

Bulimia nervosa

Understanding Treatment Options



Anna Freud
building the
mental wellbeing
of the next
generation

What is an eating disorder?

We all have different eating habits. There are a large number of 'eating styles' which can allow us to stay healthy. However, there are some which are driven by an intense fear of becoming fat and which actually damage our health. These are called 'eating disorders' and involve:

- eating too much
- eating too little
- using harmful ways to get rid of calories

'Eating disorders' usually involve a lot more than eating behaviour, so you might constantly worry about how to avoid calories or how to 'burn off' calories you've eaten. You might also find yourself checking your weight and appearance all the time or avoiding seeing yourself in mirrors or photographs.

Eating disorders usually begin in the teenage years, although they can develop in adult life or in childhood. Eating disorders are more common among girls and women, but are also experienced by boys and men. Eating disorders among boys and men are more likely to involve over-exercise to develop a muscular build rather than a motivation to be thin.

Anorexia nervosa and bulimia nervosa are the two most common eating disorders. However, you might experience an eating disorder that includes a mix of symptoms related to both anorexia and bulimia. Some people also move between symptoms of bulimia and anorexia, or you might start with symptoms of anorexia and later develop symptoms of bulimia (or vice versa).

Binge-eating disorder is different to anorexia and bulimia because you wouldn't usually have symptoms such as purging, restricted eating over a long time or fearing weight gain. Binge eating disorder usually involves repeated episodes of binge eating and feeling that your eating is out of control.

Bulimia nervosa

Bulimia nervosa involves repeated binge eating, extreme weight-control behaviour and being very concerned about your body shape and weight. Binge eating happens when you eat a large amount of food with a sense of losing control. After binge eating, you might experience an extreme fear of weight gain which results in purging behaviours (such as self-induced vomiting, misuse of laxatives or diuretics, excessive exercise or dietary restrictions). This can become a vicious cycle of dietary restriction, binge eating and purging.

People with bulimia are often a normal weight for their age and height or could be overweight. People who are underweight may have anorexia with binge-purging as a part of their anorexia.

Bulimia usually starts in the teenage years and is rarely diagnosed among children. It is more common for girls and women, but boys and men can experience bulimia too.

How can I get help?

You might have tried to keep your bulimia a secret from your family and people with bulimia can often feel ashamed of talking about their symptoms. This can make seeking help hard, but bulimia is a serious illness and it's important that you start treatment as soon as possible.

Your GP will be able to give you advice and can refer you to a Community Eating Disorders Team specifically for children and young people. These are usually part of Child and Adolescent Mental Health Services (CAMHS) and your school might also be able to refer you. In some areas you or your parents or carers might be able to make a 'self-referral'.

Even if you are referred to a Community Eating Disorders Team in another way, your GP might still get in touch with you if they need to arrange an appointment to check your physical health. If you're referred to a Community Eating Disorders Team then they should see you within two weeks, or within five days if your eating disorder is more severe.

Planning treatment

Treatment for bulimia involves psychological therapies aimed at helping you stop the cycle of bingeing, purging and dietary restriction and may also involve monitoring your physical health.

At your first appointment with the eating disorder team, your professional will talk with you about:

- your eating disorder symptoms and how long you've had them
- things in your life that could be keeping the eating disorder going and things that might be helpful during treatment (e.g. if you have a good relationship with your parents or carers)
- how your eating disorder is affecting your physical health, social life, education and family life
- whether you have any other physical or mental health conditions
- whether you might need to stay in hospital to manage risks to your physical health or risks related to self-harm or suicide
- any treatments for eating disorders that you've already tried

- how you and your family are coping and any support you might need to take part in treatment while you're living at home

Your professional will usually suggest bulimia-nervosa-focused family therapy (FT-BN) as your first treatment option. If you don't find FT-BN helpful or you can't have FT-BN for some reason you will usually be offered eating-disorder-focused cognitive behavioural therapy (CBT-ED) as a second treatment option. You might also be prescribed a medication called fluoxetine alongside other treatment options if you don't find FT-BN or CBT-ED very helpful.

