

BULIMIA NERVOSA

A Guide for Sufferers and Their Families

This booklet was produced by the Clinical Psychology Service of Northampton Healthcare Community [NHS] Trust. It forms part of a series of booklets that are designed to provide people with information that will reassure, advise and encourage them.

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A DAY IN THE LIFE OF A BULIMIA NERVOSA SUFFERER:

"I woke up late. It is a quarter past eleven and I have missed my morning classes. I feel terrible. My mouth feels dry. My throat is sore. My eyes are puffy and my face feels swollen. I get out of bed and almost faint. I am so dizzy. Remembering last night's binge eating and vomiting. I feel so ashamed and disgusted with myself. Why do I do it? I go to the bathroom and get on the scales. I do this three times just to make sure. 127 pounds. I have gained two pounds since yesterday. This is terrible. Today I shall have to make sure I eat absolutely nothing. I have three glasses of water and feel a little better, resolved to fast for the entire day. I consider having a bath, but shower instead so that I don't have to look at my thighs spreading out in front of me. I decide I'm too fat to go out. All I can think about is how fat I am. At a quarter past two I weigh myself again. 126 pounds. Hooray! I drop in on a friend. She is in the kitchen. I join her and when she offers me a biscuit, I have one. I have two more. I am feeling very nervous now, because I shouldn't have eaten anything. I excuse myself, go to the toilet, drink water from the tap, and stick my fingers down my throat and get rid of the biscuits. I feel better, but still a bit shaky, because I think I'm hungry. Thoughts of food go around in my head. I decide it was a mistake to come out and head back to my room. On the way I pass the bakery. In a moment the urge to binge sweeps over me and my resolve crumbles. I buy two Danish pastries, a cheese roll, three doughnuts and round the corner, two chocolate bars and a large bottle of lemonade. I rush up to my room and spread the lot out before me. I start eating. At first the taste and texture of the pastry are wonderful. I feel thrilled and appalled at the same time. I eat very fast. I drink the lemonade straight from the bottle to wash down the food. I just shovel it in, not tasting it at all. In twenty minutes it is all gone. I feel uncomfortably full. If I try to move I feel a sharp pain in my stomach. I try not to look down as I am aware that my

stomach is sticking out. I go to the toilet, stick my finger down my throat and vomit. I do this again and again to make sure I get rid of as much of the food as possible. I go to my bed and lie down. All I can think about is that I have gained more weight. I go and weigh myself. 128 pounds. I hate myself. I hate my fat body. I am so disgusting. I doze for a while. When I wake up I feel I must eat. It is night. I go to the corner shop. I feel as if I am almost in a trance. I buy more food. Chocolate spread and a packet of cereal. Thankfully nobody knows me around here. I return to my room and eat the lot. I vomit again. I feel terrible. I cry myself to sleep"

INTRODUCTION:

If you are suffering from Bulimia Nervosa, then perhaps you can identify with some or perhaps all of the experiences spoken of on the previous page. Bulimia Nervosa is an Eating Disorder that affects both emotional well-being and physical health. It is **not** a rare disorder, many thousands of people suffer from it, with the majority being between the ages of 16 and 40 years. This handout has been written to provide you the sufferer and your family with some helpful information.

WHAT IS BULIMIA NERVOSA ?

People with Bulimia Nervosa have seriously disturbed eating habits with the term "Bulimia" referring to bouts of extreme overeating or bingeing. The disorder is characterised by the following three components:

1. Binge Eating
2. Compensatory Behaviour i.e. self-induced vomiting, dieting, use of laxatives, diuretics and excessive exercising
3. Extreme concerns about weight and shape, including a marked fear of becoming fat.

Binge Eating: A binge is an episode of eating, whereby the amount eaten is excessively large and accompanied by a person's sense of loss of control. The first moments of a binge episode may be quite pleasurable, but as an individual eats more and more food, their sense of taste disappears, they begin to feel bloated, full and out of control. Such an episode usually ends when a person feels physically exhausted, experiences stomach pains, is interrupted, runs out of food or vomits. A binge typically consists of bulk foods which are filling, high in calories, considered "fattening" and generally excluded from a person's normal diet. Following a binge, the feelings experienced are usually of shame, guilt and disgust. Depression is common, as a person feels hopeless about ever being able to control their eating.

