Bulimia

Bulimia is a serious medical condition that can damage your health. Many people find it difficult to talk about this illness, which can make it hard to get help. But getting help is the most important thing you can do. Treatment can help you feel better about yourself and stop bulimia taking over your life.

We’ve looked at the best and most up-to-date research to produce this information. You can use it to talk to your doctor and decide which treatments are right for you.

What is bulimia?

Many of us worry about our weight and try to control what we eat. But if you have bulimia you’re terrified of putting on weight. This affects how you act around food. People with bulimia sometimes eat huge amounts. They then take extreme steps to avoid putting on weight. This is called purging. The most common thing people do is make themselves sick.

Bulimia is related to how you feel inside. Purging yourself of food can seem like a way to control difficult feelings. You may think that being thin is the key to a better, happier, and more successful life.

People with bulimia often keep their illness secret. But it may help to know that you’re not alone. Bulimia is a common condition that can affect anyone. More than 3 in 100 young women have it at some point in their lives. And although bulimia is more common in women, men can get it too.

Conditions that affect how you eat are called eating disorders. Another eating disorder you may have heard of is called anorexia. People with anorexia eat so little that it puts their health in danger. To read more, see our information on anorexia.

What are the symptoms?

The two main symptoms of bulimia are bingeing and purging.

Bingeing means eating a lot of food at once, usually in secret. If you have bulimia you may spend your whole day deciding what to eat, where to get it, and how to eat it without being found out. The urge to binge may come on after an argument, a bad day, or just because you're hungry at the end of a day.

Some people say they feel as if they lose control during a binge. Others feel excited or rebellious while they're planning what they’re going to eat. Afterwards they may feel guilty.

Purging is how people try to avoid putting on weight after a binge. Most people who have bulimia make themselves sick. Others take laxatives to make them go to the toilet. Some
people try other ways to stop putting on weight, like exercising too much or going on very strict diets.

In time, bingeing and purging can become a big part of your life. In the short term, purging may give you a feeling of control over your body. But it’s important to know that it damages your health. The acid in vomit can damage your teeth. Vomiting over and over can damage your stomach, and cause heartburn or bleeding. Losing water through vomiting can increase your chances of kidney stones. Vomiting or using laxatives a lot can even change the balance of chemicals in your body. This can cause dangerous damage to your heart. Getting treatment for bulimia can help prevent these problems.

**Worried that someone you know might have bulimia?**

It can be difficult to tell whether someone close to you has bulimia. People usually keep it a secret, and they tend to be of normal weight. But there are some signs you can watch out for.

People with bulimia may talk about weight and body shape a lot. They may say they’re fatter than other people, even when they’re obviously not. Or they may say they’d feel much happier if they could lose weight. Women with bulimia usually focus on being slim. Men are more likely to talk about being muscular or athletic.

Someone with bulimia may go to the toilet more than most people, or go straight after meals. But not everyone with bulimia makes themselves sick. Some people go long periods without eating, or exercise more than is healthy.

If you live with someone who has bulimia there may be times when you notice large amounts of food going missing. This could be something like a whole packet of biscuits.

If you’re a parent, bear in mind that many children and teenagers are picky eaters at times. It isn’t necessarily a sign of an eating disorder. But if you’re worried that your child might have a problem with food, remember that they can’t help their behaviour. Your child may be scared or embarrassed and will need your support.

Talking to a friend or family member about a possible eating disorder can be very difficult. They may not want to admit they have a problem, or they may say they don’t want help. You may end up feeling as if you don’t know what to do. The most important thing is to encourage them to see a doctor. You could offer to go with them if they feel that would help. But even if your friend or relative isn’t ready to see a doctor you can still be there for them and keep offering your support.

**What treatments work?**

There are several good treatments for bulimia. They can help you feel better and eat normally again even if you’ve had bulimia for a long time. We talk about two kinds of treatment here: medicines and talking treatments (psychotherapy). They both seem to work about as well as each other. Doctors sometimes suggest you have medicines and therapy together.
Talking treatments

A talking treatment, such as cognitive behaviour therapy, can help if you have bulimia. In one study, about half the people who tried it stopped binge eating in the short term. And some stopped for much longer.

