Bulimia nervosa

Bulimia nervosa is a serious eating disorder. The illness is often characterized by a destructive pattern of binging (eating too much unhealthy food) and inappropriate, reactionary behaviors to control one's weight following these episodes.

People with bulimia nervosa are overly concerned with their body's shape and weight and engage in harmful behaviors in an attempt to control their body image.

Binge eating is defined as the consumption of excessively large amounts of food within a short period of time. Unlike simple overeating, people who binge feel "out of control" during these episodes. This means that one cannot stop the urge to eat once it has begun, even after their stomach is full. Binging may feel good initially, but it quickly becomes distressing for the person who is absorbed in this behavior. They usually eat their food secretly and swallow it down rapidly, with little chewing. A binge is usually ended only with abdominal discomfort, social interruption or running out of food. When the binge is over, the person with bulimia feels guilty and purges to rid his or her body of the excess calories.

Reactionary behaviors used to control one's weight can include:

- Purging behaviors (such as self-induced vomiting, or abuse of laxatives, diuretics, or enemas)
- Non-purging behaviors (such as fasting or excessive exercise).

To be diagnosed with bulimia, a person must have had, on average, a minimum of two binge-eating episodes a week for at least three months. The first problem with any eating disorder is constant concern with food and weight to the exclusion of almost all other personal concerns.

Those at risk

Bulimia nervosa typically begins in teenage years or early adulthood. Like anorexia nervosa, bulimia mainly affects females. Only ten percent to 15 percent of affected individuals are male. An estimated 2-3 percent of young women develop bulimia, compared with the one-half to one percent that is estimated to suffer from anorexia It is believed that more than five million individuals experience an eating disorder (bulimia nervosa or anorexia nervosa) in this country alone. Like all mental illnesses, bulimia nervosa is found in all racial, religious, ethnic and socioeconomic groups.

Studies indicate that about 50 percent of those who begin an eating disorder with anorexia nervosa later become bulimic.

Common signs of bulimia

Constant concern about food and weight is a primary sign of bulimia. People with bulimia are overly concerned with body shape and weight. They make repeated attempts to control their weight by:

- Fasting and dieting
- Vomiting
- Using drugs to stimulate bowel movements and urination
- Exercising excessively.

Weight fluctuations are common because of alternating binges and fasts. Unlike people with anorexia, people with bulimia are usually within a normal weight range. However, many heavy people who lose weight begin vomiting to maintain the weight loss.

Common physiological indicators that suggest the self-induced vomiting that persons with bulimia experience include:

- Erosion of dental enamel (due to the acid in the vomit)
- Scarring on the backs of the hands (due to repeatedly pushing fingers down the throat to induce vomiting).

A small percentage of people with bulimia show swelling of the glands near the cheeks called parotid glands. People with bulimia may also experience irregular menstrual periods and a decrease in sexual interest. A depressed mood is also commonly observed as are frequent complaints of sore throats and abdominal pain. Despite these telltale signs, bulimia nervosa is difficult to catch early. Binge eating and purging are often done in secret and can be easily concealed by a normal-weight person who is ashamed of his or her behavior, but compelled to continue it because he or she believes it controls weight.

Bulimia nervosa often occurs with other psychiatric disorders such as mood disorders (e.g., depression), anxiety disorders (e.g., obsessive-compulsive disorder), substance abuse disorders, and disorders of self-injurious behavior (e.g., borderline personality disorder). Many people with bulimia nervosa will also be diagnosed with anorexia nervosa or another eating disorder at some point in their lives. As with any other condition, adequate treatment of coexisting mental illnesses is necessary goal of treatment in bulimia nervosa.

Medical complications

Persons with bulimia—even those of normal weight—can severely damage their bodies by frequent binging and purging. Electrolyte imbalance and dehydration can occur and may cause cardiac complications and, occasionally, sudden death. In rare instances, binge eating can cause the stomach to rupture, and purging can result in heart failure due to the loss of vital minerals like potassium.

Causes of bulimia nervosa

Although the precise causes of bulimia nervosa are unknown, scientists agree that it is caused by a combination of genetic and environmental factors. People with a family history of eating disorders or a personal history of mental illness, including depression, anxiety, substance abuse and other illnesses, are more likely to develop bulimia nervosa. Traumatic events (e.g., physical or sexual abuse) as well as life stressors (including being bullied at school) can also increase the risk of developing bulimia nervosa. While no specific region of the brain has been directly connected with bulimia nervosa, certain chemicals in the brain (e.g., the neurotransmitter serotonin) have been shown to have a relationship with binging and purging behaviors.

Eating disorders are not due to a failure of will or behavior. In fact they are real, treatable medical illnesses in which certain harmful patterns of eating take on a life of their own.

Treatment

The most important part of addressing an individual's bulimia nervosa is to ensure good medical treatment. As mentioned above, bulimia can cause serious medical complications and before anything else can be done, a thorough medical evaluation—either by a primary care provider or in the hospital setting—should be performed in order to ensure the individual's safety.

Most people with bulimia can be treated through individual outpatient therapy because they aren't in danger of starving themselves as are persons with anorexia. However, if the bulimia is out of control, admission to an eating disorders treatment program may help the individual let go of their behaviors so they can concentrate on treatment.

Group therapy is especially effective for college-aged and young adult women because of the understanding of the group members. In group therapy they can talk with peers who have similar experiences. Additionally, support groups can be helpful as they can be attended for as long as needed, have flexible schedules and generally have no charge. Support groups, however, do not take the place of treatment. Sometimes a person with an eating disorder is unable to benefit from group therapy or support groups without the encouragement of a personal therapist.

Individual therapy can include a wide variety of techniques. Cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT) have been shown in scientific studies to decrease the symptoms of bulimia nervosa.

Cognitive behavioral therapy, either in a group setting or individual therapy session, has been shown to benefit those with bulimia. It focuses on self-monitoring of eating and purging behaviors as well as changing the distorted thinking patterns associated with the disorder. Cognitive-behavioral therapy is often combined with nutritional counseling and/or antidepressant medications such as fluoxetine (Prozac). This medication (the only FDA-approved medication for bulimia nervosa) helps by decreasing the symptoms of bulimia, but it does not cure the illness. As with any other mental illness, it is important to discuss any medication decisions with one's psychiatrist and other members of the treatment team.

Family psychotherapy can be useful in helping to support both the individual with bulimia nervosa and their family members. Nutritional counseling is useful in guiding individuals towards a healthy diet and regular eating habits.

Treatment plans should be adjusted to meet the needs of the individual concerned, but usually a comprehensive treatment plan involving a variety of experts and approaches is best. It is important to take an approach that involves developing support for the person with an eating disorder from the family environment or within the patient's community environment (support groups or other socially supportive environments).

Reference: National Alliance on Mental Illness.