

All About Bulimia Nervosa

A booklet for those wanting to
know more about bulimia nervosa



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The Mental Health Foundation has published two booklets on eating disorders. This one looks at bulimia nervosa and its companion booklet covers anorexia nervosa. We have produced two separate booklets because there are some very important differences between the two. There is however inevitably some overlap, particularly in the discussion about causes. There are also people who have experience of some or all of the symptoms of both conditions or who alternate between the two at different times.

If you would also find it useful to have a copy of the anorexia nervosa booklet, please call us on 020 7802 0300.

What is bulimia nervosa?

Bulimia nervosa is a disorder which disrupts the ability to maintain a 'normal' eating pattern. Someone with bulimia nervosa becomes increasingly unable to relate normally to food and instead develops a dependency on a chaotic cycle of bingeing and purging. Typically they alternate between the frantic activity of binge-eating and the subsequent state of panic and the need to get rid of what has just been eaten. People with bulimia nervosa either make themselves vomit or use laxatives or diuretics - or all of these - to purge themselves of the food they have consumed. Others do not purge in this way, but instead have a period of excessive fasting or exercise to compensate for their over-eating.



Who has bulimia nervosa?

It is very difficult to find accurate statistics about bulimia nervosa as it so often goes undiagnosed and untreated. What we do know is that it affects very large numbers of people. Studies put the figure at around 1-2% of adult women in the UK- although actual numbers are likely to be higher than this. It also affects older women than anorexia nervosa which tends to be a teenage illness. Men too can develop bulimia nervosa, although it is thought to be far less common than in women. Again, this could be because we simply do not know about all those who are affected.

It is very important for people with bulimia nervosa to realise that there are many people who share this problem - it is very easy to believe that you are the only person who could behave in this way.

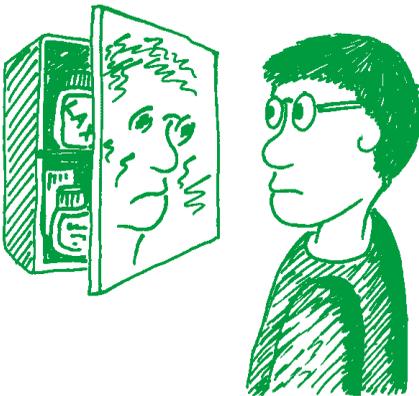
What causes bulimia nervosa?

There is a lot of confusion about eating disorders. Many people still think of them as 'slimmer's diseases'. While it is true that both anorexia and bulimia nervosa can develop from a strict diet, the reasons for a diet turning into an eating disorder go far beyond the desire to be slim.

Some people attribute eating disorders to media and fashion. It has become fashionable in the developed western culture to be slim. This is not possible for everyone as we are naturally all different shapes and sizes. Many people who do not conform to the ideals presented by the fashion industry or the media feel that they need to diet. For some people this may not present a problem while for others it can lead them to develop an eating

disorder. The media can also compound problems for people who already have eating problems as it is very difficult to get better while you are being presented with images of desirable thin models. People with bulimia nervosa very often feel that they can only ever be happy or successful if they can become more like these images.

Many people living with bulimia nervosa can remember very clearly the first time they made themselves sick or took a large dose of laxatives. They may now look back on this as the beginning of a destructive illness, but at the time it often felt like a huge release. Bulimia nervosa can be the physical way of dealing with emotions which are otherwise very difficult to express. Some people who develop this condition have been abused as children - either physically, sexually or mentally or may have been in difficult family or sexual relationships. Others may not be able to pinpoint a cause and will not have experienced any of the above difficulties, but still need an outlet for their emotions.



At first, bulimia nervosa can feel like a way of having control over your life - suddenly it seems as if there is a way of eating whatever foods you like and not putting on weight. In reality the opposite is true. When bulimia nervosa takes hold it completely destroys your ability to control what you

are eating. All of your energy and emotions become tied up in your relationship with food and feelings about your body. This can have the effect of suppressing other emotional difficulties as you simply do not have the energy to deal with anything other than the bulimia nervosa, but it is clearly a very destructive coping strategy.

