SPEED PROJECT

Sport & Prevention of Emerging Eating Disorders

BULIMIA NERVOSA

Epidemiology, Clinical Presentation, Diagnosis

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Definition

Bulimia nervosa is characterized by:

- Recurrent episodes of **binge eating** (at least once a week).
- Recurrent **compensatory behaviors** (at least once a week) to prevent weight gain (self-induced vomiting, misuse of laxatives, diuretics or other medications, post-binge fasting, or excessive physical activity).
- Both behaviors occur, on average, at least once a week for 3 months.
- Self-esteem unduly influenced by body shape and weight.
- Disturbance does not occur exclusively during episodes of AN.

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Binge Eating

DSM-5 Criteria:

- Objective amount: eating, in a discrete period of time (e.g., within two hours), an amount of food that is definitely larger than what most people would eat in a similar period under similar circumstances.
- Loss of control: A sense of lacking control over eating during the episode - feeling unable to stop or to control what or how much one is eating.

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The episode must also be accompanied by at least three of the following:

- Eating much more rapidly than normal.
- Eating until feeling uncomfortably full.
- Eating large amounts of food when not feeling physically hungry.
- Eating alone because of feeling embarrassed by how much one is eating.
- Feeling disgusted with oneself, depressed, or very guilty afterward.

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- **Objective binge eating:** glarge amount of food accompanied by a real loss of control.

- **Sobjective binge eating:** small amount of food (e.g., a packet of crackers) but with an intense sense of **loss of control** (molto comune nell'anoressia).

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The binge eating episode is often preceded by a negative emotion.

- Severity based on frequency:
  - Mild: 1–3 episodes of compensatory behaviors per week
  - Moderate: 4–7 episodes of compensatory behaviors per week
  - Severe: 8–13 episodes of compensatory behaviors per week
  - Extreme: 14 or more episodes of compensatory behaviors per week

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Clinical features of patients with BN

- Often of normal weight or slightly overweight.
- Frequent menstrual irregularities (in females).
- Electrolyte imbalances.
- High crossover with other eating disorders.

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How to recognize that something is wrong?

- **Post-meal disappearances:** regularly going to the bathroom immediately after eating.
- **Bathroom signs:** smell of vomit, excessive use of air fresheners, or water running for a long time to cover sounds.
- **Food rituals:** eating in secret, hoarding food, or finding empty wrappers hidden in the room.
- **Punitive exercise:** engaging in sports compulsively, even when tired, injured, or in adverse weather conditions, with the sole purpose of "burning" calories.

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The cycle of bulimia

- **The rigid diet:** in many cases, it begins with very strict food rules ("I will never eat sweets").
- **Hunger and emotion:** stress or excessive hunger lead to loss of control.
- **The binge:** a large amount of food is consumed in a short time to calm anxiety.
- **Guilt:** after the binge, feelings of disgust and fear of weight gain appear.
- **Compensation:** vomiting or laxatives are used to "undo" the binge, but this resets the cycle and the strict diet begins again.

Not all BN cases begin with a strict diet: in some cases, impulsivity and emotional dysregulation precede restriction

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What bulimia is not

- **It is not a whim:** it is a complex mental illness, not a lack of willpower.
- **It does not only affect thin people:** most people with bulimia have a normal weight; appearances are deceiving.
- **It is not just "vomiting":** there is "non-purging" bulimia, where compensation involves fasting or extreme exercise.

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Watch your words

- **Speak without judging:** avoid phrases like "why don't you just stop?" or "look at how much you ate."
- **Focus on emotions:** ask "how are you feeling?" instead of "what did you eat?"
- **Don't be the "food police":** checking plates or monitoring the bathroom door worsens shame and secrecy.
- **Encourage professional support:** remind them that recovering alone is nearly impossible and that specific pathways exist (CBT-ED or Family Therapy).

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Clinical signs in BN

- Conspicuous clothing.
- Russel's sign.
- Chipmunk face (parotid enlargement).

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“Invisible” risks

- **The Heart:** imbalances in minerals (potassium and magnesium) can cause sudden cardiac arrhythmias.
- **The Digestive System:** chronic vomiting can cause severe reflux and permanent damage to the esophagus.
- **Dehydration:** misuse of diuretics or vomiting leads to dry skin, dizziness, and can damage the kidneys.

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Medical complications

- Electrolyte imbalances (hypokalemia, hypomagnesemia, dehydration).
- Gastrointestinal complications (delayed gastric emptying leading to bloating).
- Tooth enamel erosion (perimolysis), esophageal damage.
- Russell's sign.

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ED Treatment Guidelines 2017 – Adults

It's essential to inform patients that psychological treatments have a limited effect on body weight changes.

- **First Step (self-help):** the initially recommended treatment is guided self-help (GSH) based on CBT-ED.
- **Second Step (Individual therapy):** if self-help is not accepted, is contraindicated, or proves ineffective after 4 weeks, individual CBT-ED should be offered.

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ED Treatment Guidelines 2017 – Adults

- **Pharmacological Treatment:** medication should never be offered as the sole therapeutic option for bulimia.

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The presentation of bulimia nervosa is fully consistent with DSM-5 on a diagnostic level and particularly effective on a clinical and psychoeducational level.

The main limitation is a possible oversimplification of the disorder as a behavioral cycle, whereas bulimia nervosa is also a complex disorder of emotional regulation and identity, often masked by an apparently normal body weight. **complex disorder of emotional regulation and identity**, often masked by an apparently normal body weight.

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