Treatment for bulimia will almost always happen while you're living at home unless there are other risks which mean you need to stay in hospital (e.g. physical health complications, self-harm or another problem where your professional is worried about your safety).

Having an eating disorder can affect any other physical health conditions you might have, and can have a big impact if you have diabetes. It's important that your professional helps you to manage any health problems as part of your care plan. If another healthcare team supports you with your physical health then your eating disorder team should be in touch with them to coordinate your care. Some types of medication can also be affected by bulimia and your eating disorder team should work with the doctors who prescribe your medication to make sure these are safely managed.

What about my parents or carers?

The most helpful treatments for bulimia often involve parents and carers. Professionals usually also offer parents or carers information to help them support you during treatment. This doesn't mean that your professional will share everything you tell them privately and your professional should talk with you about what you are happy for your parents or carers to know.

If you're able to make treatment decisions for yourself, then you will be able to decide how much you would like your parents or carers to be involved in your treatment. Even if you are not able to make these decisions for yourself, your professional should talk to you about this and listen to your preferences.

The wellbeing of your parents or carers is important and they might be distressed themselves or feel guilty or responsible. Your professional should help them to access support, including an assessment of their needs. This should address the impact the eating disorder has had on them and their mental health, as well as any support they might need (e.g. practical support, emergency plans or emotional support).

Bulimia-nervosa-focused family therapy



Strong evidence

Bulimia-nervosa-focused family therapy (FT-BN) usually involves 20 sessions over six months, with the exact number of sessions depending on what you need. FT-BN mainly involves you and your parents or carers, but your therapist might also meet with your siblings if they are affected by the eating disorder too.

FT-BN involves three stages:

1. **In the first stage**, your parents or carers will be supported to help you re-establish healthy eating patterns and stop the binge eating and purging episodes. This means that your parents or carers will offer you more support and supervision around meal times and at other times when you feel at risk of bingeing or purging. Your therapist will discuss how to manage this with you and your parents or carers.
2. **In the second stage**, once you have more control over your eating then your parents or carers will be encouraged to give you more independence. Your therapist will also plan this transition with you and your parents or carers.
3. **The third stage** involves planning how you can maintain your healthy eating once the therapy ends. This would usually involve both you and your parents or carers.

The main focus of FT-BN will be to manage your eating disorder, but towards the end of the treatment your professional will probably also talk with you about how to manage any other things that might make your recovery more difficult.

Eating-disorder-focused cognitive behavioural therapy



Strong evidence

You should be offered individual eating-disorder-focused cognitive behavioural therapy (CBT-ED) if bulimia-nervosa-focused family therapy (FT-BN) isn't possible or hasn't worked for you.

Individual CBT-ED usually involves 18 sessions over six months, with more frequent sessions early in the treatment. At the beginning of treatment, there will be a focus on the role that bulimia plays in your life and building your motivation to change. You should also be given information about eating disorders and how symptoms are maintained, while you gradually establish regular eating habits.

Your therapist should help you learn how to notice your thoughts, feelings and behaviours, how these affect each other and how they are linked to your eating

disorder. They should teach you how to spot any unhelpful thoughts and help you to challenge these. CBT-ED also involves finding new ways to manage situations that might trigger bingeing or purging.

You might also have up to four extra sessions with your parents or carers, which should include information about eating disorders, discussing any issues within your family that could be getting in the way of recovery, and how your family can support your recovery.

Medication



Insufficient evidence

A medication called fluoxetine can be helpful for adults with bulimia, but there hasn't been much research on whether it's helpful for young people.

If you haven't found FT-BN or CBT-ED helpful, then your professional might suggest that you try taking fluoxetine at the same time as another treatment option. However, you should not be offered medication as your only treatment for bulimia.

Nutritional interventions



Insufficient evidence as a standalone treatment

Nutritional interventions are often included alongside psychological treatments for eating disorders, but they are unlikely to be helpful on their own. They often involve nutritional counselling to support you to eat in a way that meets your body's daily nutritional needs, as well giving you nutritional supplements.