Some people seem to find it difficult to understand how people can act in ways which are apparently so destructive. What they fail to see is that bulimia nervosa is a serious mental health problem. People who are affected are controlled by a condition which they find as difficult to understand as everyone else.

What is meant by bingeing and purging?

If you have bulimia nervosa you feel as if your whole life is taken over by the need to either eat excessively and chaotically or to physically get rid of what you have eaten. For most people these two needs alternate - usually with the need to purge immediately following a period of bingeing.

Bingeing

A binge is almost always carried out in secret, alone and usually at home. Some people plan binges very carefully and have foods which they use regularly either because they need no preparation, are easy to eat or easy to expel. Other binges can happen on the spur of the moment and any available food - even raw food - is used. Bingeing is a frantic activity and usually makes the person with bulimia nervosa feel completely out of control.

Many people know some time in advance that they will binge on a particular day or at a certain time - usually because they know they will be alone. A great deal of thought can go into what food will be consumed and in what order. Some people think that their problem may become obvious if they regularly buy large quantities of food in the same places and so part of the planning process will also involve identifying which shops to use. The binge almost always takes place as soon as the

person gets home. The food which has just been bought is eaten frantically - as quickly as possible - and usually only stops when all of the food has been eaten or when so much has been consumed that it is causing extreme discomfort.



Sometimes the need for bingeing can be triggered unexpectedly. This may occur, for example, because of an upsetting or unsettling event, as a result of anxiety about money, work or relationships or through being suddenly and unexpectedly alone. Some people find themselves eating almost anything which is immediately available. This may mean having dozens of pieces of toast, taking left-overs from the fridge or from dirty plates or even eating seemingly inedible foods such as frozen peas, raw pasta or whole slabs of butter.

Bingeing can also happen when people are not at home - although some privacy is needed if very large amounts of food are eaten in a short space of time. Sometimes the binge will start with other people and then be continued in private. Someone may eat a 'normal' meal with others and then binge in private. This may be because they feel they have already let themselves consume more calories than they had intended and that they have therefore lost control.

Purging

With bulimia nervosa, bingeing is almost always followed by a feeling of overwhelming guilt and panic. Not only does the bingeing result in physical discomfort, but it also leaves people



feeling disgusting and ashamed. They may feel fat, unattractive and terrified by the thought of how much weight they will gain as a result of all the calories they have consumed. There is an immediate need to rid the body of all the food which has just been crammed in to it. For some people this will mean self-

induced vomiting. Many people also use laxatives either as well as or instead of vomiting. People who plan their bingeing often plan their abuse of laxatives and will take large numbers of them before starting to eat. This means that they know while they are eating that the process of purging has already begun. Other people embark on a period of extreme fasting or start exercising strenuously in order to burn off the calories they have consumed.

What are the effects of bulimia nervosa on someone's health?

Bulimia nervosa can have serious medical consequences. The following are all medical consequences of the behaviour associated with bulimia nervosa. The first two health problems

are the most commonly associated with the condition - but people with bulimia nervosa should be aware that the other problems can occur in more serious or prolonged cases:

- tooth decay
- irregular menstruation
- damage to bowel
- constipation
- heart and kidney disease
- intestinal damage
- puffiness - especially face and fingers
- increased hair growth on face and body
- mineral imbalances in the body

A small number of women also continue to binge and purge when pregnant. This is extremely distressing for them. They are risking not only experiencing some or all of the above symptoms themselves, but they are also putting their baby in danger. The baby may be born underweight if the mother is not absorbing enough nutrients from her food during pregnancy. Women should never be blamed for this behaviour, but support should be given as a priority. Some new mothers also put their health at risk by purging as a panic reaction to the weight they may have gained during their pregnancy. Again, this should be dealt with seriously as the new mother will already be under physical strain from the birth itself.

