

What is bulimia nervosa?

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People with bulimia eat very large amounts of food, known as a binge, then try to compensate by vomiting, laxative misuse, excessive exercise and periods of severe restriction of food. Binge eating means eating an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances. It is often associated with a sense of loss of control over eating and patients often consume 'forbidden' foods with high carbohydrate content. Bingeing is usually followed by intense feelings of guilt, which the patient tries to relieve with weight control behaviours. People with bulimia tend to be within a normal weight range.

How common is bulimia?

Bulimia is more common than anorexia nervosa and often begins slightly later in life: prevalence rates in young women vary between 0.5 per cent and 2 per cent of the population as a whole. The condition can develop at any age, but typically occurs in late teens or early twenties. Although bulimia is more common than anorexia, it is under-diagnosed and 'hidden' because people remain at a normal body weight, so outward signs of the condition are less apparent. It is estimated that only 50 per cent of people with bulimia are diagnosed and receiving treatment.

What causes bulimia?

In common with anorexia and other eating disorders, there are always several factors linked to the development of bulimia. They can include:

- Genetic predisposition
- Childhood trauma or abuse
- Family difficulties
- Stressful life events
- Personality factors
- Low self esteem

Dieting is also a risk factor, with some individuals reporting how they failed with other diets and then started to use bulimia as a means of weight control. However, not all dieters become bulimic and therefore other factors must also be involved.

What are the effects of bulimia?

Psychological effects of bulimia

Although people with bulimia tend to stay within a normal weight range, this can mask very serious psychological and physical effects of the condition. Individuals feel trapped in an overwhelming cycle of bingeing and purging and this is often accompanied by intense feelings of guilt and shame. Bulimia is often linked with depression and some individuals self-harm. Studies suggest that in the longer term, bulimia leads to gradual weight gain year on year, compounding feelings of guilt and lack of control.

What is bulimia nervosa?

What are the effects of bulimia? *continued*

Physical effects of bulimia

People with bulimia may experience any of these physical side-effects in the short to medium term:

- Frequent and major weight changes.
- Stretch marks.
- Sore throat, the erosion of tooth enamel and bad breath caused by excessive vomiting.
- Swollen salivary glands making the face round and puffy.
- Poor skin condition and possible hair loss.
- Irregular menstrual periods or loss of periods.
- Lethargy and tiredness.
- Abdominal pain and bloating.
- Chronic constipation and risk of bowel problems due to laxative abuse.

If bulimia persists untreated in the longer term, many people develop chronic dehydration, caused by vomiting and the use of laxatives. This can lead to low potassium levels, triggering a wide range of symptoms ranging from lethargy and muddled thinking to potentially life-threatening heart and kidney problems. Another serious complication of bulimia is the rupture of the stomach.

Bulimia has a lower mortality rate than anorexia. However, in extreme cases, death can occur due to heart failure. People with bulimia have also died following unintentional overdoses.

How is bulimia treated?

The treatment for bulimia is normally carried out on an outpatient basis – this means attending a specialist eating disorder clinic or service once or twice a week. You should see a psychologist or psychiatrist with specialist training and experience in the treatment of eating disorders. Cognitive behavioural therapy has been proven to be very effective in the treatment of bulimia and a specific form of the therapy, known as CBT-E has been developed for the treatment of eating disorders and evaluated to be very effective. You should also see a nutritional expert for support with dietary stabilisation. Drug treatment plays a relatively small role in the treatment of eating disorders but the anti-depressant fluoxetine can be helpful for people with bulimia. For a very small minority of people with bulimia, who have related disorders such as self-harm, it may be necessary to have a period of more intense inpatient treatment.