Do NOT give bupropion. ❌ Do NOT brush teeth right after vomiting.	❌ Do NOT put on restrictive diet. ❌ Do NOT use Vyvanse with heart disease or MAOI.

🧠 Final NCLEX Pearls

✓ Always Do (Right-answer cues)

- **ABCs first** — cardiac rhythm, electrolytes, airway before therapy.
- Weigh **same scale, same time, gown, back-to-scale.**
- Supervise meals and **1–2 hr post-meal.**
- Give **thiamine BEFORE glucose** in refeeding.
- Monitor **phosphorus, Mg^{2+}, K^+** — the refeeding trio.
- Use **CBT** as cornerstone for all three disorders.
- Screen for **suicide risk** in every encounter.

✗ Never Do (Distractor cues)

- Don't **praise appearance/weight** — praise coping.
- Don't let client **see the scale**.
- Don't **refeed rapidly**.
- Don't use **bupropion** in bulimia or anorexia.
- Don't **restrict calories** in BED.
- Don't skip **electrolyte checks** in normal-weight bulimia.
- Don't promise **confidentiality** if suicide risk is present.