How do I recognise if someone I know has bulimia nervosa?

Bulimia nervosa is essentially a secret condition. It can be difficult to tell that someone is affected even if they are very close to you. People with bulimia nervosa do not generally have

the dramatic weight loss associated with anorexia nervosa and may appear to lead normal, successful lives. There are, however, certain signs you should be aware of.

It is difficult for someone with an eating problem of any kind to eat in front of other people. Someone with bulimia nervosa will often make excuses to avoid eating with friends or family. This may mean either avoiding situations which involve food altogether or regularly claiming to have eaten already when food is offered.



If someone with bulimia nervosa does eat with other people, then they may disappear immediately afterwards. If you notice that someone always visits the toilet after eating, you should be aware that there may be a problem.

People with bulimia nervosa may experience serious money worries which seem difficult to explain. Buying food for binges can be extremely expensive. Many people with bulimia nervosa use expensive junk food to binge on and can spend huge amounts of money in this way. They may also be spending large sums of money on laxative or diuretics. Some people may also

resort to stealing as a way of getting enough food for bingeing if they do not have access to sufficient money.

Bulimia nervosa is stressful both mentally and physically. If someone becomes increasingly withdrawn or anxious in social situations or excessively tired or run down, these may also be warning signs.

If you live with someone who has bulimia nervosa, you may notice other signs. They may spend long periods of time in the bathroom, seem to have stomach upsets regularly or be secretive about eating and shopping.

Many of the signs described above can also be indicators of other problems and so it is important not to jump to conclusions. If someone close to you has an eating problem, then you are probably already aware that something is wrong. The behaviours described here are to help you confirm what you probably already suspect.

What can I do to help if a friend has bulimia nervosa?

Most people with bulimia nervosa are extremely secretive about their problem. They do, however, often wish that it could be discovered. It is not uncommon for them to leave laxative packets or other clues around the house hoping that they will be found. Having bulimia nervosa is a huge strain on the emotions and it can be an enormous relief to share some of the worry about the condition with someone else.

Friends and family should realise, however, that even if someone wants to talk about their bulimia nervosa, they may become aggressive when the issue is first raised. This is a

defence mechanism and you should try not to feel hurt by it. It is very difficult to talk to other people about behaviour which you do not understand and feel unable to control and they may be very worried about rejection. Be very careful not to blame them or to imply that this is a problem of their own making. Accept that the bingeing and purging are part of the disorder and talk to them about how they think they can get better.

Everyone will have different ways of approaching their bulimia nervosa. Try to help your friend look for ways of getting better which suit their personality and their lifestyle. Some of the alternatives are discussed in the next section of this booklet (*What can I do if I have bulimia nervosa?*). Try to educate yourself and be aware of the different approaches, but do not impose your own ideas on your friend or try to rush them. If they start to feel bullied by you, then you will lose their trust. One of the most frightening aspects of having bulimia nervosa is the feeling that you have no control over your life or your actions - it is therefore very important to make your friend realise that they are in charge of their recovery. You should also recognise that they will have lapses from time to time and support them through these times. Do not make them feel as if they have failed you if they cannot get better immediately.



You may find it helpful to talk to other people who have supported someone through bulimia nervosa or to read books or articles by other people who have lived with the condition. The organisations listed in the back of this booklet will all be able to offer you support and information.

Do not be afraid to ask for help for yourself as well as for your friend.

Finally, be careful not to adopt the role of carer. Continue to be a friend, enjoy each other's company and remember that just because someone has bulimia nervosa does not mean that they cannot still offer you support too.

What can I do if I have bulimia nervosa?

This booklet should have shown you that you are not alone. Many people are either living with bulimia nervosa now or have done so in the past. You may only have discovered in reading through the descriptions in this leaflet that the way you are feeling and behaving is a recognised condition rather than something which only you are experiencing.

