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Bulimia Nervosa Binge-Eating Disorder

Short Definition

Bulimia nervosa is a disorder that is characterized by two main common behaviors: eating large amounts of food at one time (binging), and then getting rid of it (purging).

Overview

Bulimia nervosa is an eating disorder—a type of mental health condition that can be potentially life-threatening. An individual with bulimia may be obsessed with their weight and with food. They seek to control their weight by an eating pattern that includes binging and purging.

Binging is the act of eating large amounts of food in a short period of time (typically within 2 hours). Purging is the act of "getting rid" of this food, and may be done through forced vomiting, or the misuse of laxatives.

People who experience bulimia may also seek to control their body through misuse of diuretics or potentially dangerous weight-loss medications, periods of fasting, or excessive exercise. Bulimia may go unnoticed for many years, as those who have it often are of a typical or above-average body weight.

Symptoms

Bulimia can present itself in two ways: purging type, and non-purging type. Which symptoms a person has depends on which type the person is experiencing. Purging is when the individual uses self-induced vomiting, laxatives, diuretics, or enemas to clear out the digestive system. Non-purging individuals will use other means of controlling calorie levels, such as excessive exercise or fasting.

Symptoms of bulimia can be divided into psychological and physiological symptoms. Psychological symptoms include:

- Signs of purging behaviors such as frequent bathroom visits after meals, evidence of vomiting, wrappers of laxatives or diuretics noticed around the house
- Disappearance of large amounts of food at a time, food wrappers hidden around the house, or noticed in the trash, any other indicator of eating large amounts of food
- Noticing behaviors and beliefs that indicate that weight loss, control of food, and dieting are becoming an obsession in the individual's life
- Shows a tendency to be overly focused on diet fads, cutting out foods
- Seems reluctant to eat in public or with other people
- Notice a reliance on breath mints, gum, or mouthwash

- Excessive, rigid exercise routine
- Presence of food rituals
- Hides body with baggy clothing
- A preoccupation with body image
- Demonstrates an intense fear of gaining weight
- Social withdrawal
- Depression or anxiety
- May indulge in risky behaviors due to impulsivity, such as drug or alcohol misuse

Physiological symptoms of bulimia can include:

- Fatigue, decreased energy
- Dental issues due to the erosion of enamel caused by frequent vomiting
- Continually inflamed or sore throat
- Heart arrhythmia
- Throat and stomach ulcers
- Dry and brittle nails
- Poor wound healing
- Irregular menstrual periods
- Swollen jawline or swollen cheeks
- Fainting
- Bloodshot eyes
- Calluses or scars on knuckles (from enforced vomiting)

Bulimia is a mental health disorder with a high risk of death (second only to substance use disorder). The medical complications from starvation can be extremely dangerous, and yet difficult to detect until it's too late. A secondary cause of death from this disorder is suicide. It is extremely important to get help if you suspect you have this disorder, or if you suspect it in a loved one.

Causes

There is no known cause of bulimia, but researchers believe that it can stem from a combination of genetics and learned behaviors. Those who have family members with bulimia may be at greater risk for developing the disorder themselves. It shows up most often in females in the teenage years, but may also affect males.

Risk Factors

There are some risk factors that may indicate a greater chance of experiencing bulimia, including the following:

- Low self-image or self-worth
- Other mental health conditions such as depression or anxiety
- Being overweight as a child or teen

- Excessive stress or excessive boredom
- Family members with eating disorders

Treatments

Treatment for bulimia may involve a combination of therapeutic approaches. A strong inter-professional approach with medical health professionals and mental health professionals can be the most effective at long term success in treating bulimia.

Therapy

Psychotherapy, both individual and family, are used to address self-esteem and body-image issues, as well as build a more positive relationship with food, and offer stress management and coping skills. Cognitive behavioral therapy (CBT) is a type of therapy that can be effective at replacing negative thought and behavior patterns with more positive ones, and is most commonly used in the treatment of eating disorders.

Mental health professionals that specialize in a form of CBT focused on the treatment of eating disorders can be the most effective at ensuring that an individual with bulimia doesn't relapse into disordered behaviors.

Medication

Medication is not generally used in the treatment of eating disorders like bulimia. In some cases, however, anti-anxiety or anti-depression medications may be used to help relieve symptoms of anxiety or depression that are co-occurring with the condition.

Other Treatment Options

Any severe physical symptoms may be treated by a medical professional in a hospital or outpatient setting. This includes things like electrolyte imbalance, ulcers, dental problems, or any other issues that may have been caused by purging behaviors.

A therapist may work with family members to educate them on bulimia and appropriate interactions with food and exercise. A strong support system is important for helping those who experience eating disorders.

Self-Care

As a part of the therapeutic process, a therapist may work with the patient on learning and implementing self-care practices to help manage stress and building self-esteem. This can include mindfulness or relaxation techniques like deep breathing or meditation, learning positive self-talk, building social support systems, and supporting healthy lifestyle habits that are not centered around food.

Resources

Therapy is the first-line treatment for eating disorders like bulimia. Therapy like CBT is designed to replace negative patterns of thought and behavior with positive replacements. Licensed therapists who specialize in CBT can help you identify the source of negative thoughts and beliefs and help guide you toward a more positive self-image.

For those who may have difficulty finding a therapist in their geographical area, online therapy offers accessibility and a variety of choices. With an online therapy platform like **BetterHelp**, you fill out a simple questionnaire and are matched with a licensed therapist that meets your needs. Sessions are held online through video conferencing, private messaging, or even over the phone.

Here are some other resources you can use to find out more about bulimia or reach out for help:

- **National Eating Disorders Association (NEDA)**
- **Bulimia Guide**
- **ANAD.org**
- **John's Hopkins Medicine**

Statistics

Here are some key statistics on bulimia nervosa:

- The **median age of onset of bulimia nervosa** (as well as anorexia nervosa) is 18 years old
- The prevalence of bulimia nervosa in the **US population is around .03%,** with females experiencing this disorder at the rate of 5x that of males.
- Around **95.4% of individuals diagnosed with bulimia nervosa** met criteria for at least one other mental health disorder.
- **Less than 6% of those diagnosed** with eating disorders are classed as "underweight".
- Younger people are more likely to be diagnosed with eating disorders now than twenty years ago. 81% of children 10 years of age **report that they are afraid of being fat**.

Research

Studies have found that **cognitive behavioral therapy specialized on the treatment of eating disorders** is the most effective form of therapy, when compared to other psychological interventions.

A recent study has suggested that **there is a biological response that reinforces** behaviors in binge eating. When an individual binge eats, the brain's reward response center can become affected, and reinforce binging behaviors physiologically as well as psychologically. Researchers believe that continued study into the neurobiology aspect of eating disorders can help in discovering more effective avenues of treatment.

In recent years, clinicians have found that **more individuals with eating disorders were not falling into the classic categories** of anorexia nervosa and bulimia nervosa. The classifications of eating disorder have been expanded to include binge eating disorder (BED) and avoidant/restrictive food intake disorder (AFRID) to capture the individuals who have eating disorders but have not been able to be diagnosed within the traditional categories.

Related Articles

Here are some articles you can read to find out more about bulimia nervosa and its effects:

- **Bulimia Nervosa: Causes, Dangers, And How To Begin Your Recovery Journey**
- **Understanding The Long Term Effects Of Bulimia**
- **Symptoms Of Bulimia: Characteristics To Look Out For**
- **Recovering From The Effects Of Bulimia: Treatment Options**
- **How Guided Self-Monitoring Can Improve Bulimia Nervosa**