

WHAT IS BULIMIA NERVOSA?

Bulimia nervosa is an eating disorder characterised by the person affected making determined efforts to purge themselves of any food eaten, sometimes following a binge*, and often following 'normal' food intake. These compensatory or purging behaviours can include fasting, self-induced vomiting, the misuse of laxatives and diuretics, and excessive exercising.

A person affected by bulimia will become increasingly trapped in a cycle of dieting, bingeing and purging which can become compulsive, and when attempts to break out of this cycle fail, the person may begin to feel more and more out of control.

On the outside, a person with bulimia may seem very capable, positive, successful and on top of things. However, on the inside, they may be struggling desperately with feelings of guilt, shame, self-loathing and ineffectiveness.

Bulimia nervosa can affect both males and females of all ages, though it is most common amongst younger women.

Bulimia nervosa is more common than anorexia nervosa, but because many people with bulimia may maintain a normal body weight the disorder can sometimes go unnoticed and untreated for a long time. The longer the binge-purge cycle remains in place, the harder it can become to overcome it.

PEOPLE CAN AND DO RECOVER

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**We are a voice, a listening ear,
a support for those affected by
eating disorders and their families.**

SERVICES

- Email Support Service
- 24 Hour Helpline Support
- Drop-in Service
- 1-1 Support
- Monthly Support Groups
- Early Intervention/Prevention Programmes for Schools and Youth Groups
- Workshops for Professionals

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Bulimia Nervosa



MAIN FEATURES OF BULIMIA

Behaviours may include

- Regular binges*
- Compensating for binges by
 - Self-induced vomiting, particularly after meals
 - Disappearing to the bathroom after meals in order to get rid of food
 - Abuse of laxatives and/or diuretics
 - Excessive exercise
 - Periods of fasting
- Secrecy and denial around food behaviours
 - Secret hoarding of food
 - Secret disposal of vomit
- Risk-taking behaviours such as alcohol or drug abuse, shoplifting, promiscuity, self-harm
- Problems dealing with social situations and interaction with others

Emotional and psychological symptoms may include

- Preoccupation with body weight, shape and size
- Preoccupation with dieting
- Self-evaluation is influenced significantly by body weight, size and shape
- Feeling emotional, irritability, mood swings
- Dissatisfaction with body image
- Feeling out of control
- Feelings of inadequacy and worthlessness
- Feelings of guilt and shame
- Depression and related symptoms
- Anxiety

Physical symptoms may include

- Frequent changes in weight
- Tiredness and insomnia
- Digestive problems including cramps and constipation
- Poor skin condition
- Sore throat and mouth ulcers, husky voice
- Headaches
- Calluses on the fingers
- Irregular periods
- Enlarged salivary glands
- Erosion of tooth enamel

A person affected by bulimia may maintain a normal body weight, and when this is combined with the denial that is common amongst those experiencing an eating disorder this can make it very difficult to identify bulimia.

**Sometimes what a person with bulimia defines as a 'binge' may differ from how a person without an eating disorder might define it. A person with bulimia might consider a binge to be anything extra that they eat no matter how little this is or eating with a lack of control. It is important that when a person talks about bingeing not to assume they are talking about eating a large amount of food.*

HEALTH CONSEQUENCES OF BULIMIA NERVOSA

Frequent vomiting and the use of laxatives in particular can seriously affect the body's ability to function properly. All organs can be affected, though the heart is particularly at risk.

Health consequences may include

- Severe dehydration, which may lead to kidney failure
- Depletion of electrolytes, which may lead to heart failure
- General digestive problems (cramps, constipation etc.), and over time the possibility of significant damage being caused to the digestive system
- Tooth decay leading to cavities and gum disease
- It is in the context of these long-term consequences that early intervention is particularly important

GETTING HELP

Bulimia is a serious disorder and should not be left untreated. Both the physical and the psychological aspects of the disorder should be assessed and monitored. Treatment varies according to the individual.

- Getting a medical check-up is an essential part of treatment as the effects of bingeing and purging are not obvious and need to be properly assessed. A simple blood test will indicate the level of dehydration and electrolyte depletion. Dietary advice can then be sought to help correct these problems.
- Individual psychotherapy and family therapy can be useful in addressing the psychological and emotional issues that may be underlying the disorder.

- Cognitive behavioural therapy (CBT) is one of the therapies recommended for people with bulimia. This form of therapy helps a person look at the false beliefs that underlie their sense of self and their behaviour. It encourages the person to evaluate themselves more realistically and to move towards accepting themselves as they are.
- Anti-depressants are sometimes prescribed to help with the depression that often accompanies bulimia and in some cases to help reduce the frequency of bingeing and purging.
- If a person is severely dehydrated or depleted of essential nutrients, inpatient treatment may be necessary. Your family doctor will be able to advise you if this is necessary.

RECOVERY

A person with bulimia may put off seeking help and support because they are frightened of the reaction they might get if they disclose what they are doing. Shame and the fear of rejection become powerful barriers to change. Being able to come out of isolation may take time.

Support groups can be very useful in reducing feelings of isolation and in providing encouragement through some of the more difficult parts of recovery.

Recovery can only begin when a person is ready to change. Change can be made easier for a person if those around them inform themselves about bulimia and about how they can offer support and show understanding.

Most people will experience some periods of relapse and these need to be recognised as part of recovery and not as a failure. Learning to cope with relapse can actually increase the chances of long term recovery.