Try to tell someone close to you about your bulimia nervosa. If you feel you cannot face explaining exactly what bulimia nervosa is, why not give them a copy of this booklet and ask them to read it? The Mental Health Foundation can send you extra copies for your friends - just call us and say how many you need.

You should realise that there are effective treatments for bulimia nervosa and that, with the right support, you can get better.

There are a number of different treatments and approaches which can help. Some of these are outlined below. It is up to you to decide which of these you feel comfortable with. You may want to try several different approaches to see which you find most helpful.

Self-help

There are a number of self-help books available in the shops. Some of these are listed at the back of this booklet. You can use these on your own, with a friend or with help from your GP or practice nurse. These books can be very helpful in describing strategies for improving your eating habits or for suggesting ways of avoiding situations in which you are likely to binge. They are generally written by medical experts, but draw on the experience of people who have bulimia nervosa.

Some people find that these booklets are a useful first stage in getting help. They can teach you about some of the ways of dealing with your bulimia nervosa and they can also get you used to reading about or discussing problems which you have previously kept completely to yourself.

Help from your doctor

The first stage for many people with bulimia nervosa will be to talk to their family doctor (GP). Your doctor may not be an expert in treating eating disorders, but he/she will be able to assess any physical problems resulting from your bulimia nervosa and can also help you to contact specialist eating disorder services.

Your GP may suggest you try antidepressants. These can be helpful for a short while, but you should be careful about their use. Antidepressants have been shown to be effective in immediately reducing bingeing, but there is no clear evidence that they can help with long-term improvements in eating disorders. If you are considering taking medication, then you should be prepared for setbacks after any initial improvements you feel. Antidepressants are thought to be most effective when used in conjunction with other forms of treatment such as CBT- a talking treatment which is discussed on the next page.

Specialist help

Your GP may put you in touch with specialist services who are experienced in working with people who have eating disorders. You may be offered counselling or cognitive behavioural therapy (CBT). Both are 'talking treatments' which will help you to look at the reasons why you have developed bulimia nervosa and work on ways of dealing with your emotional needs. You will be helped to see that not everything you do and every relationship you have is affected by your body shape. Talking treatments are generally considered to be the most effective way of treating eating disorders because they deal with the deeper emotional issues rather than simply with the obvious problems of bingeing and purging. CBT in particular will help you to learn how to adopt a healthier way of thinking about and



dealing with food and should help to remove some of the guilt you associate with eating. It will teach you how to maintain 'normal' eating patterns and also how to cope with relapses. These forms of therapy do not have immediate results - they generally take many weeks or even months before you

will see improvements. As they deal with your emotional needs, they are also far more effective if they are backed up by real support from family and friends. CBT is considered by experts to be the most effective treatment for bulimia nervosa. Unfortunately, as with many talking treatments, it is expensive and is not always available through the NHS.

Some practical changes...

You may find that making practical changes in your life can help you to break out of the binge-purge cycle. A few are suggested below. There are, of course, many others and these are discussed in greater detail in the self-help books listed at the end of this booklet.

- If you live alone, why not think about sharing with friends or relatives for a while? This may limit the time you have alone and therefore limit your potential to binge. If you live with others, you may find it helpful to tell someone about some of the warning signs to look out for so that they can help you avoid bingeing or purging.
- If you find that you are likely to binge after eating a normal evening meal, try washing up straight away and throwing away all left-overs. This will remove some of the immediate reminders about food and will also keep you busy for those difficult first minutes after eating.
- If you often decide to binge during the day and buy food at lunchtime or on the way home from work, try taking only a very small amount of cash with you and leaving all other means of getting money at home. This can cause practical problems occasionally, but can also be very effective at breaking the habit of buying food for bingeing.
- If you often go out from home to buy food for bingeing, you can try becoming less anonymous in your local shops. If you regularly say hello or exchange a few words, you may become less likely to use those places for buying stocks of your binge foods.

