

Eating Disorders

Part II Bulimia nervosa



Guidelines for Teens

Eating is something that most people look forward to. It can mean experiencing good food, doing something healthy for your body, and spending time with family or friends. Many social events such as parties and holidays also involve food. But, for a person who has an eating disorder, eating brings about very different feelings. Constant thoughts about eating and an intense fear of gaining weight become an obsession for a person who has an eating disorder.

Living with an eating disorder is very hard. The road to recovery is not easy but, with treatment, a person can recover and go on to lead a healthy life. Without help, a person with an eating disorder can have a number of medical problems, become very sick, and even die. The American Academy of Pediatrics has developed this brochure to help you learn about some common eating disorders, their causes, symptoms, and possible courses of treatment.

What is an eating disorder?

The two most common eating disorders are *anorexia nervosa* and *bulimia nervosa*. Anorexia is self-starvation. Bulimia is a disorder in which a person eats large amounts of food (“bingeing”) and then rids the body of that food before it can be absorbed (“purging”). A person who is bulimic purges either by vomiting or using laxatives or diuretics (water pills). Some people have symptoms of both anorexia and bulimia.

There is no single cause of an eating disorder. Many factors may be involved and are different for each person. Some factors include:

- Feeling insecure
- An excessive desire to be in control
- A distorted body image (feeling fat) and striving for the perfect body
- A family history of depression or an eating disorder
- Severe family problems
- A history of sexual abuse
- Extreme social pressures
- Pressure from activities such as running, gymnastics, wrestling, or ballet

Most anorexics and bulimics are girls; however, boys can suffer from these disorders as well. Adolescents experience many social pressures, especially from the media, to be thin. This pressure to be thin or to diet can be especially strong for teens if their friends are dieting or trying to lose weight. It is easy for teens to get over-the-counter diet pills to reduce their appetite so that they do not eat as much—a practice that can become habit-forming. Diet pills can raise blood pressure, cause kidney damage, make a person dizzy or hallucinate, or even lead to fatal stroke.

It is important, however, for both girls and boys to understand that not everyone has the type of body that is superthin. In fact, only a small number do. If a person is not meant to be naturally thin, that person needs to accept that fact and learn to like his or her body the way it is. It is important to have a healthy attitude toward weight and to feel good about oneself.

Bulimia nervosa

Bulimia nervosa is another eating disorder that is harmful to a person's physical and mental health. Bulimia and anorexia share some of the same symptoms. As with anorexia, food and staying thin become an obsession, but the bulimic does not starve herself. Instead, the bulimic gets an uncontrollable urge to binge (eat a large amount of food in a short period of time) and then purge this food from her body.

Bulimia usually develops between the ages of 15 and 24. Like anorexia, it affects mostly females. A bulimic's weight is usually within the range of what is normal for her size and height, but it tends to go up and down a lot because of all the bingeing and purging.

How does a person with bulimia behave?

A bulimic no longer has full control over eating. She may be afraid to eat in restaurants or with other people because she cannot control the urges to binge or the urges to purge after eating normal amounts of food. This fear may cause her to avoid social situations and isolate herself from other people. Bulimics may also change in other ways by:

- Becoming very secretive about food, spending a lot of time thinking about and planning the next binge, and setting aside certain times to binge.
- Stealing food or hoarding it in strange places, such as under the bed or in closets.
- Bingeing on foods with distinct colors in order to know when they are later thrown up.
- Spending a lot of time, energy, and money, because bulimia is a time-consuming and expensive addiction.

How does bulimia affect the body?

The following changes may be signs that a person has bulimia:

- Teeth start to decay from contact with stomach acids during vomiting.
- Weight goes up and down.
- Menstrual periods become irregular.
- The face and throat look puffy and swollen.
- Periods of dizziness and blackouts occur.
- Dehydration due to loss of body fluids occurs. The bulimic may need to be hospitalized if this happens.
- Constant upset stomach, constipation, and sore throat may be present.
- Damage to vital organs, such as the liver and kidneys, heart failure, and death can occur.

Who can be affected by bulimia?

People who develop bulimia often have a hard time dealing with and controlling impulses, stress, and anxieties. Like anorexics, they are not happy with their body image and think they are overweight or fat. This leads them to start dieting, but then, in response to anxiety and other emotions, they give in to their impulses and cravings for food by bingeing.

