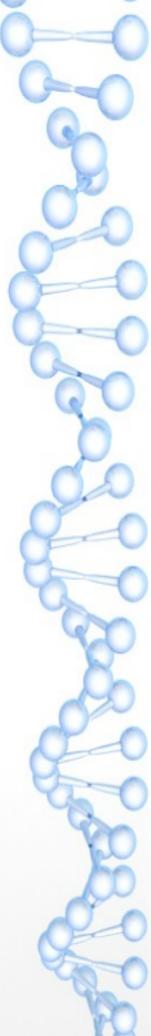


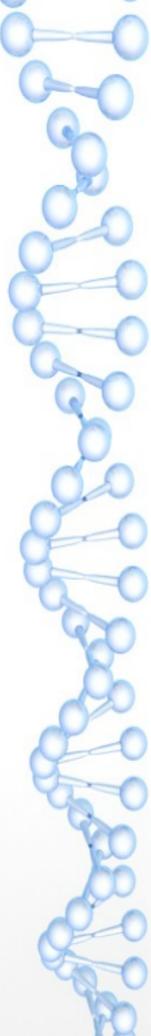
EATING DISORDER (BULIMIA NERVOSA)

Dr.Sujithra



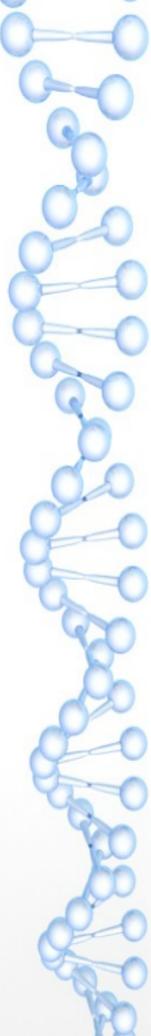
MEANING

- The word “bulimia” comes from the Greek word “boulīmia” (meaning “ravenous hunger”), literally bulimia nervosa means disease of hunger affecting nervous system (Stanley, 1999).



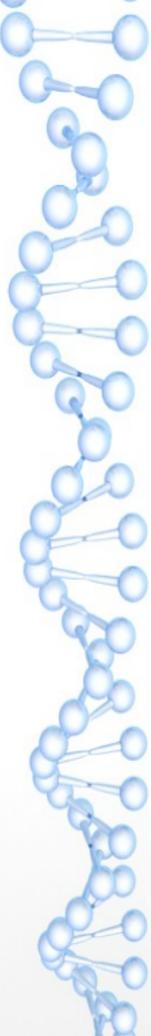
Definition

- It is an eating disorder marked by binge eating i.e. out of control eating, followed by purging, such as vomiting, taking laxative, and/or excessive activity to prevent the individual from gaining weight (Stanley, 1999).



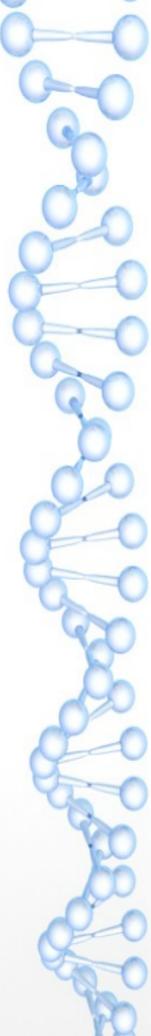
Age of Onset :

- The onset of bulimia nervosa is often during adolescence, between 13 and 20 years of age.
- Dieting efforts and body dissatisfaction, however, often occur in the teenage years.
- Therefore, it is often described as a developmental disorder (Eliot & Baker, 2001).



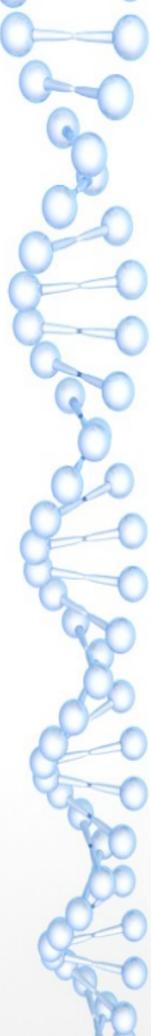
Signs and Symptoms

- **Physical Signs: –**
- Frequent changes in weight (loss or gains)
- – Signs of damage due to vomiting including swelling around the cheeks or jaw, calluses on knuckles, damage to teeth and bad breath
- – Feeling bloated, constipated or developing intolerances to food.
- – Loss of or disturbance of menstrual periods in girls and women
- – Fainting or dizziness
- – Feeling tired and not sleeping well (Smith, & Segal, 2014)..



