

# Bulimia Nervosa:

What Educators Should Know

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## What is Bulimia Nervosa

Bulimia Nervosa (BN) is an eating disorder in which a person engages in recurrent binge eating followed by feelings of guilt, depression, and self-condemnation. The person then engages in compensatory behaviors to make up for the excessive eating (3).

### Specific Types

- **Purging type** — the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas (3).
- **Nonpurging type** — 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 (3).

## History

From an evolutionary standpoint vomiting after over eating dates back thousands of years. However, official recognition of BN did not begin until the late 1980s (6).

### Etiology of Individuals with Bulimia Nervosa:

1. Unhappy with physical appearance or feeling societal pressure to lose weight.
2. Begin dieting and exercise routine to lose weight. Receive positive verbal reinforcement from friends, family, and teachers.
3. After losing weight the individual begins to fear weight gain and desperately wants to lose more weight. At this point the individual feels they cannot control the amount of food they eat. To compensate they begin to engage in bingeing, purging and excessive exercise.

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## Further Resources

### **National Eating Disorder Association**

Phone: (800) 931-2237

<http://www.nationaleatingdisorders.org>

### **Academy for Eating Disorders**

Phone: (847) 831-3438

<http://www.aedweb.org>

## Prevalence and Statistics

- BN typically develops in later adolescence, around age 18 (3).
- Young women and adolescents account for 90% of Bulimia cases (4).
- The affected individual will have a history and pre-occupation with weight and physical appearance. There may also be instances of childhood obesity in the person's past (3).
- BN is comorbid commonly with anxiety disorders, substance abuse, personality disorders, and depression (3).
- Characteristics that may contribute to Bulimia include (4):
  - **Culture**
  - **Personality characteristics**
  - **Stressful and life changing events**
  - **Biology**
  - **Families**

## Common Indicators

### Physical

- Swollen cheeks or jaw area (4).
- Calluses or scrapes on the knuckles (4).
- Teeth that look clear (4).
- Broken blood vessels in eyes (8).
- Compulsive Exercise (8).
- Weight can be normal, underweight, or overweight(8).

### Emotional

- Depression-associated with low self esteem (3).
- Anxiety-preoccupation with food(8).
- Substance Abuse Problems (4).

### Social

- May withdrawal from social situations (4).
- May be moody or sad (4).

## Further Resources

### **National Institute of Mental Health (NIMH)**

Phone: (866) 615-NIMH (6464)

<http://www.nimh.nih.gov>

### **National Mental Health Information Center, SAMHSA, HHS**

Phone: (800)-789-2647

<http://mentalhealth.samhsa.gov>

### **National Association of Anorexia Ner- vosa and Associated Disorders**

(847) 831-3438

<http://www.anad.org>

# Glossary

- **Binging** — eating a large amount of high calorie foods in a short period of time. Often done in private and is followed by feelings of extreme guilt, fear, and anxiety.
- **Purging** — is done to prevent weight gain by vomiting or using laxatives.
- **Excessive or over exercising** — occurs when an individual engages in strenuous physical activity to a point that is unsafe or unhealthy.
- **Positive Body Image** — a person feels comfortable with their body and has a real perception of size and shape of the body (4).
- **Negative Body Image** — a person has a distorted image of the body, compares self to others and feels shame and anxiety about the body(4).
- **Undernourished** — a person simply does not have access to enough food to eat, thus they are hungry and lacking essential vitamins and minerals (9).
- **Misnourished** — a person who has access to healthy foods, but does not consume a diet that will promote proper growth (9).

# Misconceptions

## Myths vs. Facts

**Myth** — Individuals with BN do not recognize they have a problem.

**Fact** — Patients with BN recognize their disorder; however, they traditionally are neither aware of nor receive help due to extreme feelings of shame (7).

**Myth** — Mostly white middle class girls are at risk for developing eating disorders.

**Fact** — Current research debunks this societal generalization. Disordered eating is prevalent among all youth despite sex, race, and ethnicity (2).

**Myth** — Individuals with BN suffer only from psychological abnormalities.

**Fact** — Research supports that dysfunction in the biological system may be responsible for eating disturbances. Specifically abnormalities in the serotonergic function (6).

**Myth** — Individuals with BN are often over or underweight

**Fact** — Most individuals with BN can fall into the normal weight for their age (4).

**Myth** — Teachers and other School Educators cannot help teachers with BN or other eating disorders.

**Fact** — Adolescents that have access to school-based screening of eating disorders can receive the necessary treatments and interventions at an earlier age (2).

## Case Study

Angie is a 17-year-old African American female who just entered her senior year of high school. She lives with her mother, father, and older sister in the small college town of Indiana, Pennsylvania. She is of average height and for most of her life has been of average weight. During her late, middle school years and at the height of her puberty, Angie gained some weight due to fluctuating hormones and typical adolescent development.

