Eating Disorders Awareness: Bulimia Nervosa

Original author: Trisha Rayner, Extension Educator, Family and Consumer Sciences, Miami County.
Reviewed and edited by Korrin Vanderhoof, MSSA, LISW, Research Associate, EFNEP, Family and Consumer Sciences.

Bulimia nervosa is an eating disorder characterized by binging and purging behaviors. A person eats large amounts of food in a short period of time and then compensates for the calories consumed by purging them from his or her system in an attempt to prevent weight gain. Some common purging behaviors include self-induced vomiting; the use of laxatives or diuretics; fasting; or excessive exercise to prevent weight gain. People with bulimia may feel out of control when they are in a binge-eating episode. Purging helps them regain a feeling of control, although it is a false and temporary sense of control. Individuals with bulimia nervosa are often of average weight. Because a person struggling with bulimia nervosa often looks perfectly normal, recognizing it can be difficult. However, many people struggling with bulimia nervosa recognize their behaviors are unusual and dangerous. It is believed that bulimia nervosa affects 1 percent to 2 percent of adolescent and young adult women, and about 80 percent of patients with bulimia nervosa are female.

There are two types of bulimia nervosa: purging type and nonpurging type. The common behaviors of the purging type include the use of self-induced vomiting, laxatives and diuretics. Nonpurging bulimics use other compensatory behaviors including fasting and excessive exercise to prevent weight gain. The causes of bulimia nervosa are unclear. Researchers are finding that eating disorders are caused by a complex integration of genetic, biological, behavioral, psychological and social factors. Low self-esteem and depression are commonly associated with bulimia nervosa. The beginning of bulimia nervosa often follows dieting behaviors, which 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 binging 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 his or her lifestyle to accommodate his or her behaviors. A person with bulimia nervosa will become very secretive about eating to protect his or her habit. These lifestyle changes cause feelings of isolation, self-deprecating thoughts, depression and continued decline of self-esteem. The individual’s primary concern becomes weight loss and food. He or she spends a great deal of time planning and carrying out binge/purge schedules or rituals. Some individuals may have rigid exercise regimens and continue to exercise despite injury or overuse.

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 due to dehydration. Diuretic and laxative use can cause loss of potassium, which is needed for muscle and heart functioning. Cardiac arrhythmia or irregular heartbeat can result. Repeated vomiting can also cause tears in the esophagus or enlargement of the salivary glands, giving the individual a “chipmunk cheek” appearance. Callouses on the back of the hand caused by teeth during repeated, induced vomiting is also a clue of bulimia nervosa. Chronic irregular bowel movements and constipation may occur.

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 7–10 hours daily), or inpatient hospitalization.

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

• 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.
• Has chronic sore throat.
• 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**


