



# **Mental Health Association of Northern Kentucky**

**A LEADER IN PROVIDING ADVOCACY, EDUCATION, AND SERVICES THAT PROMOTE MENTAL WELLNESS**

**EDUCATION AND SCREENING OUTREACH PARTNER FOR THE NATIONAL INSTITUTE OF MENTAL HEALTH AND  
NATIONAL MENTAL HEALTH ASSOCIATION**

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## **Bulimia Nervosa**

### **Diagnostic Criteria**

- 1) Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
  - a) eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
  - b) a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
- 2) Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.
- 3) The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.
- 4) Self-evaluation is unduly influenced by body shape and weight.
- 5) The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

Specify type : *Purging Type* : during the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas

*Nonpurging Type* : during the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas

### **Associated Features**

Depressed Mood ; Somatic / Sexual Dysfunction ; Addiction ; Dramatic / Erratic / Antisocial Personality

### **Differential Diagnosis**

Anorexia Nervosa ; Binge-Eating / Purging Type ; Kleine-Levin syndrome ; Major Depressive Disorder, With Atypical Features ; Borderline Personality Disorder.

### **Medical Treatment**

*Antidepressant Drugs:* Several double-blind studies have shown that antidepressants (e.g., fluoxetine, imipramine, desipramine, phenelzine) are effective in the treatment of Bulimia Nervosa. However, drug compliance can be a serious problem in these patients.

*Anticonvulsant Drugs:* Phenytoin and carbamazepine have been shown in double-blind studies to be somewhat effective in reducing binge eating in Bulimia Nervosa patients.

### **Psychosocial Treatment**

*Individual Psychotherapy:* Psychotherapy with patients suffering from bulimia nervosa is frequently stormy and always prolonged, although some of these patients do surprisingly well. Psychotherapy should inform and challenge beliefs around issues such as over evaluation of thinness and distorted ideas about food, weight, and dieting. Other themes that need to be dealt with are poor self-esteem, dependency problems, and a sense of ineffectiveness.

*Behavior Therapy:* Behavior therapy can be used to stop vomiting in bulimia nervosa patients. The patients are permitted to binge on food in front of the therapist and then for the next 2 to 3 hours prevented from going to the bathroom to vomit. This desensitizes the patient to the urge to vomit after binge eating. Another promising approach is a program of desensitization to the thoughts and feelings that bulimic patients have just before binge eating, in conjunction with a behavioral contract.

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