Cognitive behaviour therapy aims to help you get rid of harmful ways of thinking and acting. During sessions with a therapist you'll learn how to cope with unhelpful thoughts. This should help you get rid of the need to binge and purge.

You'll probably start with 20 or so sessions. Each lasts about an hour. You'll also be given tasks to do between sessions. For example, you might keep a diary of what you eat and how often you binge or purge. You might also be asked to make changes in your life. For example, your therapist may ask you to eat a small breakfast every day.

You may find some of these exercises stressful, but they really do help. If you're worried about putting on weight it may help to know that most people don't put on weight during cognitive behaviour therapy.

Treatment doesn't end when you stop going to a therapist. You'll be able to keep using the techniques you've learned. This can help you stay well in the future.

There's often a waiting list to see a therapist. So your doctor may suggest a kind of self-help cognitive behaviour therapy. This may mean reading a book, listening to CDs, or watching videos about bulimia. You'll have exercises or worksheets to do afterwards. Seeing your doctor or a therapist every so often can help keep you motivated.

Some studies suggest that self-help therapy works just as well as ordinary therapy. But others say it doesn't help. There's not enough research to know for certain.

Medicines

Doctors sometimes prescribe medicines for bulimia called antidepressants. They were originally used to treat depression but they can help with other conditions.

You'll probably be given a type of antidepressant called an SSRI. SSRI stands for selective serotonin reuptake inhibitor. The best known is fluoxetine (brand name Prozac). You usually take antidepressants as tablets.

Antidepressants can take a while to start working. In some studies people noticed an improvement after six weeks. Antidepressants helped them binge and purge less often. Some people even stopped completely. If antidepressants help you, your doctor may suggest you keep taking them. One study found that antidepressants were still helping people after a year.

All antidepressants have side effects. The biggest worry is that, when they're used to treat depression, antidepressants could slightly increase the risk of someone killing themselves. Doctors don't know whether there's a risk of suicide when antidepressants are used to treat bulimia. Your doctor will keep a regular check on you if you're taking them. They probably won't recommend antidepressants for bulimia if you're under 18.
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Milder side effects of antidepressants can include drowsiness, diarrhoea, a dry mouth, feeling sick, and not enjoying sex as much. Talk to your doctor if you get side effects. Your doctor may be able to suggest a different antidepressant. Don’t just stop taking your tablets if you get side effects. Antidepressants can cause unpleasant withdrawal symptoms if you stop taking them suddenly.

A drug called topiramate (brand name Topamax) may help people with bulimia, but we need more research to be sure. You take it as a tablet. It was originally used to treat epilepsy, but some research has found that it may also help women with bulimia to binge and purge less often.

Topiramate can cause drowsiness, headache, or a tingling feeling in the skin. In rare cases topiramate can cause problems with your eyes. Your doctor will want to check on you for a while after you start taking it. If you notice any changes in your vision, see a doctor straight away.

What will happen to me?

Lots of people recover from bulimia. The most important step is talking to someone and getting help.

No one will expect you to change overnight. About half of all people treated for bulimia get completely better, but this can take a few years. Even if your bulimia doesn’t disappear, treatment can help you binge and purge less. This can make you feel better and healthier.

Where to get more help or support

Bulimia is a serious condition, and you may find that getting help and support makes your life easier. Talking to a friend or family member is a good place to start.

A charity called Beat provides advice and support for people with all kinds of eating disorders, including bulimia. You can find out more on their website (http://www.b-eat.co.uk).

The National Institute for Health and Care Excellence (NICE) has produced a guide on what people with bulimia can expect from the NHS. You can read it at their website (http://www.nice.org.uk/guidance/CG9).

This information is aimed at a UK patient audience. This information however does not replace medical advice. If you have a medical problem please see your doctor. Please see our full Conditions of Use for this content. For more information about this condition and sources of the information contained in this leaflet please visit the Best Health website, http://besthealth.bmj.com. These leaflets are reviewed annually.