During a binge, a person with bulimia may eat between 3,000 and 7,000 calories, often in less than a few hours. Depression, boredom, or anger often trigger a binge. Eating during a binge is almost robot-like. The bulimic chews and swallows without paying attention to what the food tastes like or whether she is hungry or full. Binges usually end when there is no more food to eat, when the stomach hurts so much from eating, or when something such as a phone call breaks the bulimic's concentration on bingeing.

After eating large amounts of food, the bulimic feels guilty and is afraid of gaining weight. To ease her guilt and fear, she purges the food from her body by vomiting or taking pills that cause diarrhea. After bingeing she may turn to extreme exercise or strict dieting. This period of "control" lasts until the next binge, and then the cycle starts all over again. Bulimia becomes an attempt to control two very strong impulses - the desire to be thin and the desire to eat. Other factors that may lead to bulimia include:

- Depression
- Substance abuse
- Childhood physical abuse or sexual abuse

Treatment for eating disorders

The chance of successfully treating someone who has an eating disorder is much higher if the disorder is detected early and the person begins to get help. Treatment depends on many things, including the person's willingness to cooperate, family and support structure, and the stage of the disorder.

Successful treatment of eating disorders involves many health professionals who work together by treating a certain aspect of the disorder. Treatment begins with a visit to a pediatrician, who will examine the person's medical condition to see how the eating disorder has affected the body. If the effects are severe, the person may need to be hospitalized for treatment.

In treating anorexia, increasing the person's weight is crucial. If the anorexic needs to be hospitalized, her treatment will focus on getting her weight back up to a normal level. If she refuses to eat, she may need a feeding tube to get the proper nutrients into her body. Hospitalization often helps the anorexic slowly change her behavior so that when she returns home, she can gain weight slowly with outpatient pediatric and psychiatric treatment. A person with bulimia may need hospitalization to control the cycles of bingeing and purging and to replace needed nutrients in the body.

Counseling is necessary to help a person with an eating disorder understand how she uses food as a way of handling problems and feelings. It will help her improve her self-image (including body image) and develop independence so that she can take control of her life in positive ways. A mix of individual therapy and family therapy is usually most effective in treating eating disorders. Since an eating disorder usually affects a person's entire family, a therapist can try to help family members understand the disorder. The therapist can also help families create a supportive home environment for the person with an eating disorder. Occasionally, people who have eating disorders also have problems with alcohol abuse or other substance abuse, and may need to be treated for those as well.

Anorexia and bulimia are both very serious eating disorders that do not go away by themselves. However, eating disorders are treatable with help. A person with an eating disorder needs professional help to recover and become healthy again.

For other resources and help with eating disorders, contact the following organizations:

National Association of Anorexia Nervosa
and Associated Disorders
Box 7
Highland Park, IL 60035
847/831-3438

American Anorexia/Bulimia Association
418 E 76th St
New York, NY 10021
212/734-1114

Anorexia Nervosa and Related Eating Disorders
Box 5102
Eugene, OR 97405
503/344-1144

Some people who struggle with eating disorders alternate between anorexic and bulimic behaviors. About half of all people who have anorexia at one time or another develop some symptoms of bulimia (mainly the bingeing and purging). The following information shows some of the ways in which the disorders are alike and different.

Similarities of people with eating disorders:

- Distorted body image
- Strong-willed, determined nature
- Obsessive thoughts about food, eating, and body shape
- Depression
- Excessive exercise
- Overachiever, perfectionist
- Difficulty concentrating
- Poor self-esteem
- Self-destructive behavior
- Irritability
- Vomiting and use of laxatives and/or diuretics to keep weight off

Differences between people with eating disorders:

Anorexia

- Age range: persons 14 to 18 years old
- Severe weight loss
- Shockingly thin body
- Withdrawn personality
- Denial of hunger
- Sexual inactivity
- No menstrual periods
- Denial of eating disorder
- Strong resistance to treatment
- Death from starvation or suicide

Bulimia

- Age range: persons 15 to 24 years old
- Slight weight changes
- Normal weight appearance
- Outgoing personality
- Pronounced hunger
- Sexual activity
- Irregular menstrual periods
- Awareness of eating disorder
- Accepting to treatment
- Death from low potassium or suicide

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

