



## BASIC INFORMATION

### DESCRIPTION

A psychological eating disorder characterized by abnormal perception of body image, constant craving for food and binge eating, followed by self-induced vomiting or laxative use.

### FREQUENT SIGNS AND SYMPTOMS

Recurrent episodes of binge eating (rapid consumption of a large amount of food in a short time, usually less than 2 hours), plus at least 3 of the following:

- Preference for high-calorie, convenience foods during a binge.
- Secretive eating during a binge. Patients are aware that the eating pattern is abnormal, and they fear being unable to stop eating.
- Termination of an eating binge with purging measures, such as laxative use or self-induced vomiting.
- Depression and guilt following an eating binge.
- Repeated attempts to lose weight with severely restrictive diets, self-induced vomiting and use of laxatives or diuretics.
- Frequent weight fluctuations greater than 10 pounds from alternately fasting and gorging.
- No underlying physical disorder.

### CAUSES

Unknown; thought to be largely emotional.

### RISK INCREASES WITH

- Strict, compulsive, perfectionistic family environment.
- Anorexia nervosa.
- Depression.
- Stress, including lifestyle changes, such as moving or starting a new school or job.
- Personality disorders.
- Neurotic preoccupation with being physically attractive.
- Being a ballet dancer, model, cheerleader or athlete (especially a gymnast).

### PREVENTIVE MEASURES

- Encourage a rational attitude about weight.
- Enhance self-esteem.
- Avoid stress and overly high self-expectations.

### EXPECTED OUTCOMES

Outcome is variable; patients can learn to control the behavior with counseling, psychotherapy, biofeedback training and individual or group psychotherapy.

### POSSIBLE COMPLICATIONS

- Fluid and electrolyte imbalance from vomiting; dental disease from vomiting gastric acid; stomach rupture (rare); malnutrition.
- Without treatment, complications can be fatal.
- Relapse.



## TREATMENT

### GENERAL MEASURES

- The goal of treatment is to establish healthy eating patterns to regain normal weight. This can be accomplished with behavior modification training supervised by a qualified professional.
- Those who stay in therapy have the best chance to improve.
- Additional information available from Anorexia Nervosa & Related Eating Disorders, P.O. Box 5102, Eugene, OR 97405, (503) 344-1144; or Anorexia Nervosa and Associated Disorders, Box 7, Highland Park, IL 60035, (708) 831-3438.

### MEDICATIONS

Antidepressants are sometimes helpful.

### ACTIVITY

No restrictions. Don't overexercise to lose weight.

### DIET

- If hospitalization is necessary, intravenous fluids may be prescribed. During recovery, vitamin and mineral supplements will be necessary until signs of deficiency disappear and normal eating patterns are established.
- For outpatient therapy, supervision and regulation of eating habits, maintenance of a food diary and reintroduction of feared foods.



## NOTIFY OUR OFFICE IF

- You have symptoms of bulimia or you suspect your child has bulimia.
- The following occur during treatment:
  - Rapid, irregular heartbeat or chest pain.
  - Loss of consciousness.
  - Cessation of menstrual periods.
  - Repeated vomiting or diarrhea.
  - Continued weight loss, despite treatment.