



**Research Article**

**BULIMIA NERVOSA**

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**ABSTRACT**

Bulimia, is an eating disorder characterized by binge eating followed by purging. Binge eating refers to eating a large amount of food in a short amount of time. Purging refers to the attempts to get rid of the food consumed. This may be done by vomiting or taking laxatives. Other efforts to lose weight may include the use of diuretics, stimulants, water fasting, or excessive exercise. Most people with bulimia are at a normal weight.

**Key words:**

Bulimia nervosa, Purging type, Non-Purging type, psychological stress, cultural pressure

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**INTRODUCTION**

Bulimia is more common among those who have a close relative with the condition. The percentage risk that is estimated to be due to genetics is between 30% and 80%. Other risk factors for the disease include psychological stress, cultural pressure to attain a certain body type, poor self-esteem, and obesity. Living in a culture that promotes dieting and having parents that worry about weight are also risks.

**Major Types of Bulimia**

There are two common types of bulimia nervosa, which are as follows:

- Purging type – This type of bulimia nervosa accounts for the majority of cases of those suffering from this eating disorder. In this form, individuals will regularly engage in self-induced vomiting or abuse of laxatives, diuretics, or enemas after a period of bingeing.
- Non-Purging type – In this form of bulimia nervosa, the individual will use other inappropriate methods of compensation for binge episodes, such as excessive exercising or fasting. In these cases, the typical forms of purging, such as self-induced vomiting, are not regularly utilized.

**Causes of Bulimia**

The exact cause of bulimia nervosa is currently unknown; though it is thought that multiple factors contribute to the development of this eating disorder, including genetic, environmental, psychological, and cultural influences.

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**Some of the main causes for bulimia include**

- Stressful transitions or life changes
- History of abuse or trauma
- Negative body image
- Poor self-esteem
- Professions or activities that focus on appearance/performance

**Bulimia Signs & Symptoms**

- Physical signs and symptoms of this eating disorder are:
- Constant weight fluctuations
- Electrolyte imbalances, which can result in cardiac arrhythmia, cardiac arrest, or ultimately death
- Broken blood vessels within the eyes
- Enlarged glands in the neck and under the jaw line
- Oral trauma, such as lacerations in the lining of the mouth or throat from repetitive vomiting
- Chronic dehydration
- Inflammation of the esophagus
- Chronic gastric reflux after eating or peptic ulcers
- Infertility
- Signs and symptoms of binge eating and purging are:
- Disappearance of large amounts of food
- Eating in secrecy
- Lack of control when eating
- Switching between periods of overeating and fasting
- Frequent use of the bathroom after meals

**Diagnosis**

- The onset of bulimia nervosa is often during adolescence, between 13 and 20 years of age, and

many cases have previously suffered from obesity, with many sufferers relapsing in adulthood into episodic bingeing and purging even after initially successful treatment and remission.

- A lifetime prevalence of 0.5 percent and 0.9 percent for adult and adolescent sufferers, respectively, is estimated among the United States population.
- Bulimia nervosa may affect up to 1% of young women and, after 10 years of diagnosis, half will recover fully, a third will recover partially, and 10–20% will still have symptoms.
- Adolescents with bulimia nervosa are more likely to have self-imposed perfectionism and compulsivity issues in eating compared to their peers. This means that the high expectations and unrealistic goals that these individuals set for themselves are internally motivated rather than by social views or expectations.

### **Bulimia Treatment**

- Since negative body image and poor self-esteem are often the underlying factors at the root of bulimia, it is important that therapy is integrated into the recovery process. Treatment for bulimia nervosa usually includes:
- Discontinuing the binge-purge cycle: The initial phase of treatment for bulimia nervosa involves breaking this harmful cycle and restoring normal eating behaviors.
- Improving negative thoughts: The next phase of bulimia treatment concentrates on recognizing and changing irrational beliefs about weight, body shape, and dieting.
- Resolving emotional issues: The final phase of bulimia treatment focuses on healing from emotional issues that may have caused the eating disorder.

### **Psychotherapy**

There are several supported psychosocial treatments for bulimia. Cognitive behavioral therapy (CBT),

- which involves teaching a person to challenge automatic thoughts and engage in behavioral experiments (for example, in session eating of "forbidden foods") has a small amount of evidence supporting its use
- By using CBT people record how much food they eat and periods of vomiting with the purpose of identifying and avoiding emotional fluctuations that bring on episodes of bulimia on a regular basis. Barker (2003) states that research has found 40-60% of people using cognitive behaviour therapy to become symptom free.

- People undergoing CBT who exhibit early behavioral changes are most likely to achieve the best treatment outcomes in the long run. Researchers have also reported some positive outcomes for interpersonal psychotherapy and dialectical behavior therapy
- Maudsley family therapy, developed at the Maudsley Hospital in London for the treatment of anorexia has been shown promising results in bulimia
- The use of Cognitive Behavioral Therapy (CBT) has been shown to be quite effective for treating bulimia nervosa (BN) in adults, but little research has been done on effective treatments of BN for adolescents. Although CBT is seen as more cost efficient and helps individuals with BN in self-guided care, Family Based Treatment (FBT) might be more helpful to younger adolescents who need more support and guidance from their families.

### **Medication**

- Antidepressants of the selective serotonin reuptake inhibitors (SSRI)
- fluoxetine, which is FDA approved, for the treatment of bulimia,
- Topiramate may also be useful but has greater side effects
- It is not known if combining medication with counseling improves the outcomes.
- Any trials which originally suggested that such combinations should improve the outcome have not proven to be exceptionally powerful.

### **Alternative medicine**

Some researchers have also claimed positive outcomes in hypnotherapy

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