

ADAPT
Anorexia & Bulimia Nervosa
Self-Help Support Group

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BULIMIA NERVOSA

What is Bulimia Nervosa?

Bulimia Nervosa is a medical term, which in translation means an “insatiable hunger”. This eating disorder (distress), most common among women in their early to mid twenties, is associated with overpowering urges to eat large amounts of food in a relatively short period of time followed by self-induced vomiting or purging with laxatives. The condition “Bulimia Nervosa” is dominated by binge eating and like “Anorexia Nervosa” originates from an abnormal fear of becoming fat. Bulimia Nervosa may develop as a phase of Anorexia, particularly during the recovery process. The Anorexia sufferer may turn to vomiting or purging with laxatives when they feel they have eaten too much or simply exceeded what they consider to be their normal food intake. Through time the sufferer may come to regard vomiting / purging with laxatives as a means of counteracting the effects of overeating and weight gain. This process can all too easily become habit-forming and indeed, may help to alleviate pressure from family and friends, as the sufferer appears to be eating normally, and confrontations are thus avoided. It is, as a result, not uncommon for this situation to continue undetected for months, even years.

What are the physical symptoms of Bulimia?

In contrast to Anorexia, the person suffering from Bulimia is successful in maintaining a body weight within what is considered to be normal boundaries (based upon individual height). This disorder (distress) is, as a result, difficult to identify.

The physical effects of Bulimia Nervosa, however, may include:

- Dermatitis around the mouth
- Swollen salivary glands
- Chronic sore throat
- Dental problems due to deterioration of tooth enamel by stomach acid (extreme cases)
- Constipation and dehydration caused by a lack of carbohydrates and potassium in the diet, a direct result of continued vomiting / purging
- Irregular heartbeat

- Kidney damage
- Persistent stomach pain
- Bowel damage

Diagnosis of this disorder (distress) is not based solely upon the physical symptoms but in conjunction with the psychological and behavioural attitudes of the suspected sufferer. Many bulimia sufferers also display symptoms of depression.

Do Bulimia sufferers need to be hospitalized?

In the absence of serious medical complications or psychological problems, hospitalization is generally unnecessary. Part of the treatment for this disorder (distress) is relearning how to establish a normal eating pattern in the sufferer's own environment. Hospitalization may, as a result, hinder the recovery process.

What treatment is available for Bulimia Nervosa?

The first step towards recovery from Bulimia, as is the case in all eating disorders (distress), is recognition of the fact that a problem actually exists. In many cases it can be a great relief for the Bulimia sufferer to finally admit to the disorder (distress). Having identified the problem, the sufferer should first consult a General Practitioner, who will be able to make a referral to a psychiatrist or psychologist. Following a medical examination, treatment of Bulimia focuses on establishing a regular eating pattern in conjunction with a process of self-discovery through psychotherapy. Sufferers will be encouraged to talk about their past personal problems, etc., in an attempt to understand the underlying cause of the disorder (distress). During the recovery process emphasis is placed on encouraging the sufferers to adopt new behavioural patterns, for example by establishing and maintaining a regular approach to eating, eliminating, purging and eventually by helping them to change their attitude towards food, dieting and body shape.