# Stonebriar Psychiatric Services News & Views
# Bulimia

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## Bulimia Nervosa...The Perfect Solution?

*You and your husband just stare at each other. You can't understand why Jan, your youngest daughter, always wants to leave the dinner table as soon as she's done eating and then runs to the bathroom. Has her stomach been acting up because of all the stress that she's been under with cheerleading tryouts? Or is she just going through one of those "phases" that all teenagers go through when they don't want to spend a lot of time talking with Mom and Dad? You begin to think that maybe you should take her to the pediatrician because she does look like she's been losing some weight. Maybe she has an ulcer from all the stress...or a "nervous stomach"... or maybe she is struggling with one of the most common eating disorders experienced by young women today.*

Bulimia is a term which indicates binge eating, generally defined as eating more food than most people would in a given period of time or in a particular circumstance, and is accompanied by a sense of losing control. When this binge eating occurs in normal weight or above normal weight individuals who engage in behaviors to compensate for the increased calories because of their fear of weight gain, the condition is known as a bulimia nervosa. These compensatory behaviors may include self-induced purging (vomiting) after eating, excessive use of laxatives or diuretics, periods of fasting, or excessive exercise. These symptoms may also occur in individuals of extremely low weight and fall under the category of anorexia nervosa (to be reviewed next month).

Bulimia nervosa occurs more frequently than anorexia nervosa and affects 1-3% of young women. It is significantly more common in women than men, although its onset often occurs later in adolescence than anorexia nervosa. Frequently, the young adolescent may start out restricting with symptoms of anorexia nervosa and then begin to show characteristics of bulimia nervosa. Some estimate that up to 20-25% of college women try purging as a way to control their weight, even though it may not persist. To many it seems like the "perfect solution" for being able to eat as much as one wants of whatever one wants without gaining weight. But one can never predict when that "experiment" may catch on and become a major struggle and potentially life-threatening condition.

There seem to be a number of factors which may predispose an individual to the development of bulimia nervosa. As with anorexia, there seem to be genetic factors that may predispose one to the illness with an increased frequency of eating disorders in first-degree relatives of individuals with bulimia. There may also be physiological factors such as plasma endorphin levels which increase in some individuals who vomit, associated with a feeling of well-being afterward. I have worked with some individuals with bulimia who have also used various drugs and described the "high" as being similar with each. Shoplifting and other compulsive behaviors such as shopping or sexual addiction may also be present. As with anorexia nervosa, individuals with bulimia nervosa tend to be high achievers and are frequently sensitive to surrounding pressures from family or peers to be slim. Depression is frequently present with individuals with bulimia as well as in other family members. Some studies have indicated that the families of individuals with bulimia do not tend to be as close or as likely to be "enmeshed" with their families, and frequently there is more open conflict than in those with anorexia. Patients with bulimia tend to be more outgoing, angry, and frequently impulsive than those with anorexia and have a higher incidence of associated alcohol/drug problems or at times self harming behaviors. They are also frequently involved in rather self-destructive relationships with many having

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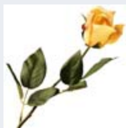

a history of physical or sexual abuse earlier in the lives. Many are sexually active and concerned about their sexual attractiveness, compared with anorexic patients who frequently have little interest in sex.

One of the primary dangers of bulimia nervosa is that it can result in significant electrolyte abnormalities as well as the physiological changes that can occur with starvation. The electrolyte disturbances can be particularly dangerous and can result in cardiac arrest or seizures. Menstrual disturbances can occur even if one's weight is within normal range. Dental erosion of the upper front teeth may occur due to the acidic gastric contents which are regurgitated, and on exam one may frequently find calluses on the back of the fingers where they have rubbed against the teeth when purging was induced.

## Treatment

If one suspects the presence of bulimia nervosa, the first step in treatment is to obtain a thorough evaluation from a professional with experience in treating eating disorders. A general physical exam, including full lab work, should be performed if one has not had this done recently. Most patients when initially seen do not require hospitalization unless there are significant metabolic abnormalities, the patient is suicidal, or earlier treatment attempts have failed. Therapy will frequently need to deal with issues relating to self-esteem, relationship patterns, alcohol or substance abuse when present, mood disorders or other co-morbid psychiatric diagnoses, or past physical or sexual abuse.

Antidepressant medications, particularly the selective serotonin reuptake inhibitors which increase serotonin levels, have frequently been found helpful in treating bulimia. They are helpful in treating the depression which is frequently present, but studies have also shown that in the higher dose ranges they may also help reduce some of the urges to binge and purge. In some studies, two other medications, Topomax and Zonegran, which are used with epilepsy and at times as mood stabilizers, have been found helpful in reducing bingeing and purging urges.

## Course and Prognosis

Although few studies have been done regarding the long-term course of bulimia nervosa, overall it tends to have a better prognosis than anorexia nervosa. Many studies have shown better than a 50% short-term improvement in bingeing and purging with those involved in treatment with many of the gains lasting greater than five years. Although there may still continue to be occasional purging, and the course, as with many recoveries from compulsive or addictive behaviors, is not perfect, it is still quite treatable with good expectations of improvement. As with other eating disorders, the underlying predisposition may remain with fluctuating symptoms during one's life. Although occasional spontaneous remission of symptoms may occur, this is not usually the case. The overall medical prognosis tends to depend upon the severity of the electrolyte imbalances and the chronicity of the symptoms, which may frequently cause various physical problems such as esophagitis, increased amylase with enlargement of the salivary glands, and dental problems.

As I frequently will tell my patients, recovering from an eating disorder will be one of the most difficult things you will ever do, but it can be done. The first step, however, and at times the most difficult is for the patient and her family to have the courage to acknowledge that there is a problem.

**Contact us for an Evaluation**

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