

shown to reduce bingeing and purging. However, there is no clear evidence that they can treat eating disorders in the long-term.

### Talking treatments

A type of talking treatment, or psychotherapy, called cognitive behavioural therapy (CBT) is frequently used. CBT allows people to talk through the issues that upset them and that may lie at the heart of their eating disorder. CBT can help people to learn healthier ways of thinking about food. For more information about CBT, please see the separate BUPA factsheet, *Cognitive behavioural therapy*.

Interpersonal therapy (IPT) is another talking treatment which allows the person to discuss their relationships with other people, which may be a cause of their bulimia. Self-help groups may also be helpful. It is often comforting to talk to other people who have been through the same thing, and who can offer understanding and acceptance without blame or guilt.

### Hospital treatment

Most people who have bulimia can be successfully treated without being admitted to hospital. However, if the person has serious health problems due to bulimia, so that their life is at risk or

if they are at risk of suicide or self-harm, admission to hospital may be considered.

### How can family and friends help?

It can be upsetting to witness loved ones putting their health at risk and it is natural to want to help. But unwanted pressure or criticism from others usually makes matters worse. Try to let the person make his or her own choices and let the person know that love and support are consistently there. Once the person has recognised the problem, offer to help with practical matters such as finding medical assistance, self-help groups and other resources that may be needed to help them get over bulimia.

### Recovering from bulimia

It is possible to recover from bulimia, although it can be a long and difficult process. People may need to have psychotherapy for months or years, and relapses can occur in times of stress. Bulimia is difficult to overcome, but with commitment, patience and support it can be done.

### Further information

#### The Eating Disorders Association

☎ 0845 634 1414 (adult Helpline)

☎ 0845 634 7650 (youthline)

[www.edauk.com](http://www.edauk.com)

This factsheet is based on reputable sources of medical evidence and has been reviewed by BUPA doctors. For more details of references and sources, please see our website. The content is intended for general information only and does not replace the need for personal advice from a qualified health professional.

# Bulimia nervosa

This factsheet is for people who have bulimia nervosa and for friends and family of people with bulimia nervosa.

Bulimia nervosa, often abbreviated to bulimia, is an eating disorder where people have a cycle of binge-eating and purging. Bulimia is most common in teenage girls and young women, although anyone can develop the illness at any age.

Bulimia can be treated with psychotherapy and diet advice but they are only effective if the person is ready to get better. Untreated, bulimia can lead to serious health problems.

### What is bulimia?

People with bulimia have cycles of eating too much in a short period of time - often in secret. This is called binge-eating or bingeing. This is followed by a feeling of shame due to overeating.

People with bulimia then find ways of ridding themselves of the food or of the calories they have consumed, which is called purging. This may be by vomiting, taking laxatives or diuretics (water pills), excessive exercise, periods of fasting or a combination of these.

About four women in 100 have bulimia at some point in their lives. Bulimia most often develops in women in their

late teens to early twenties. For every 10 women with bulimia, about one man has the condition, but boys and men appear to be getting eating disorders more often.

People with bulimia often remain within the normal weight range for their height. The other main eating disorder is anorexia nervosa, which is characterised by excessive weight loss. Some people with bulimia have had, or go on to develop anorexia. For more information about anorexia, please see the separate BUPA factsheet, *Anorexia nervosa*.

### Symptoms

Bulimia is often not noticed until

associated health problems have developed. However, people with bulimia may:

- avoid eating with others or disappear to the toilet after meals in order to vomit the food they have eaten
- have a binge-purge cycle that perhaps occurs at least twice a week for three months or more
- have an intense dread of gaining weight
- have frequent weight fluctuations
- be preoccupied with thoughts of food or cravings
- self-harm
- be obsessed with exercise
- have a self-image unduly influenced by body shape

### Health problems caused by bulimia

Over time, bulimia can lead to various health problems. These can include:

- tooth decay, discoloured teeth, gum disease and bad breath caused by stomach acid in the mouth from regular vomiting - also patches of rough skin on the knuckles or fingers if they are used to make the person vomit
- heartburn
- a puffy face over the jaw from swollen salivary glands (glands in the mouth which produce saliva to keep the mouth moist)
- a sore throat
- severe dehydration, which can cause

weakness, fainting or kidney damage

- inflammation of the stomach and oesophagus (the tube leading from the mouth to the stomach), caused by the acid in vomit
- constipation or diarrhoea and abdominal pain
- swollen hands and feet
- difficulty sleeping

Over time, bulimia can cause serious long-term health problems such as:

- damage to the heart
- infertility due to irregular periods or periods that have stopped

It is important that people with severe bulimia receive appropriate treatment. If untreated, there is a chance that they may die from related health problems, although this is rare.

### Causes

The cause of bulimia isn't fully understood at present. It may develop due to a combination of emotional, physical and social triggers. The precise reasons for developing it are probably different for each person.

Certain personality traits are common in people with eating disorders, which include:

- low self-esteem where the person may evaluate their self-worth by their body shape
- a loss of interest in other people
- mood problems, especially depression

- mental health problems such as disruptive rituals - for more information please see the separate BUPA factsheet, *Obsessive-compulsive disorder*.

An eating disorder may bring a sense of control and achievement to certain people with these personality traits.

There are certain factors that may make a person more likely to develop bulimia including the following.

- Some people believe that media images of thinness may influence the start of eating disorders including bulimia.
- People with type 1 diabetes are more likely to develop bulimia.
- If a person has previously had anorexia they are more likely to develop bulimia.
- If a person has tried weight-loss diets a number of times they are more likely to develop bulimia.
- Problems with parents that are over critical may contribute to a person developing bulimia.
- People whose parents have an eating disorder are more likely to develop one, although it is not clear whether this is due to genetic factors or the learning of certain behaviours.
- A specific emotionally upsetting event, such as divorce, bereavement or abusive family relationships may trigger bulimia. Binge-eating may be a way to block out unhappy feelings.

### Diagnosis

Getting help is very important. For people with bulimia, admitting that they have a problem is the first, yet hardest, step. If they take that step, they can find the support and treatment they need to stop bulimia taking over their lives.

A GP is the first point of contact for help. He or she will ask about the patient's life and eating habits and will examine them to check for any physical problems resulting from bulimia. He or she may refer the patient to a psychiatrist or psychologist who is trained in treating people with eating disorders.

### Treatment

A person with bulimia can be helped much more easily if the problem is identified and treated early. However, for treatment to be successful, he or she must be ready to get better. Bulimia can sometimes be treated with a self-help manual with occasional guidance from a therapist.

### Healthy eating

Keeping a diary of eating habits to discuss with a GP and learning about healthy eating and sensible weight control may be helpful. For more information about maintaining a healthy diet, see the separate BUPA factsheet, *Healthy eating*.

### Drug treatments

A GP may prescribe antidepressants such as fluoxetine (eg Prozac), in the short-term. Antidepressants have been