



Bulimia

Bulimia is an eating disorder that involves compulsive bingeing on high-calorie food, followed by self-induced vomiting or purging the body with laxatives. This unnatural, constant hunger or eating occurs in normal-weight, overweight and underweight people. Many bulimics previously suffered from anorexia. The cases of women outnumber men four to one. Diagnosis of normal-weight bulimia is difficult as victims are usually ashamed of their behavior and may try to hide the symptoms.

The most common characteristic of bulimia is induced vomiting after a meal. Frequently, other symptoms are also present. Behaviors such as fasting, amphetamine abuse, overuse of laxatives, misuse of diuretic medications, alcoholism or depression may be combined with bulimia.

Bulimia may start with infrequent incidents of fasting followed by binge-eating and intentional vomiting. But then the behavior escalates to a “binge-

purge” cycle. Self-induced vomiting produces a sense of euphoria and a sense of control over one’s feelings, especially those of depression and anxiety. Normal cues to eating decline. The typical sit-down meal is replaced by “eating episodes.” Infrequent bulimic events begin to increase until incidents occur many times daily. Bulimic behavior is reinforced by its consequences—the feelings of self-control, avoidance of weight gain and avoidance of confrontations with others over not eating.

Treatment

Professional counseling is usually successful in assisting the bulimic. The “binge-purge” eating cycle can be replaced by learning new ways to manage needs and feelings. If you suspect bulimia in a friend or loved one, or if you’re worried you might be bulimic, take the first step. Consult a local eating disorder clinic, a doctor and a nutritionist.



Professional counseling can help replace the “binge-purge” eating cycle of bulimia with new ways of managing needs and feelings.