Introduction to bulimia

When people think of eating disorders, they tend to think of people who starve themselves. Bulimia nervosa is different. Its patients are every bit as focused on their image as an anorexia patient, but with a crucial difference: A person with bulimia eats ... and eats ... and eats. Then they throw it up. Or exercise obsessively to compensate, or even starve themselves. The cycle starts again, and as time passes it takes a vicious physical toll. The patient gets sicker and sicker and, if left untreated, dies.

What is bulimia?

According to the British Journal of Psychiatry, bulimia nervosa – the name has roots in a Greek word for “ravenous hunger” – was first identified by British psychologist Gerald Russell in 1979. Later studies revealed bulimia to be a fairly common disorder, affecting around 1 in 100 Western women.

Bulimia nervosa is a psychological disorder characterized by consuming abnormally large amounts of food in a short period of time followed by behaviors to avoid gaining weight from the binge, either through purging or other means. Mayo Clinic categorizes bulimia in two ways:

- **Purging type:** This is the form of bulimia nervosa familiar to most people. After bingeing on food, a patient with this form of the disorder will purge themselves via self-induced vomiting or using other methods such as laxatives and diuretics.

- **Nonpurging type:** Lesser-known, patients with this form of bulimia tend not to purge. Rather, they compensate for bingeing by exercising excessively or fasting.
Identifying bulimia and its causes

Another way bulimia differs from anorexia is the appearance of patients. Because the disorder revolves around bingeing and purging rather than self-starvation, people with bulimia generally don’t have the distinct gaunt look of anorexia. Also, many people with bulimia engage in the disorder’s behaviors in secret, even though the National Eating Disorders Association (NEDA) states many people with bulimia know their behaviors are unusual and harmful.

There are distinct physical and mental signs associated with bulimia, however. According to Mayo Clinic, signs of bulimia can include:

- Damaged teeth from stomach acid and bile
- Excessive exercising
- Calluses or sores on fingertips, knuckles or hands
- Using the bathroom during or immediately after eating
- Refusing to eat in public or around others
- Eating unusual amounts of food in one meal – especially foods the patient usually avoids
- A negative, distorted body image

Much like other eating disorders, bulimia nervosa’s precise causes are unknown. However, there are many potential factors behind the disorder’s development.

Roots of bulimia

Mayo Clinic and NEDA both outline several risk factors that could increase a patient’s risk of bulimia:

- **Age:** Bulimia behaviors often start in the late teens or early adulthood.
- **Biology:** According to Mayo Clinic, people who have parents, siblings or children with eating disorders are more likely to develop such disorders themselves. Also, irregular levels of serotonin in the brain could contribute to the disorder’s development.
- **Emotional and psychological causes:** Low self-esteem, feelings of a lack of control in life and anxiety can contribute to bulimia’s development. NEDA also warns that a history of physical and/or sexual abuse can contribute to the disorder.
- **Gender:** Eating disorders are more common among females.
- **Outside pressures:** Athletes, actors and models are at a higher risk for eating disorders. Additionally, media imagery – thin, willowy models and actors – can create pressure and shaming for some patients.

Bulimia’s dangers

Sometimes it’s necessary to vomit, but when it’s done intentionally for long periods of time, vomiting can cause a host of health problems. Steady exposure to stomach acid can discolor and damage teeth and gums. The esophagus can also be damaged, increasing the risk of cancer. Excessive vomiting can dehydrate the patient, leading to kidney failure and other major medical problems. It also deprives the body of nutrients like potassium, which can cause heart failure.

Abuse of laxatives can create digestive problems, such as chronic constipation. Mayo Clinic warns that it’s possible to form a dependence on laxatives in order to have normal bowel movements.

Although rare, bulimia can cause ruptures in both the stomach and esophagus. Both conditions are fatal if not treated immediately.
Bulimia treatment

Psychotherapy – “talk therapy” might be a friendlier way of describing it – is a powerful tool for treating eating disorders. Family therapy can help friends and family find positive, effective ways of helping their loved one regain control over their eating. Psychotherapy can also help patients learn new, positive behaviors as well as identifying negative ones. Medications, such as selective serotonin reuptake inhibitors (SSRIs) can reduce bulimia’s symptoms.

Sovereign Health provides effective bulimia nervosa treatment for female adults and adolescents at our facilities in Rancho San Diego and San Clemente, California. We tailor treatment plans to each individual patient’s needs, addressing not just the eating disorder, but all co-occurring mental illness and substance abuse. Call our 24/7 helpline today to learn more.

About the author

Brian Moore is a staff writer and graphic designer for Sovereign Health. A 20-year veteran of the newspaper industry, he writes articles and creates graphics across Sovereign’s portfolio of marketing and content products. Brian enjoys music, bicycling and playing the tuba, which he’s done with varying degrees of success for over 25 years. For more information and other inquiries about this media, contact the author and designer at news@sovhealth.com.