



Medicine for Managers

Dr Paul Lambden BSc MB BS BDS FDSRCS MRCS LRCP DRCOG MHSM

Bulimia

Bulimia is a serious eating disorder. People with the condition binge-eat, consuming large amounts of food in one sitting. They commonly do so in secret because they feel ashamed. Those afflicted know that they have lost control of their food consumption, feeling very unhappy as well as guilty about their behaviour. Having eaten to excess, they then try to eliminate the excess food by inducing vomiting or abusing laxatives.

Diagnostic criteria of bulimia were not established until the late 1970s. Indeed, in 1979 Gerald Russell published a description of bulimia nervosa which he described as a 'morbid fear of becoming fat', followed by purging.

However, food bingeing has been popular since ancient cultures. Greek soldiers were known to binge and purge themselves and in ancient Rome high society it was accepted that bingeing was followed by vomiting to make room for more food.

The word 'bulimia' itself is derived from the Greek βουλιμία meaning ravenous hunger. It has been recognised for many centuries and is to be found in the central text of Rabbinic Judaism, the Talmud, compiled in the 5th century B.C., although the term then may have referred only to overeating.

It has been estimated that about 1% of young women have bulimia at any one time and 2-3% at some time in their lives. The condition is

about ten times more common in women than in men. Anyone can have bulimia, irrespective of whether they are underweight, average weight or overweight. It is not possible to tell just by looking whether someone has bulimia.

Symptoms of bulimia include:

- Fear of gaining weight
- Feelings of having no control over eating
- Consuming large quantities of food in one episode
- Vomiting to avoid weight gain
- Feeling unhappy about body shape
- Using emetics, purgatives and diuretics to encourage fluid and stool elimination.

The disorder can seriously affect mental as well as physical health. Often the most difficult element of managing bulimia is the ability to speak about it. Patients need to relate to someone with whom they can explain what they are going through. That person may be a

doctor or nurse, a friend, loved one, priest or teacher. Establishing a rapport is the first stage in seeking the vitally needed help to support the individual. It is often family and friends who notice the first signs including:

- Worry about being overweight
- Negative body image
- Unconventional eating habits involving such activities as consuming large meals followed by fasting
- Avoiding eating with others
- Obsessive exercising
- Damaged teeth due to acid erosion associated with vomiting

The Causes of Bulimia

The cause(s) of bulimia is not known but genetics may play a role, as may emotional issues, family pressures and societal influences.

A family history of an eating disorder increases the risk in children and siblings.

Depression and anxiety may cause or unmask bulimia, especially if being bullied.

Struggling with maintaining a stable weight, combined with pressure from others or being criticised for body image, is also a risk for bulimia.

Consequences of bulimia

Serious or even life-threatening consequences of bulimia may include:

- Feelings of worthlessness
- Relational difficulties
- Poor nutrition
- Cardiac disorders such as heart failure

- Gastrointestinal problems such as reflux, oesophageal damage or rectal prolapse
- Anxiety, depression, alcohol misuse, drug abuse, self-harm and suicide

Diagnosis of bulimia:

Bulimia can be difficult to diagnose, depending on the nature of the presenting symptoms or signs, or the information provided by family or friends.

If the GP is acting on weight loss, other gastrointestinal symptoms or evidence of behavioural features, consultations may include:

- Discussions about weight loss and eating habits
- General physical examination and associated investigations
- Cardiac and gastro-intestinal review
- Mental health review

Elimination of other physical causes and other medical complications associated with the symptoms will assist the doctor to make a diagnosis, which will include bingeing and purging episodes occurring repeatedly.

Normally those people suspected of having bulimia would be referred to an appropriate clinic, depending on local availability, and which may be through a medical, mental health or dietetic route.

Treatment of bulimia

There are several options for care:

- **Talking therapies.** These may include **cognitive behavioural therapy** to help

identify unhealthy, negative behaviours and replace them with a clear understanding of the challenges and replacement with healthy and sustainable beliefs and management of the diet. Sometimes **family-based treatment** is valuable to help parents learn about the challenges faced by their child and to enable the whole family to help the child gain control over dietary activity. Such treatment may be done in conjunction with specialist dieticians to produce eating plans and providing good nutrition

- **Medication** may sometimes be used to control or reduce symptoms, using a drug such as **fluoxetine** (Prozac)

paullambden@compuserve.com

- **Hospitalisation** is not normally required, although admission may sometimes be required in severe cases or where there are associated physical complications. Other eating disorder programmes are provided on a daycase basis.

Bulimia is a condition which can be difficult for family and friends to understand.

The concept of binge eating and purging, which drives those who suffer with it, may not always create understanding and support in those around the individual.

Bulimia does get better in most people although symptoms may recur, particularly at times of stress. Learning how to cope and manage stress is usually most effective at preventing the symptoms from returning, as is seeking medical help in the event that symptoms recur.