

*Patient Education Sheet***What is Bulimia Nervosa?****What is bulimia nervosa?**

Bulimia nervosa is a serious eating disorder that most often develops in adolescence or young adulthood. Most people with bulimia are female, with about nine females affected for every one male with the disorder. Estimates suggest that bulimia affects as many as one to four out of every 100 young females. However, it is difficult to know with certainty how many people truly are affected, since many try to hide their behaviors.

Bulimia is characterized by:

- Preoccupation with food, body shape, and weight
- A distorted, negative body image
- An intense fear of gaining weight



- Repeated episodes of **binge eating**, during which the person consumes unusually large quantities of food in a distinct period of time, often in private
- A feeling of lack of control during binge episodes, with the sense of being unable to stop
- Recurrent, harmful behaviors following binge episodes to prevent weight gain, such as forced vomiting (called **purging**), not eating for long periods of time (fasting), excessive exercise, and/or misuse of laxatives

Without treatment, people with bulimia may develop serious, long-term health problems, which in extremely severe cases may be life-threatening.

What are the emotional and behavioral symptoms of bulimia?

Bulimia is characterized by both emotional and behavioral signs, which may include:

- The sense of lack of control over eating behavior
- Eating to the point of discomfort or pain
- Having episodes of binge eating that occur more than once a week over a period of months
- Engaging in harmful behaviors after an eating binge to prevent weight gain, which may include:
 - self-induced vomiting
 - excessive use of laxatives, enemas, and/or medication that reduces the amount of water in the body (diuretics)
 - not eating for prolonged periods of time (fasting)
 - excessive exercise



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- Secretiveness about binge eating and purging behaviors due to a feeling of shame, embarrassment, and disgust over the amount of food eaten and the feeling of lack of control
- Often going to the bathroom during or immediately after meals



- Sometimes desperate behavior, such as hoarding, stealing someone else's food, or taking food from the garbage
- Constant concern about being fat

Symptoms of other conditions also commonly occur in association with bulimia, e.g, anxiety, depression, and/or substance abuse.

Bulimia is sometimes categorized into two different types, although these behaviors often overlap, with people engaging in both:

- **Purging bulimia** in which episodes of binge eating are followed by forced vomiting or the misuse of laxatives, enemas, and/or diuretics
- **Nonpurging bulimia**, where binge eating is followed by behaviors that are attempted in an effort to prevent weight gain--e.g., excessive exercise or fasting

It is important to note that a person with bulimia may be of normal weight or in some cases even a bit overweight. In addition, some people with the disorder may have frequent weight changes in short periods of time.

What complications are associated with bulimia?

Without treatment and depending on the types of purging behaviors, bulimia may lead to severe symptoms, serious long-term effects, and potentially life-threatening complications. Serious signs and symptoms may include:

- Abnormal functioning of the bowels
- Damage to the teeth and gums, including tooth erosion, cavities, and gum disease
- Sores in the mouth and throat
- Swollen salivary glands
- Inflammation of the lining of the digestive tract and esophagus
- Loss of menstruation (amenorrhea)
- Sores, cuts, and scarring of the hands or knuckles due to excessive exposure to acidity (i.e., during self-induced vomiting)
- Dehydration
- Calcium loss from bones, causing thinning (osteoporosis) and risk of fracture
- Low body temperature
- Low blood pressure and pulse
- Metabolic changes and electrolyte imbalances

In severe cases, death may occur due to complications from malnutrition, damage to vital organs, or suicide.

What causes bulimia?

The causes of bulimia remain unknown. However, as with other eating disorders, it is thought to be caused by a number of complex factors, including **genetic, psychological, environmental, and societal.**

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- **Genetic and biologic factors**-- It has been shown that people who have a parent or a sibling with an eating disorder may also have an increased likelihood of developing such a disorder. This suggests that genetic factors may play some role in making some people more susceptible to developing bulimia. In addition, it is thought that deficient activity of particular brain chemicals, known as **neurotransmitters**, may be associated with the disorder.



- **Psychological and behavioral**—Binge eating may develop as a way to cope with emotional distress, with subsequent purging as an attempt to regain feelings of control. Although bulimic behaviors may begin with a “simple” attempt to diet and lose weight, the associated bingeing and purging behaviors may become addictive as an attempt to cope with anxiety, depression, and emotional difficulties, such as low self-esteem and perfectionism.
- **Environmental and societal**-- Many have suggested that modern society’s preoccupation with thinness, the media’s tendency to equate beauty with slenderness, and peer pressure may also be contributing factors to the development of bulimia.

What is the treatment for eating disorders?

People with bulimia may require coordinated, multidisciplinary care and a number of treatment approaches, such as the following:

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- **Psychotherapy** may be advised to help a person with bulimia learn how to:
 - exchange unhealthy habits with healthy ones
 - develop problem-solving skills
 - explore healthful ways to cope with stressful situations, and
 - monitor mood.

Such treatment may include one-on-one sessions with a therapist, cognitive-behavioral therapy, and family therapy.

- **Nutrition education** – A dietician or other health care provider can provide information about a healthy diet and help to design an eating plan to achieve a healthy weight and appropriate eating habits.
- **Hospitalization** – If a person with bulimia has serious complications, a doctor may recommend hospitalization. Some clinics specialize specifically in treating people with eating disorders like bulimia. In other cases, outpatient day programs may be considered appropriate rather than full hospitalization.
- **Medication** – Treatment with certain antidepressant medications may help to ease the mood problems and anxiety that often accompany bulimia. One such antidepressant, Prozac--which is called a “selective serotonin reuptake inhibitor” or SSRI--is approved by the **Food and Drug Administration (FDA)** for the treatment of bulimia. In addition, Prozac or other SSRIs may be used in combination with other medications to help with the treatment of other psychological conditions, such as anxiety or depression.

It is possible that Prozac and other SSRIs may be associated with an increased risk for suicidal behavior in children, young people, or adults. The drug companies that make these antidepressants are required by the FDA to include a **“black box” warning label** on the medications, outlining this risk. Those treated with Prozac or other SSRIs should be closely monitored for worsening depression or the development of suicidal thoughts or behaviors.

If someone talks about or shows warning signs of suicidal thoughts or behaviors, immediately call the Behavioral Crisis Unit at Danbury Hospital at (203) 739-7007, or dial 9-1-1 if the threat is immediate.



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