



BULIMIA

BASIC INFORMATION

DESCRIPTION

An eating disorder. It involves bingeing (uncontrolled overeating) and purging (getting rid of unwanted food in the body). Bulimia affects both sexes (women much more than men). It often starts in the teen years.

FREQUENT SIGNS AND SYMPTOMS

- Recurrent episodes of binge eating. This is rapid eating of a large amount of food in a short time (usually less than 2 hours), plus at least three of the following:
 - Preference for high-calorie, convenience foods during a binge.
 - Secretive eating during a binge. Patients are aware that the eating pattern is abnormal, and they fear being unable to stop eating.
 - Following the eating binge with purging measures, such as laxative use or self-induced vomiting.
- Depression and guilt following an eating binge.
- Repeated attempts to lose weight with severely restrictive diets, self-induced vomiting, and use of laxatives or diuretics.
- Frequent weight changes greater than 10 pounds from first fasting and then extreme overeating.
- There is no underlying physical disorder.

CAUSES

Unknown. It is thought to be largely emotional.

RISK INCREASES WITH

- Strict, compulsive, perfectionistic family.
- Anorexia nervosa (another type of eating disorder).
- Depression.
- Stress, including lifestyle changes, such as moving or starting at a new school or job.
- Personality disorders.
- Excessive concern with being physically attractive.
- Certain occupations (such as ballet dancer, model, or actor).
- Certain activities (such as cheerleading).
- Athletes (such as gymnasts, runners, cyclists, weight-lifters, and wrestlers).

PREVENTIVE MEASURES

No specific preventive measures. Early treatment may help keep it from progressing. Encourage a rational attitude about weight in young people.

EXPECTED OUTCOMES

Outcome is variable. Patients, if they desire to change, can often be helped with therapy.

For some patients, it may continue long-term. Others just have episodes of bulimia that occur with life events and crisis.

POSSIBLE COMPLICATIONS

- Fluid and electrolyte imbalance, dental disease, stomach and esophagus disorders, constipation, and dry skin.
- Malnutrition (not taking in enough nutrients).
- Relapse after treatment.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider can usually diagnose bulimia with a physical exam and by asking questions about your symptoms, eating habits, and weight concerns. There is no one test to diagnose bulimia. Medical tests may be done to check for possible underlying disorder, physical problems, or complications.
- Denial of the severity or even the existence of a problem is common in patients. Most patients resist treatment and behavior change at first. Some want a quick and easy solution that is not feasible.
- The goal of treatment is to establish healthy eating patterns and to maintain normal weight.
- Treatment may include counseling for the patient and the family, nutrition counseling, and drug therapy if needed. Hospital care or care in an eating disorder facility may be required.
- A dental exam is usually recommended.
- Counseling focuses on the misconceptions that patients have of themselves (physically, mentally, emotionally). Support groups may help some patients.
- To learn more: National Eating Disorders Association, 603 Stewart St., Suite 803, Seattle WA 98101; (800) 931-2237; website: www.nationaleatingdisorders.org.

MEDICATIONS

- Antidepressants are usually prescribed.
- Vitamin and mineral supplements may be prescribed.

ACTIVITY

May be limited at first. Then exercise for enjoyment and fitness and not to lose weight.

DIET

A dietitian will help you plan healthy meals that are not rigid, but provide food choices.



NOTIFY OUR OFFICE IF

- You have symptoms of bulimia or you suspect your child has bulimia.
- Treatment does not improve bulimia behavior.

