



# FACT SHEET

## Family and Consumer Sciences

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# Eating Disorders Awareness: Bulimia Nervosa

**B**ulimia nervosa is an eating disorder characterized by bingeing and purging behaviors. A person uncontrollably eats large amounts of food in a short period of time and then compensates for the calories consumed by purging them from their system in an attempt to prevent weight gain. Some common behaviors may include the use of self-induced vomiting, laxatives, diuretics, fasting, or excessive exercise to prevent weight gain. People with bulimia feel they cannot stop eating or control what or how much they are eating. Purging helps them regain a feeling of control, although it is a false and temporary sense of control. Often bulimics are normal or above normal weight, unlike anorexics who are often abnormally thin. Because bulimics often look perfectly normal, recognizing an individual with bulimia nervosa may be difficult. Bulimia nervosa is more common than anorexia nervosa, affecting about 3 to 4 percent of young women in the middle-to-upper socioeconomic level. It is also seen in adolescents, some males, and in women in lower socioeconomic levels.

There are two types of bulimia nervosa—purging type and non-purging type. The common behaviors of the purging type include the use of self-induced vomiting, laxatives, and diuretics. Non-purging bulimics use other compensatory behaviors including fasting and excessive exercise to prevent weight gain.

The causes of bulimia nervosa are unclear. It is known that pressure to conform to a cultural ideal of thinness influences abnormal dieting behavior

and low self-esteem can result from being unable to achieve this ideal. The self-image of a person with bulimia nervosa is closely connected to their weight and they pay a great deal of attention to how they look. The beginning of bulimia nervosa often follows dieting behaviors that begin during adolescence. Very low calorie diets often promote binge eating due to being deprived of not only fuel but pleasurable foods. This is followed by intense feelings of guilt for losing control of eating. Guilt may be accompanied by mood swings and is relieved by purging the calories from the body. When this behavior is repeated, a cycle of bingeing and purging begins. Times of emotional stress can worsen the binge/purge cycle. This cycle can occur occasionally or several times a day.

As bulimia nervosa progresses, a person adjusts their lifestyle to accommodate their behaviors. A person with bulimia nervosa will become very secretive about eating to protect their habit. These lifestyle changes cause feelings of isolation, self-deprecating thoughts, depression, and continued decline of self-esteem. A person with bulimia nervosa realizes they are engaging in abnormal behavior. In fact, they spend a great deal of time planning and carrying out binge/purge behaviors in secret so others are unaware. This is unlike anorexics who are often unaware of their disorder.

Bulimia nervosa can cause a variety of physical signs and symptoms. The most common physical problem is erosion of tooth enamel caused by

stomach acid in the mouth from vomiting. When diuretics and laxatives are used, electrolyte imbalances can occur. Diuretic and laxative use can cause loss of potassium, which is needed for muscle and heart functioning. Cardiac arrhythmia or irregular heartbeat can result. The frequent use of ipecac to induce vomiting can cause heart failure or death. Repeated vomiting can also cause tears in the esophagus or enlargement of the salivary glands giving a bulimic a “chipmunk cheek” appearance. Russell’s sign, callouses on the back of the hand caused by the teeth with repeated induced vomiting, is also a clue of bulimia nervosa, as are bloodshot eyes.

Treatment of bulimia nervosa is complex and should begin with selecting a mental health professional with experience in treating eating disorders. Treatment should include individual psychotherapy, group therapy, support groups, and nutritional counseling. Family therapy and marital/couples therapy should be included when relevant. Treatment with antidepressant medication has proven effective with some individuals, however, a combination of medication and therapy is recommended. Treatment may be outpatient, intensive day treatment (partial hospitalization for 7 to 10 hours daily), or inpatient hospitalization.

While many individuals with bulimia nervosa look perfectly normal, there are some warning signs to be aware of:

- Makes excuses to go to the bathroom after meals.

- Has mood swings.
- May buy large amounts of food that suddenly disappear.
- Has unusual swelling around the jaw.
- Weight is in normal range.
- Frequently eats large amounts of food on the spur of the moment.
- Laxative and diuretic wrappers are found frequently in the trash.
- Unexplained disappearance of food in the home.
- May avoid eating around other people.

### Resources

Mental Health Net: <http://www.mentalhelp.net/disorders/sx3.htm>.

National Eating Disorders Organization. (1997). *Information about eating disorders*.

National Eating Disorders Organization. (1997). *Overview of eating disorders: Anorexia nervosa, bulimia nervosa, and related disorders*.

Waller, D. (1996). *Eating disorders, Child and adolescent psychiatry*. St. Louis, MO: Mosby-Year Book, Inc.

Well Connected, Nidus Information Services, 175 Fifth Ave., Suite 2338, New York, N.Y. 100 <http://www.nidus@panix.com>. Eating Disorders: Anorexia and Bulimia Nervosa.

[http://www.nationaleatingdisorders.org/p.asp?WebPage\\_ID=286&Profile\\_ID=41141](http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=286&Profile_ID=41141)

<http://www.nimh.nih.gov/health/publications/eating-disorders/complete-index.shtml>

Original author: Deborah L. Angell, Extension Educator, Family and Consumer Sciences, Erie Basin EERA.

Reviewed and edited by Gail Kaye, Program Director, Human Nutrition.

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Keith L. Smith, Ph.D., Associate Vice President for Agricultural Administration and Director, Ohio State University Extension

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