

# NURSING CASE STUDY EXAMPLE

## **HEALTH CARE OF PATIENTS WITH ANOREXIA**

A large number of people are now aware of the problem of feeding disorders that is characteristic of the industrialized countries of Western Europe. Eating disorders are characterized by severe disadvantages in eating habits and behavior. Media that in a variety of ways attracts the younger population and sends them messages about the ideal of beauty have a powerful influence on this disorder. Since young people still do not have the formed personality and attitudes, as one of the psychological mechanisms in this period emerges identification with famous and famous personalities. Each life span is marked by different, new fashion trends that shape their ways of dress and behavior and other segments of the life of young people. The concept of beauty, especially a woman's body, which includes under-weight body weight occurs in the second half of the 20th and early 21st century. Young women, i.e. girls, in order to be trendy, must be thin and start with drastic mood and diets. Trending trends is one of the main reasons for increasing the number of young people with the eating disorder. Food is becoming more and more a space for social control, and less space satisfies the need or pleasure of the self. Feeding from the area of necessity and satisfaction expands its symbolic area and meaning, thus opening the way for its "psychopathology." Feeding disorders often occur in parallel with other psychiatric disorders such as depression, drug abuse, and anxiety. In addition, people who suffer from eating disorders may have a wide range of body health complications, including severe heart disease and kidney failure, which may end in death. Therefore, recognition of eating disorders as actual and curable diseases is of crucial importance.

Many people have symptoms and symptoms of eating disorders, but do not fully meet the criteria for diagnosing or not taking the diagnosis, so the number of registered cases is disproportionate to the realistic problem of feeding disorder. Nutrition disorders are categorized into four groups: anorexia nervosa, bulimia nervosa, overweight and atypical eating disorders. Anorexia nervosa is the most widespread of all feeding disorders. The term anorexia indicates a severe loss of appetite, and the name of the nerve suggests that the reasons are of an emotional nature.

**ANAMNEZA** - The patient A. S. is born 01.10.1988 year of the third pregnancy that was maintained. The birth in the term, 2700 g birth weight, breastfeeding, without any special difficulties, goes over to the bottle and the round food. Psychomotor development runs smoothly. After leaving the nursery he starts to refuse food and loses weight, which is why parents are being printed out of kindergarten. Psychological status before school leaves verbalized as a desire to leave although it also shows the objective difficulties of socialization. Adopted drawing and writing skills are above the expected age. Separation from the mother is difficult to accept and sets a series of requests from the mother. In a nonsense game, with scarce affective reactions, mostly in low tone. It is dominated by obsessionalism in the psychological structure, with a series of strange symptoms of bacteria, swallowing, vomiting. The symptoms are focused on elemental functions, feeding, and defect, indicating the difficulties of emotional maturation due to frustration at various stages of development. The war period was spent in the basement with his mother and granddaughter, and his father was a participant of the war, often absent. Relative to mother is often stubborn and demanding. Attitudes of mothers and grandparents, which play a very active role in education, are often contradictory. The patient lives in a family home with parents and younger brother. He finished the fifth grade of elementary school and after that he did not continue to attend school because of eating problems.

**Hospitalization** - At the age of five, when he is in kindergarten, he complains of sickness, stops eating and drinking for which he is hospitalized. Until the sixth year, the patient was treated on a number of occasions in clinics in Moscow and in the general hospital in Voronezh, but only once in the Psychiatric Department for Pediatric and Adolescent Psychiatry in Moscow where there was a suspicion of anorexia for the first

time. The first class ends with great success but still avoids meals. In the ninth year of life, the condition is worsened by the birth of a brother. Three times it drains the dark contents and is treated at Moscow where gastroscopy is diagnosed with erosive esophagitis and gastritis. When the diaphragmatic sliding hernia was found, it was operated. Relapalotomy was done due to non-peristalsis. Three days after discharge, the dark content is restored and hospitalized again, when the central venous catheter is introduced in the subclaves pneumothorax, sepsis and acute pancreatitis are developing. Then he loses weight more heavily and stops the chair. At the age of eleven, in exacerbation, she was hospitalized and was then first probed. The treatment resulted in weaker passages through the duodenum and erosive gastritis. Enesure 4X250 milliliters was introduced into the diet. At the age of thirteen years, hospitalized for malnutrition, she is pale, anxious, afebrile, and euphoric. Blood pressure 90/60, pulse 60 / min, body weight 25.8 kg, body height 145 centimeters, weight and height below 5. Centile, pale skin with no rash and bleeding, coughing and defective tooth, nose passes, throat calm, neck free, auscultation on the heart and lungs smooth, soft and painless belly, liver and spleen do not tread. Neurological status within normal limits. During hospitalization, stationary physical therapy is recommended in Spa and therapeutic therapy: Resochin 1X1 tablets, Xanax 3X0,25 mg, Prozac 1X5 ml, Vitamin D 1X3 drops, Calcium Carbonate 1X500 mg, Vitamin C not taken regularly and citing "Better to die pure than as a zombie".

## REFERENCES

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