

■ Introduction

Bulimia is characterised by seriously disturbed eating habits which can include; regular food binges, vomiting and purging episodes, strict dieting and fasting, and misuse of laxatives and diuretics – all in an attempt to control body weight and shape. There is usually an extreme fear of ‘fatness’. The full clinical condition occurs in 1 per cent of young women in Western society, although between 5–10 per cent of young women are prone to binge eating. It rarely occurs in men.

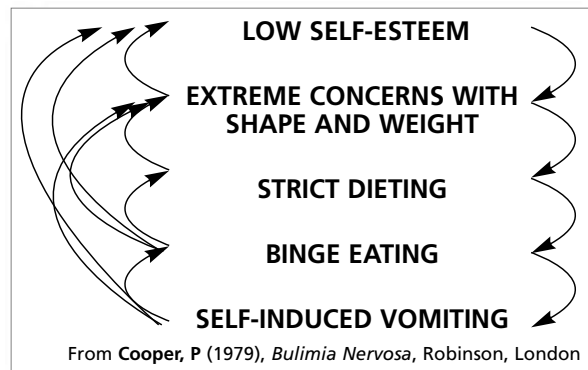
The person with bulimia is engaged in a constant battle with food – a love-hate relationship exists. Eating habits are chaotic with no regularity. Many are consumed by a powerful desire to be thin and are elated if they find that they have lost weight and depressed if they find that they have gained weight. People with bulimia often have a disturbance in body image. They tend to over-estimate their own size and feel that their bodies are larger than they actually are. On top of this they have a realistically small ideal size.

■ What causes Bulimia Nervosa?

There seem to be a number of predisposing factors, but perhaps the most consistent one is low self-esteem. Often, early family life is characterised by some unhappiness. Prior to the development of bulimia one third of patients have suffered from depression themselves, one third previously had anorexia and there is evidence that suggests that one third have been sexually abused. There is also strong evidence that the person with bulimia often tends to have a higher than average natural weight. Their personality turns towards perfectionism and they set high standards for themselves. Bulimia is heavily influenced by social and cultural factors. The most significant precipitating factor is usually a period of dieting which has been unsuccessful.

A number of psychological factors serve to perpetuate bulimia nervosa which are illustrated in the diagram below. A number of vicious circles are created where low self-esteem leads to concerns about shape and weight, which leads to strict dieting, which results in binge eating, which results in self-induced vomiting, which results in increased low self-esteem, increased

preoccupation with shape and weight, more bingeing, and so the vicious circle continues.



■ Why can't I just stop bingeing?

The answer is that you probably unwittingly adopt a method of coping which is counter-productive. For example, fasting after a binge may make you feel better, but it also significantly increases your chances of bingeing again. Similarly, vomiting is a trap which leads to more eating, which in turn leads to more vomiting. Dieting is rarely successful. There is good evidence that dieting places people under such physical and psychological pressure to eat that it paradoxically causes people to overeat. In order to overcome bulimia you must give up the idea of dieting. The vast majority of people who give up a pattern of dieting and bingeing and replace it with a pattern of regular eating do not gain weight.

■ Weight

The only way to find out what your normal weight should be is to reinstate normal eating habits and see over a period of months what your weight should be. The ultimate choice is often, 'Is being a few pounds over what you are entirely happy with a worthwhile price to pay for normal eating habits and a normal lifestyle?'

■ Treatment

Research suggests that anti-depressant medication can help initially reduce the frequency of binges, but the person usually does not stop bingeing altogether or dieting and as such the results do not last. Cognitive-behavioural therapy, with the focus on changing behavioural patterns and challenging and changing thoughts and beliefs, has been shown to be the most effective treatment.