



Bulimia Nervosa

Contributor: Tess Ryan
Reviewer: Shefani Perera

Epidemiology

- Peak incidence in adolescence and young adulthood (but often older onset than anorexia)
- Females > males
- Dieting usually precedes bingeing

Definition / DSM-V Criteria

A **Recurrent** episodes of **binge eating**. An episode of binge eating is characterised by the following:

- Eating, in a discrete period of time, an amount of food that is definitely larger than what most individuals would eat in a similar period of time
- A lack of **sense of control** over eating during the episodes

B **Recurrent inappropriate compensatory** behaviours to avoid weight gain.

e.g. self-induced vomiting, laxative use, diuretics, fasting or excessive exercise

C The binge eating and compensatory behaviours occur on **average once a week** for at least **3 months**.

D **Self-evaluation** is unduly influenced by body shape/ weight

E The disturbance **doesn't occur exclusively** during episodes of anorexia nervosa

Severity

Depends on the number of inappropriate compensatory behaviours a week:

- MILD: An average of 1-3
- MODERATE: an average of 4-7
- SEVERE: an average of 8-13
- EXTREME: 14 +

Risk Factors

BIO

- Childhood obesity
- Early pubertal maturation
- Family history of eating disorders

PSYCHO

- Weight concerns
- Low self esteem
- Anxiety disorder

SOCIAL

- Internalisation of societies thin body ideal
- Physical or sexual abuse

Differential Diagnoses

Biological

- GIT: food intolerance
- Pregnancy: hyperemesis gravidarum, morning sickness
- Hypothyroidism: weight gain may lead to compensatory behaviours

Anxiety/Mood Disorders

- Major depressive disorder: overeating can occur in atypical major depressive disorder

Other Eating Disorders

- Anorexia nervosa binge-purge subtype. Patient will be underweight
- Rumination disorder
- Binge eating disorder: Doesn't have the purging aspect

Personality Disorders

- Borderline personality disorder: Impulsivity can lead to binge eating and purging

Developmental Disorders

- Prader willi: Hyperphagia, obsession with food, intellectual disability and hypogonadism- nil compensatory behaviour
- Kleine-Levin Syndrome: Marked increase in appetite, hypersomnia and behavioural disturbance- nil compensatory behaviour

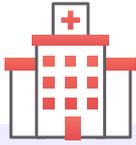
Protective Factors (same as in anorexia nervosa)

- High-self esteem, positive body image
- Media literacy (ability to be critical of media images)
- Healthy eating behaviours/regular family meals
- Family connectedness
- Relationships with people who do not overvalue weight or physical appearance

Diagnosis

History	Examination	Investigation
<p><u>DIAGNOSIS (DSM-5)</u></p> <p>Do you ever eat a large volume of food- mindlessly? A</p> <p>When this happens do you feel out of control? A</p> <p>After this happens do you try to compensate? B</p> <p>How long has this been occurring for? C</p> <p>How do you view yourself? D</p> <p><u>COMPLICATIONS</u></p> <p>Amenorrhoea Loss of libido</p> <p><u>PAST HX</u></p> <p>Past history of concerns about weight</p>	<p><u>BMI:</u> At or above a healthy weight</p> <p><u>Pulse rate and BP:</u> Bradycardia, hypotension</p> <p>Consider CVD exam</p> <p><u>Mouth:</u> Halitosis, enlarged parotids, dental caries Russel's signs (scarring on dorsal hands from repeat regurgitation)</p> <p>Anaemia</p>	<p><u>Rule out differentials</u></p> <p>TFT urine bHCG</p> <p><u>Investigate complications</u></p> <p>ECG Serum biochemistry Random blood glucose FBE Inflammatory markers VGB UEC LFT</p>

Management



1. Risk assessment
2. Consider admission if pregnant, suicidal or compensatory behaviours are out of control
3. Correct any current medical issues e.g. metabolic syndrome
4. Allied health: dietician, dentist, GP, psychologist
5. Behavioural therapy
 - Family-based therapy (FBT)
 - Cognitive Behavioural Therapy (CBT): if they are an older patient (keep a food diary, challenge forbidden food) + eat 3 meals a day
 - Weight loss therapy (better in short term)
6. Comorbid obesity: consider topiramate or **orlistat**
7. Medication: **if psychotherapy is not working**: high dose fluoxetine 60mg/day / other SSRI, Topiramate, or TCA (Are also good but Adverse effect limit function)

Complications

- **Repeat regurgitation:**
 - Halitosis
 - Parotid and submandibular (salivary) gland hypertrophy
 - Gastric rupture/ Mallory-Weiss syndrome, esophageal Rupture (Boerhaave's syndrome)
 - Metabolic alkalosis: hypochloremia, hyperkalemic
 - Permanent loss of dental enamel + tooth decay
- **Cardiovascular:**
 - Hypotension, sinus tachycardia, palpitations, ECG changes (increased PR interval, QT prolongation), arrhythmias (from electrolyte disturbance)
- **Diuretic abuse:**
 - Rectal prolapse, Dependency on diuretics, Metabolic acidosis
- **Russell's sign**
- **Amenorrhea**
- **Higher rates of suicide**