

BULIMIA NERVOSA

An Overview

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CMG Archives

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Introduction

Bulimia Nervosa is an eating disorder characterized by recurrent episodes of binge eating followed by purging, which is brought about through self-induced vomiting or use of laxatives, emetics, or diuretics. Most individuals maintain a normal or near-normal body weight.

(Picture right - Binging)

Causes and Incidence

The aetiology is unknown, but societal focus on dieting and thinness and associated negative images of obesity are thought to play a role. The incidence of bulimia is highest among adolescent females in affluent circumstances. The estimated prevalence in Europe is 5% of all young women in high school and tertiary education. The disorder is also more often seen in individuals whose occupation requires stringent weight control (e.g. jockeys, amateur wrestlers, models, actresses, dancers, and ballerinas, etc). Persons with bulimia are highly resistant to treatment.



Disease Process

Vomiting causes fluid and electrolyte imbalances, which lead eventually to renal damage and cardiac arrhythmias.

Symptoms

Excessive concern about weight, evidence of eating binges, evidence of purging activities (e.g., smell of vomit, laxatives, emetics, and diuretics in residence), rapid weight fluctuations, hypokalemia, swollen parotid glands, dental erosion, oesophagitis, scars on knuckles from inducing vomiting.

(Picture right - Purging)

Potential Complications

Oesophageal stricture and rupture and haemorrhage are common complications. Aspiration pneumonia is possible, particularly in concert with use of alcohol and recreational drugs. Sudden death from ventricular dysrhythmia is possible.



Diagnostic Tests

(Picture right - Dental Erosion as a result of Bulimia)

The diagnosis is made by reconstructing a clinical history of binge-purge behaviour that occurs at least twice a week for at least 3 months.

Treatments

Surgery - Treatment of oesophageal stricture/rupture

Drugs - Antidepressants

General - Psychotherapy

End



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