

Bulimia nervosa

Like anorexia nervosa, bulimia is an eating disorder which was named and first described by the British psychiatrist Gerald Russell in 1979.

Although bulimia is considered to be less life threatening than anorexia, bulimia nervosa actually occurs more frequently and bulimia can be difficult to detect than anorexia nervosa, because bulimics tend to be of average or slightly above or below average weight.

Bulimia nervosa is characterized by binge eating and purging, in other words consuming a large amount of food in a short amount of time followed by an attempt to eliminate the food consumed, usually by vomiting or taking a laxative. Bulimia is also often accompanied with fasting over an extended period of time.

These dangerous, habit-forming practices occur while the sufferer is trying to keep their weight under a self-imposed level.

There are several negative effects associated with bulimia, involving a general deterioration of the person's health and depression lead to a high risk of suicide.

Other consequences include chronic gastric reflux after eating; dehydration caused by frequent vomiting; constipation; and infertility. The frequent contact between teeth and gastric acid may cause severe dental erosion

One of the most serious effects of bulimia is electrolyte imbalance, which can lead to cardiac arrhythmia, cardiac arrest and even death.

Although males do develop the disorder, the overwhelming majority (90–95 percent) of individuals with bulimia are women, with adolescents most at risk. In fact, the onset of bulimia nervosa is often between 13 and 20 years of age, especially women who previously suffered obesity.

Bulimia nervosa affects up to 1% of young woman and after 10 years of diagnosis, half will recover fully, a third will recover partially, and 10-20% will still have symptoms.

Bulimia is also runs in families, with heritability estimated to be in the order of 54–83%.

There are two main types of treatment given to those suffering with bulimia nervosa: psychopharmacological, especially antidepressants such as SSRIs, and psychosocial treatments, especially cognitive behavioral therapy (CBT).

It is not known if combining pharmacotherapy with psychotherapy improves the outcome of the treatments.

Thank you for your attention