Angie has always been a social teen and has developed healthy relationships with her parents, teachers, and friends. She participates in many school activities such as Student Council, the Social Media Club, and recreational volleyball. This past summer Angie worked as a lifeguard at the local pool. Her work as a lifeguard allowed her to spend the summer swimming and interacting with older male and female coworkers. Furthermore, the lifeguarding staff spent their free time engaging in sporting and group fitness activities. In order to feel more comfortable in her bathing suit and interacting with others, Angie began dieting to lose weight. Her initial attempts at diet and exercise were successful and she received praise for her efforts and appearance.

In October, Angie's parents received a letter from school stating that she is often late for classes due to excessive time in the bathroom and this behavior is affecting her school work. The school physical education instructor is also concerned with the amount of time Angie is spending in the school fitness room. She is often spotted at lunch time running laps and doing sit ups. Angie is spending less and less time with her friends and often makes up excuses as to why she cannot spend time with them. Her parents have noticed a change in Angie too. She excuses herself quickly after meals and awakens early to work out in the morning. Her parents have expressed concern about her appetite. Angie claims she is not hungry and will skip meals. Later in the evening they notice that Angie goes to the kitchen to eat and consumes large amounts of food at one time. Her overall attitude is sullen and at times she appears depressed and anxious.

## Therapy, cont'd

### **2. Cognitive Behavior Therapy-A**

This treatment is focused on an individual patient's self-monitoring. In this context the individual with BN along with the therapist discuss and establishes specific goals to reduce bingeing and purging. Within this therapy, there is an education phase of the treatment that involves informative sessions about eating disorders, nutrition, and weight regulation. A collection of positive coping skills is imperative to avoid any relapse (7).

### **3. Pharmacological Treatment**

It should be noted that the use of antidepressants alone will not guarantee a full recovery. The only antidepressant that is currently approved by the FDA to treat Bulimia is Prozac. Furthermore, there is considerable research documenting the effects of relapse once the medication has been discontinued.

The type or combination of types of treatment is specific to the individual with Bulimia Nervosa. If proper intervention, support, and therapy are utilized individual are able to make a full recovery.



# Therapy Options

Treatment of individuals with Bulimia Nervosa is often done outside of the school setting. As an educator, is it important to be aware of treatment options as they often result in a multisystemic approach and some may even require a school based component.

## **1. Family Based Treatment for Bulimia Nervosa**

This type of therapy centers around the autonomous adolescence and the family. The therapist capitalizes on the child's recognition of disorder eating habits. Therapy focuses on providing coping skills and options aside from purging. The parents are responsible for taking control of the home environment and promoting positive eating and exercising behaviors. The treatment lasts about four to six months with about 20 family sessions (7).

# Case Study, cont'd

Angie's parents contacted the school guidance counselor and they arranged a time to meet and discuss their concerns with Angie. In the beginning of the meeting Angie appeared frustrated and defensive. As with most individuals with Bulimia, she was aware of her excessive exercise and disordered eating patterns. With the support of her parents and the guidance counselor Angie revealed that she was struggling with feelings of depression and anxiety related to food and her appearance.

She felt that she wanted to change her behaviors and current lifestyle, but was unaware of the steps needed for change.

The school guidance counselor developed a plan for the family to begin the therapeutic process. First, the family was instructed to schedule a physical with the family doctor, as well as a dentist appointment to assess her current physical condition. Then, Angie and her family were referred to a social worker who could assess the family environment and help Angie develop positive coping mechanisms. During this time Angie and her family would be able to explore their therapeutic options. It was also recommended that Angie meet with a registered dietician in order to better understand her nutritional needs and the importance of a balanced exercise regime. Finally, the school counselor invited Angie to attend school workshops aimed at building positive self-esteem, self-efficacy, and healthy body image. The group meets in private to discuss issues related to healthy personal and social coping skills.

## Strategies that Help

### Strategies for Schools

- Create environments to develop positive self-esteem, self efficacy, and healthy body image (9).
- Model and teach important personal and social coping skills (9).
- Establish situations that promote self-confidence and independence (9).
- Educate about the normative changes of adolescence and the importance of balanced nutrition and physical activity (9).
- Provide opportunities to challenge sociocultural myths and attitudes regarding body shape, size, and gender roles (9).
- Advocate for activities that influence the media and other social change agents (9).

## Strategies that Help

### Strategies for Parents and Registered Dietitians

- Realistically define healthy eating for adolescents (10).
- Simplify and clarify messages that extol healthy eating (10).
- Reframe the healthy eating message to appeal to adolescents (10).
- Promote skills-based interventions to reinforce the message of healthy eating (10).
- Strengthen environmental support for adolescent nutrition (10).
- Provide support and encouragement to lower feelings of shame (10).