Binges are usually triggered by similar sorts of experiences that can be divided into the following three categories:

- i. Food and Eating: Breaking a dietary rule; having forbidden foods available; feeling full after eating, thinking about food.
- ii. Body Weight and Shape: Thinking about shape or weight; discovering weight is higher than expected; feeling fat; discovering clothes are too tight or too small.

- iii. Negative Mood States: Feeling miserable or depressed; feeling lonely or isolated; feeling tense, anxious or fearful; feeling angry or irritable.

Compensatory Behaviour: People with Bulimia Nervosa often go to great lengths to compensate for their episodes of overeating. These include strict dieting, fasting, self-induced vomiting, taking laxatives, diuretics and excessive exercising.

Generally people who binge are at the same time attempting to diet in order to lose weight. Dieting usually precedes a binge episode, and is also a response to a binge episode and makes people vulnerable to binges by creating physiological and psychological pressures to eat.

A large proportion of people with Bulimia Nervosa compensate for overeating by making themselves vomit. Some people vomit repeatedly throughout the day, after binges and after eating anything considered to be fattening. Less commonly, people with Bulimia Nervosa attempt to compensate for having binged by taking laxatives or diuretics. They often notice a temporary weight increase if they stop using these drugs and so they continue taking them in order to avoid this. In fact, weight gains are only temporary and would go away anyway after a while.

CONCERNS ABOUT WEIGHT AND SHAPE:

For those suffering from Bulimia Nervosa, issues of body weight, size and shape, are of very great importance. Sufferers are sensitive to any change in body weight and shape, and because of their shaky control over eating, often feel just a step away from becoming fat. Their sense of self-worth is often closely associated with, and depends on, how they feel about their weight and shape. Many find that they are driven by a strong desire to lose weight and become thin and that their thoughts focus on the shape of their stomach, hips, bottom or thighs. They may weigh themselves several times a day or avoid weighing themselves at all. If a person feels thinner, or finds they have lost weight, they can often feel fatter, this is viewed as a catastrophe, accompanied with feelings of hopelessness. This can then result in a binge episode, leaving them even more depressed, resolving even more fiercely to diet and lose weight. These changes in body weight however, are often very small or undetectable by ordinary measures, and the sufferer's weight is very often within the normal range.

THE PHYSICAL EFFECTS OF BULIMIA NERVOSA:

Binges: Following a binge episode, a sufferer will normally experience a sense of bloatedness and fullness. Sometimes this can cause extreme abdominal discomfort and occasionally abdominal pain. The fullness can often lead to breathlessness caused by the pressing of the swollen stomach against the diaphragm. In rare cases, the stomach wall can be damaged, which is serious and would require urgent medical intervention.

Dieting: Repeatedly going on and off diets can actually lead to a person putting on weight ! This can be explained by the fact that when someone diets, their body works more efficiently with a reduction in the metabolic rate and gets used to functioning on a smaller amount of calories without losing weight. If that person then stops dieting, this metabolic efficiency continues, leading to an increase in weight to above the level prior to dieting.

Both a low carbohydrate diet and a low body weight can disrupt a person's menstrual cycle due to menstruation being dependent on the body maintaining a certain proportion of fat. Such disruption can cause infertility.

Self-induced Vomiting: Vomiting has a number of adverse physical effects and as a method of weight control is not as effective as many people believe it to be. Repeated vomiting often leads to the:

- ☞ Erosion of dental enamel caused by acid from the stomach

- ☞ Swelling of the salivary glands making the face look swollen
- ☞ Disruption of the balance of body fluids and salts [electrolytes], of special concern being the depletion of potassium which can result in serious heart irregularities and damage to the throat

Laxative and Diuretic Abuse: As in the case of vomiting, laxatives and diuretics are ineffective and dangerous methods of weight control. Laxatives have very little impact on the absorption of calories, and diuretics have none at all. People often become dependent on laxatives and find they need to take more and more to get the desired effect. As with vomiting, both can cause a variety of fluid and salt abnormalities and some laxatives taken in large doses can cause damage to the gut wall.