These are only a few suggestions, - some may work for you - others will not. Try to be creative in finding ways of getting better. Identify times when you are most vulnerable and think

of ways of minimising the risk. Accept that you will have lapses from time to time, but use these to help you learn why you feel you need to binge or purge at certain times.

Bulimia nervosa is difficult to overcome. You should not underestimate how much effort it will take or how much support you may need from your friends and family. Just think how difficult it would be for an alcoholic to recover while living in a pub. This, in a sense, is what you are trying to do. You cannot remove food from your life altogether - you need it to survive. You can only get better if you can develop a healthier relationship with food, be more confident about the size or shape of your body and learn to have other outlets for your emotions.

Many people recover completely from bulimia nervosa- others learn to control the condition to such an extent that they have only very rare lapses. Remember that there are a range of very effective treatments and therapies and try to persevere until you find the one which will help you to get better.

Where to get further help

Eating Disorders Association

First Floor
Wensum House
103 Prince of Wales Road
Norwich
Norfolk NR1 1DW
Helpline: 0845 634 1414
(8.30am-8.30pm Mon-Fri)
Youth Helpline - 18yrs and under:
0845 634 7650
(4.00pm-6.30pm Mon-Fri)
Recorded message about
eating disorders: 0906 302
0012(message lasts approx 10
minutes and costs 50p per
minute)
www.edauk.com

The EDA provides telephone helplines, information sheets, leaflets and newsletters and runs a national network of self-help groups. They are able to advise on both bulimia and anorexia nervosa.

MIND

Granta House
15-19 Broadway
Stratford
London E15 4BQ
Tel: 020 8519 2122
Information Line: 0845 660163
www.mind.org.uk

National charity which offers information on all mental illnesses. MIND have leaflets and information sheets on eating disorders and sell some of the self-help guides listed on page 17.

National Debtline

(Mon, Thurs 10am-4pm /
Tues, Weds 10am-7pm /
Fri 10am-12pm)
0808 808 4000

Free, confidential advice for tackling debts. Can help people who are worried about the financial consequences of their bingeing.

The Samaritans

Tel: 0845 909090
www.samaritans.org.uk

UK helpline for anyone experiencing emotional distress. Someone to talk to in confidence 24 hours a day.

The Women's Therapy Centre

10 Manor Gardens
London N7 6JS
Tel: 020 7263 6200
(Mon-Fri 10am-12pm and 2-4pm)

Individual and group psychotherapy for women.

Further reading about bulimia nervosa

The following list is intended as a guide to seeking further information and the Mental Health Foundation does not necessarily endorse or support the content of the publications listed.

General reading

Anorexia and Bulimia: your questions answered

Julia Buckroyd. Element Books Ltd, 1996.

Eating Disorders: the facts

Suzanne Abraham and Derek Llewellyn-Jones. Oxford University Press, 1989.

Self-help books

Bulimia Nervosa and Binge Eating: a guide to recovery

Peter J Cooper. Robinson Publishing Ltd, 1995.

Getting Better Bit(e) by Bit(e): a survival kit for sufferers of bulimia nervosa and binge eating disorders

Ulrike Schmidt and Janet Treasure. Lawrence Erlbaum Associates Ltd, 1993.

Overcoming Binge Eating

Dr Christopher Fairburn. Guilford Press, New York, 1995.

Leaflets

Anorexia and Bulimia

Help is at Hand Guide. Royal College of Psychiatrists
- call 020 7235 2351.

Understanding Eating Distress

MIND - call 020 8519 2122

The Eating Disorders Association also produces a range of leaflets on eating disorders - call them on 0870 7703278 for further details.



As the UK's only charity concerned with both mental health and learning disabilities, the Mental Health Foundation plays a vital role in pioneering new approaches to prevention, treatment and care. The Foundation's work includes: allocating grants for research and community projects, contributing to public debate, educating and influencing policy makers and health care professionals.