

# Bulimia

Template:Infobox - disease Bulimia nervosa, or *bulimia nervosa*, is an **eating disorder** in which the sufferer suffers from bouts of overeating, followed by depression, feelings of guilt, and physical discomfort. A characteristic feature is a combination of *nutritional deprivation*, episodes of *overeating and subsequent vomiting*.

## Diagnostic criteria:

- constant preoccupation with food, irresistible desire for food, bouts of overeating;
- an attempt to suppress the fattening effect of food - induced vomiting, abuse of laxatives , starvation, etc.;
- morbid fear of being fat, the weight threshold is lower than the premorbid weight, often anorexia nervosa in the anamnesis .<sup>[1]</sup>

It is often linked to *anorexia nervosa*, but severe weight loss and permanent amenorrhoea do not occur in this disease itself.

## Eating disorders (EDs)

EDs are psychological diseases that significantly affect the somatic condition of the patients. It belongs to the so-called diseases of civilization, the spread of which is related to the modern idea of what a healthy, successful person should look like, to the promotion of thinness, healthy nutrition and an excess of food. **Other triggering factors** are: reaction to trauma, divorce or conflict in the family. According to the biological hypothesis, primary hypothalamic dysfunction affecting the hypothalamus-pituitary-gonadal axis is applied. The influence of genetic dispositions is also assumed. Overweight and obesity are also a risk factor.<sup>[1]</sup>

Girls and young women are affected 10 times more often than boys and men. EDs typically begin in **puberty and adolescence** (between 14 and 15 years and between 17 and 18 years).<sup>[1]</sup>

 For more information see *Eating disorders*.

## Occurrence

**1-3%** of women suffer from bulimia, most often students aged 14 to 25. Approximately ten times less often, the disease occurs in men. This disease can only be diagnosed in developed countries because of famines, which are frequent in poor countries.

## Causes

- biological, social and psychological factors

The personality of patients is often impulsive and emotionally unstable.

## Types of bulimia

- **purgative type**: the patient regularly vomits , abuses laxatives or diuretics , this results in electrolytic disorders and other somatic complications;
- **non-purgative type**: the patient goes on diets or fasts, often exercises intensively, does not use purgative methods.

## Clinical picture

- disorder of the internal environment (vomiting, food and fluid restriction): dehydration, hypokalemic alkalosis, hypochloremia, hypokalemia → cardiac arrhythmia;
- damage to tooth enamel, increased tooth decay;
- reactive enlargement of parotid glands (repeated vomiting), rise in serum amylase level;
- psychological manifestations: desire to be thin, loss of control over food, depressive mood, self-harm.<sup>[1]</sup>

## Health complications

- **muscle changes** and **skeletal complications** - bone development slows down or may stop completely, general weakness, convulsions;
- **cardiovascular complications** - shortness of breath, heart pain, low blood pressure;
- **pulmonary complications** - aspiration bronchopneumonia can occur during aspiration of vomitus; rupture of the esophagus;
- **metabolic complications** - loss of chlorides and sodium, in later stages of potassium and magnesium - severe hypochloremia and alkalosis can occur ;
- **damage to teeth and gums** - HCl acts on tooth enamel and etches it, which is then prone to damage,

increased tooth decay, frequent periodontitis , damage to tooth necks.

## Treatment

Unlike patients suffering from anorexia, patients usually do not hide their illness, so the treatment is easier and can be carried out on an outpatient basis. It is important that the patient is treated voluntarily and cooperates.

An important part is:

- *psychotherapy* - cognitive behavioral psychotherapy;
- *pharmacotherapy* - antidepressants , antiepileptics , antiemetic drugs.

### Less developed stage

In less severe cases, the disease can be treated without hospitalization using a so-called **self-help program**. The patient receives a manual, thanks to which he is introduced to the disease in more detail and the importance of forming correct eating habits is explained to him. It also describes a condition in which the patient should seek professional help.

**The program consists of six steps:**

1. recording the patient's diet along with feelings and concerns during their consumption
2. creation of a suitable diet, the patient follows the diet and continues to write down his feelings
3. evaluation of progress - clarification of situations where problems occur and learning to deal with them
4. continuing to solve problems
5. expanding the menu, gradually ending all diets
6. fixing new ways of thinking

### More serious stages

In more serious cases, i.e. when the patient is at risk of health complications, the patient is partially or completely **hospitalized**. Its duration is usually one to two months. The aim is to stabilize eating habits, stabilize weight and teach the patient a positive attitude towards food. It is important that other people supervise eating, the patient cannot vomit after eating or use laxatives.

## Links

### Related Articles

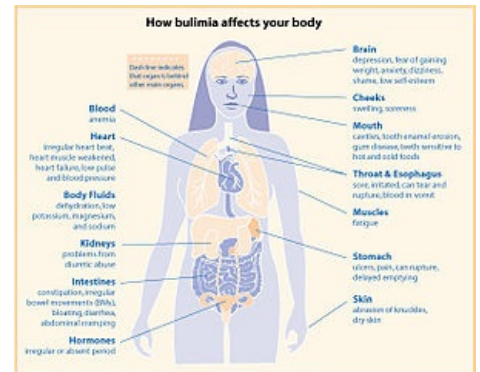
- Eating disorders
- Anorexia nervosa

### References

- KRCH, František David, et al. *Poruchy příjmu potravy*. 1. edition. Grada Publishing, 1999. ISBN 80-7169-627-7.
- NAVRÁTILOVÁ, Miroslava, et al. *Klinická výživa v psychiatrii*. 1. edition. Maxdorf, 2000. ISBN 80-85912-33-3.
- BULIMIENAME,. *Léčba bulimie* [online]. [cit. 2016-12-22]. <<http://www.bulimie.name/lecba-bulimie/>>.

### References

1. KOUTEK, Jiří – KOCOURKOVÁ, Jana. Poruchy příjmu potravy - spolupráce psychiatra s pediatrem a gynekologem. *Pediatric pro praxi*. 2014, vol. 15, p. 213-215, ISSN 1213-0494.



Bulimia