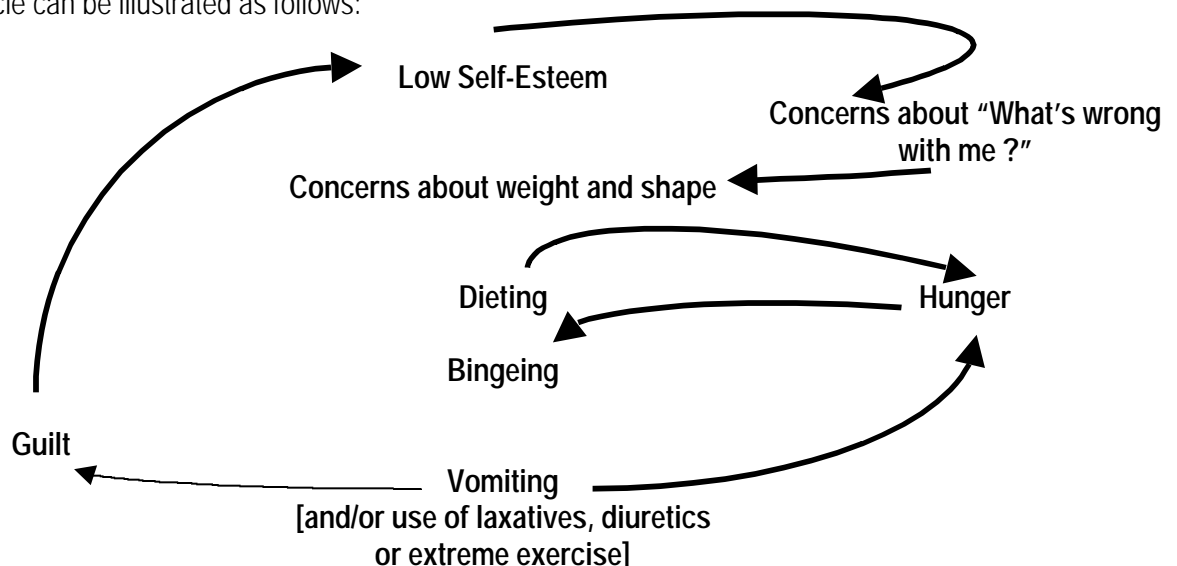
When a person stops taking laxatives they can often experience constipation and water retention and the latter effect can also occur when someone stops taking diuretics making them feel bloated. Most of the physical effects of laxative and diuretic misuse however, disappear rapidly once the person stops taking them.

The majority of people who seek help for Bulimia Nervosa have binged and vomited for several years and will have suffered some damage to their teeth. However, it is very unlikely that they will have caused any other permanent physical damage and when they begin to eat normally their bodies soon return to a healthy state.

WHY DO PEOPLE DEVELOP BULIMIA NERVOSA ?

A person may be vulnerable to Bulimia Nervosa as a result of a combination of social, biological and psychological factors. Those with a family history of eating disorders, depression or alcohol abuse are more likely to develop Bulimia Nervosa. Those with certain psychological characteristics such as low self-esteem appear to be more vulnerable to developing Bulimia Nervosa. Social pressures on young women to be thin can come from within the family, e.g. concerns about weight and shape can be passed from mother to daughter and from outside the family, e.g. TV, magazines and peers. The importance of any one of these factors will vary according to the particular individual.

The vicious circle can be illustrated as follows:



WHAT BRINGS ON BULIMIA NERVOSA ?

The single most important factor in Bulimia Nervosa is a period of dieting. The majority of those with Bulimia Nervosa can recall a period of dieting, preceding the first occasion where they lost control over their eating. Strict

dieting produces strong craving for food, leading to binge episodes. In some cases Bulimia Nervosa can be brought on by a social experience or circumstance, usually first bringing on dieting, then leading to Bulimia Nervosa.

WHY DOES BULIMIA NERVOSA CONTINUE ?

