

Bulimia: Feelings that are out of control Published in The Chilliwack Progress, May 29, 2005

by Kim A. Dawson

In last week's Perspectives, in her introduction to our current series on eating disorders, Marie pointed out that it is very difficult to talk about bulimia as separate from other eating disorders such as anorexia nervosa, binge-eating, and compulsive overeating. For example, in both anorexia and bulimia, an important psychological symptom is a strong misperception of body image. It's as if the person looks at a car and sees a mack-truck! Partly due to their increased vulnerability to "thin-is-in" portrayals of women in magazines and television, anorexia and bulimia are found mostly in girls and women. Anorexia and bulimia can co-exist, or may be different parts of the same cycle. Likewise, while bingeing is always a part of bulimia and purging is not, bingeing and purging together define a type of anorexia. As well, bulimia and anorexia both include behaviours performed in an effort to prevent weight gain.

But there are important differences between bulimia and anorexia. Bulimia starts in the teens, but a bit later than anorexia. It is a little more common than anorexia, which is observed in about one in a hundred 16 to 18 year olds. Contrary to extreme weight loss in those with anorexia, people with bulimia usually have the expected weight for their height and build. Bulimia and binge-eating both differ from occasional overindulgence because they're accompanied by feelings of being out of control and unable to stop eating. Essentially, certain behaviours contribute in different ways to eating disorders. These behaviours include starvation, binge-eating, purging, and over-exercising.

Why? One theory proposes that not only do eating disorders take the person through a cycle of reward and craving, but they also activate chemicals like dopamine and endorphins in the brain. In this way, suggests Dr. Caroline Davis at the University of Toronto, eating disorders arise through an addictive process.

Because Eryn will explain anorexia in next week's Perspectives, and Rob and Marie will cover other eating disorders, from here on, I'm going to try to stick to a description of the diagnosis of bulimia nervosa (bulimia, for short). Because it's very difficult to sort out what the person is actually dealing with, sticking to bulimia will hopefully clarify our understanding of how serious an illness bulimia really is.

Unfortunately, the long-term effects of bulimia can be so severe as to require emergency medical attention. These physical consequences include tooth decay, loss of menstruation, ulcers, rupture of the stomach wall, tearing of the lining of the esophagus, dehydration, kidney and liver damage, anemia, heart attack, and death. Due to the very serious course of bulimia, it is critical that it be diagnosed and treated as early as possible.

As far as diagnosis, bulimia is characterized by repeated bouts of overeating and an excessive preoccupation with the control of body weight, leading the patient to adopt extreme measures to prevent the 'fattening' effects of ingesting food. These measures can include fasting, excessive exercise, self-induced vomiting, and misuse of laxatives, diuretics, enemas, or other medications. Binge-eating includes two things: consumption of a much larger amount of food than most people would eat within a limited period of time; and a lack of control over eating. To be called bulimia, the binge-eating and the measures used to prevent 'fattening' both occur, on average, at least twice a week over at least three months.

There are two main types of bulimia. The first is the purging type, which includes regular self-induced vomiting or the misuse of laxatives, diuretics, enemas, or other medications which produce rapid expulsion of food consumed. The other type of bulimia is the non-purging type. This involves the person doing things that are not purging, such as fasting or excessively exercising.

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It is important to recognize that reading this article does not provide the training to diagnose bulimia. There are other things that a person with the symptoms described above could be experiencing. There may be abnormalities of personality, drug dependence, or depression, that could co-exist with or look like symptoms of bulimia. In addition, medical problems like certain illnesses of the stomach may also resemble eating disorders, but these physical illnesses don't usually include excessive preoccupation with body weight. It takes a physician, often working alongside mental health clinicians, psychologists, or psychiatrists, to properly diagnose and treat the illness.

When treating bulimia, the goals are to reduce binge eating and purging. Most people with bulimia weight the expected amount for their age, height, and build. Therefore, restoring weight is not usually a focus of therapy for bulimia. Cognitive behaviour therapy can help reduce bingeing, purging, or misusing medications related to the eating disorder. Cognitive behaviour therapy can also help improve attitudes related to the eating disorder, encourage healthy but not excessive exercise patterns, and address themes underlying the disorder. These themes include feelings about the self, body-image, and the type of self-esteem that responds to things other than weight or shape. Essentially, the key to treatment of the psychological problem underlying bulimia is to tackle the person's estimation of their own self-worth alongside their feelings of being out of control. Unfortunately, the person's self-worth has become unduly influenced by the body's shape and weight.

Therapy can be based in either individual or group sessions. Some studies point to group or family treatment that includes dietary counselling and management as most effective. As well, frequent visits early in treatment have resulted in improved outcomes. For mothers who are bulimic, coaching in parenting skills, and interventions aimed at assessing and supporting their children should be included.

Medications, especially antidepressants, are sometimes used to reduce the frequency of disturbed eating behaviours such as binge eating and vomiting. In addition, medications can alleviate symptoms that might precede or accompany disordered eating behaviours. These symptoms may include depression, anxiety, obsessions, or impulse control difficulties.

Finally, it is very sad that many websites are springing up to encourage young women to engage in disordered eating behaviours. It is hoped that an improved awareness of bulimia will steer parents and youth towards more positive ways to cope with feeling out of control.

Readers can get more information about bulimia from the following resources. The website www.mirror-mirror.org/eatdis.htm is a personal dedication to someone who died from an eating disorder. I also suggest the following book about bulimia: *Getting Better Bit(e) by Bit(e)* by Ulrich Schmidt and Janet Treasure.

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