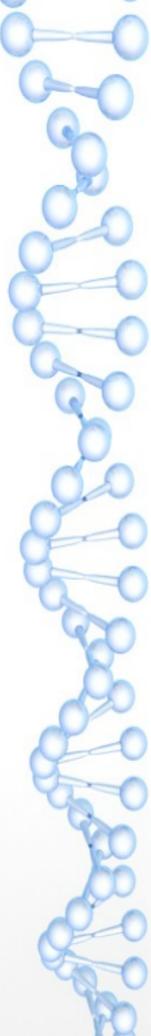
Signs and Symptoms

- Psychological:
 - – Preoccupation with eating, food, body shape and weight
 - – Sensitivity to comments relating to food, weight, body shape or exercise
 - – Low self esteem and feelings of shame, self loathing or guilt, particularly after eating
 - – Having a distorted body image
 - – Obsession with food and need for control
 - – Depression, anxiety or irritability (Stanley, 1999).



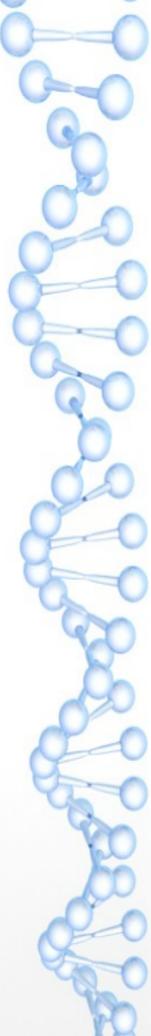
Signs and Symptoms

- Behavioral:
 - Evidence of binge eating
 - Eating in private
 - Repetitive or obsessive behaviors relating to body shape and weight
 - Excessive exercising
 - Dieting behavior
 - Frequent trips to the bathroom during or shortly after meals which could be evidence of vomiting or laxative use (Burby, 1998).



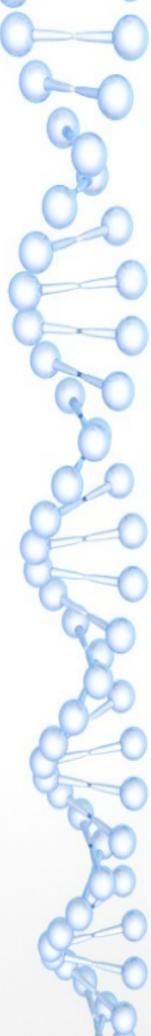
Etiology

- ✓ Genetic Factors:
- Research suggests that people who have a close relative who has or has had bulimia are four times more likely to develop it than those who do not have a relative with the condition (Ploog & Walter, 2004).



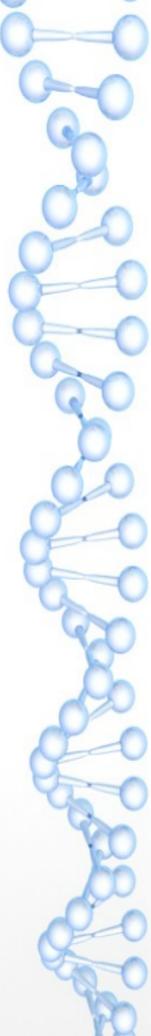
Etiology

- Psychological Factors:
- Sensation seeking by pleasure of eating.
- Bulimics have a compulsion to eat that resembles an addiction.
- triggered because of environmental stress such as family dysfunction or traumatic stressful life events such as divorce, or the death of a loved one.
- temporary pleasure is followed by guilt and shame. To allay guilt the bulimic purges and disposes of any evidence of binge.



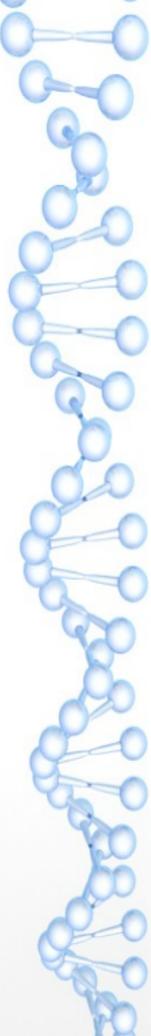
Etiology

- Social factors:
- Societal pressures are very influential in the development of bulimia. These pressures come from an increasingly wider range of sources such as
 - - mass media,
 - - parents, siblings, peers, and
 - - may be direct messages (e.g., weight related teasing) or
 - - indirect messages (e.g., hearing a friend obsess about weight)
- Pressure by parents.



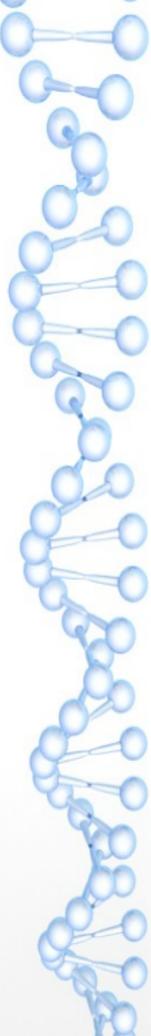
Treatment

- Various treatment approaches that can be used separately or in combination include:
 - Psychotherapy
 - Medication
 - Nutrition education
 - Hospitalization