Once the disorder has begun it is maintained by the following factors:

1. Bingeing appears to relieve disturbing feelings and thoughts – it makes the person feel better [temporarily]
2. Bingeing and concentrating on food, weight etc., allows a sufferer to avoid facing up to other problems they have and relieves them from the difficulties of keeping to a strict diet.
3. Attempting to stick to a strict diet causes hunger and preoccupation with thoughts of food, which makes a binge episode more likely.
4. Those who suffer from Bulimia Nervosa experience a great deal of satisfaction from losing weight after a period of restricting. When they binge and their weight goes up, they try to reduce it again by further dietary restriction and/or other methods of weight control.
5. Not eating tends to lower mood and after an episode of bingeing a person usually feels guilty and depressed. These feelings can make it difficult for a sufferer to see a way out of her problems.

CONCLUSION:

As we have seen, Bulimia Nervosa is more likely to occur in women who evaluate their self-worth in terms of their weight and shape. Their concerns about body weight and shape leads to strict dieting or avoidance of certain foods that they consider fattening. When they break their dietary rules, binge eating often occurs. This leads to increased feelings of ineffectiveness, intensifies concerns about body weight and shape and further dieting and or weight control [vomiting laxatives, diuretics] occurs, making further binges more likely. In this way a vicious circle develops whereby a person's method of coping becomes a problem in itself.

TREATING BULIMIA NERVOSA:

Psychological Treatments in Bulimia: The prominent psychological treatment in Bulimia Nervosa is Cognitive Behaviour Therapy. It is based on the view that a key element in preventing people from recovering from Bulimia Nervosa is their extreme concerns and beliefs about body weight and shape. Treatment aims to help you the sufferer regain control over your eating, reduce your concerns about weight and shape, and eliminate all forms of dieting.

Treatment is usually split into two parts, the first focuses on enabling you to regain control over your eating, while the other focuses on helping you to modify your attitudes to food, weight and shape, enabling you to develop a greater acceptance of yourself. Keeping detailed records of eating habits etc., is very useful.

To get the best out of this treatment approach you need to be honest if you are seeing a therapist, even though you may be tempted to hide your failures. Your therapist will expect you to experience difficulties, and needs to know exactly what's happening to be able to help you.

Drug Treatment: There are some drugs which may be helpful for some sufferers. These can only be prescribed by a doctor. There is evidence that antidepressant drugs may be able to provide short-term relief to people with Bulimia Nervosa even if they are not depressed. You need to take these drugs for several weeks before any effect is noticed. If you respond well to these drugs you would be advised to continue taking them for 4 – 6 months. These drugs are not addictive but can produce side effects which you would need to discuss with your GP.

Drug treatments can be used alongside psychological treatments, as drugs can help you cope in the short term, while a psychological approach to your problems can help you in the long term.

Self Help: Even if you are not seeing a therapist, you, the sufferer, can begin to tackle your eating problems yourself. Advice based on the Cognitive Behavioural Approach can be obtained from books such as:

BULIMIA NERVOSA: A Guide to Recovery

Author: P.J. Cooper

Publisher: Robinson, London : July 1993

Do not postpone finding out about the methods that should help you. Seeing a therapist may well be necessary for some people with Bulimia Nervosa – but even then, much of psychological treatment is self-help. Many therapists would indeed call the treatment they provide – “GUIDED SELF HELP”

Maintaining Improvements: It is essential that you remain alert to the problem for some time after treatment, for it is very easy to slip back into old habits. Often eating problems are worse when a person is experiencing stress or emotional problems and therefore you need to be even more alert at these times and perhaps learn better ways of coping with the stresses in your life.

Advice for family and friends: In the early stages of treatment it may be necessary for members of your household to accept the need for certain changes to do with when, where and what they eat. This can be discussed with your therapist and will depend on your relatives' needs. It is important that you, the relative/friend try not to become too involved in controlling the sufferer's eating habits. She needs to take control of her own eating.

Concentrate instead on supporting her efforts, giving her positive feedback when she does well. If she makes a slip then calmly remind her that continuing in this way will not help her in the long term. Always try to remember that although her concerns may seem senseless to you they are real for her and that your support will be of great benefit.

If you need any further advice, most therapists will be pleased to talk to family and friends as long as the person being treated gives their permission.