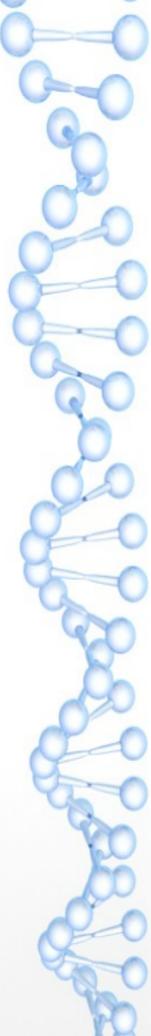
Cognitive behaviour therapy CBT

- This therapy helps patients identify and change **distorted thoughts** (about themselves and food) that underlie their compulsive behavior, and **find better ways to cope with life** stresses.
- It is divided into three stages.:
- 1. the cognitive view on the maintenance of bulimia is presented, and 2. behavioral techniques are implemented to replace binge eating with 3. more stable eating patterns



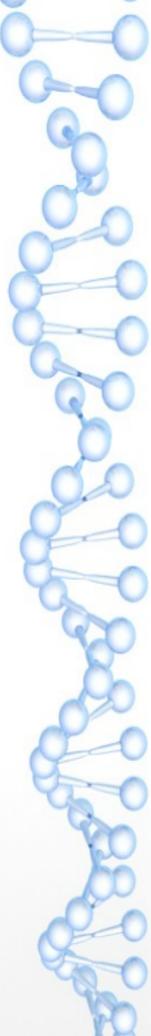
Interpersonal psychotherapy

- is a short-term psychotherapy in which the goal is to help patients identify and modify current interpersonal problems, which can draw focus away from eating.
- IPT for bulimia nervosa encompasses three phases.
- The first phase of IPT is devoted to **identifying specific interpersonal problematic areas currently affecting the patient**, and choosing which of these areas to focus on for the remaining treatment (Fairburn, 1997).
- In the second phase, the **therapist encourages the patient to take the lead in facilitating change in the interpersonal realm**.
- The third phase **covers maintenance of interpersonal gains and relapse prevention**.



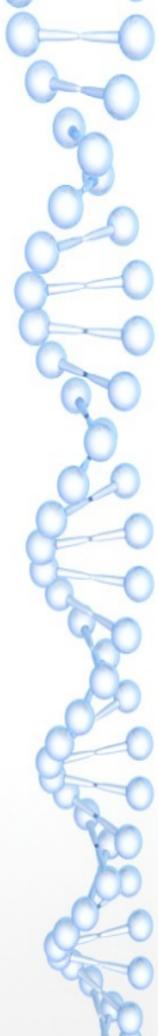
Medications:

- Antidepressants may help reduce the symptoms of bulimia when used along with psychotherapy.
- fluoxetine (Prozac), a type of selective serotonin reuptake inhibitor (SSRI), which may help even if not depressed.
- Moreover, anticonvulsants (diphenylhydantoin) and tricyclics (imipramine) have been tried as medication for bulimia



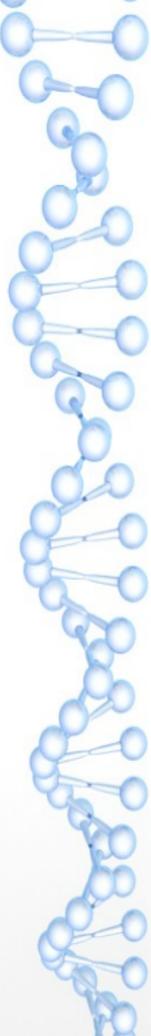
What is binge eating disorder?

- People with binge eating disorder often eat an unusually large amount of food and feel out of control during the binges.
- Unlike bulimia or anorexia, binge eaters do not throw up their food, exercise a lot, or eat only small amounts of only certain foods.
- Because of this, binge eaters are often overweight or obese.



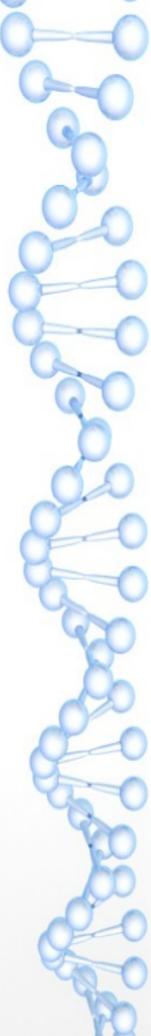
People with binge eating disorder also may:

- • Eat more quickly than usual during binge episodes
- • Eat until they are uncomfortably full
- • Eat when they are not hungry
- • Eat alone because of embarrassment
- • Feel disgusted, depressed, or guilty after overeating



cause

- Depression. As many as half of all people with binge eating disorder are depressed or have been depressed in the past.
- Dieting. Some people binge after skipping meals, not eating enough food each day, or avoiding certain kinds of food.
- Coping skills: Many people who are binge eaters say that being angry, sad, bored, worried, or stressed can cause them to binge eat.
- • Biology: brain chemicals and metabolism (the way the body uses calories) affect binge eating disorder.



Management

- Nutritional advice and psychotherapy, especially cognitive behavioral therapy (CBT)
- Drug therapy, such as antidepressants like fluoxetine (Prozac) or appetite suppressants prescribed by a doctor .
- Cognitive Behaviour Therapy is a form of psychotherapy that focuses on the important role of thinking in how we feel and what we do.