

Patient information from the BMJ Group

Bulimia

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Bulimia

Many of us worry about our weight and try to control what we eat, especially if we're women. But if you dread gaining weight so much that you spend most of your day thinking about food, you could have an illness called bulimia. People with bulimia sometimes lose control and eat huge amounts. They then take extreme steps to avoid putting on weight, such as making themselves sick and exercising more than is healthy.

We've brought together the best research about bulimia and weighed up the evidence about how to treat it. You can use our information to talk to your doctor and decide which treatments are best for you.

What is bulimia?

If you have bulimia, you worry about putting on weight. But you sometimes lose control and eat huge amounts of food. Afterwards you might make yourself sick, take medicines such as laxatives or water pills, or exercise intensely so as not to gain weight. You keep all of this secret, and you might feel ashamed and guilty.

In developed countries, between 1 and 2 in every 200 young women have bulimia.^[1] Men get bulimia too, but it's about 10 times more common in women.^{[2] [3]}

If you have bulimia, you might tell yourself it's not important. But bulimia is serious. It can damage your health.

If you get help, the chances are good that you can get rid of bulimia. And the earlier you get help the better your chances of making a full recovery.^[4] Admitting you have a problem is the hardest step. But, once you do, there are treatments that can make you feel better and help you eat in a healthy way again.

Key points for people with bulimia

- More than 3 people in every 100 have an eating problem like bulimia at some point in their life.^{[1] [2] [5]}
- It's very hard for people with bulimia to ask for help, so they often keep their illness secret for years.^[6]

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- Symptoms vary from one person to another. If your symptoms don't fit the exact definition for bulimia, you may still have an eating disorder. Treatments for bulimia can also help people with other eating disorders.
- If you get treatment, you have a good chance of getting better. ^[7] ^[8] ^[9] And the earlier you seek help the better that chance will be. ^[4]
- Even if you've had bulimia for a long time, getting treatment can help you eat in a healthy way again.

If you have bulimia you might also have had another eating disorder called **anorexia nervosa**. People who have anorexia sometimes get bulimia. These two diseases are closely linked. To learn more, see [Other eating disorders](#).



Sharing food with family is a normal part of healthy eating and should be fun.

Healthy eating

If you eat in a healthy way, you eat when you're hungry and stop when you're full. Most of us tend to eat three meals a day with perhaps a couple of snacks in between.

Eating is also usually a pleasure. When we meet up with family and friends, we often eat together. It's something most people look forward to and enjoy.

What goes wrong?

If you have bulimia, you worry about food and your body shape far more than most people do. You are horrified by the thought of being fat or getting fat. You think all the time about how you look and how much you weigh.

These feelings lead to irregular, unhealthy eating habits like the ones listed below.

- You think about food all the time. You count calories, plan what you'll eat, and worry about meals.

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- Sometimes you lose control and binge, eating large amounts at one time, in secret.
- Afterwards you might try to get rid of the calories you've just eaten by purging (vomiting or using laxatives or water pills).
- Or you might try to avoid putting on weight by not eating for a long time or by exercising obsessively.
- Vomiting or using laxatives can make your stomach feel empty, which might make you feel calm for a little while. But these feelings don't last long.
- It's the same with exercise. If you exercise obsessively to lose weight, you might feel good (or less bad) for a while, but only until the next time you lose control and binge.
- If you don't eat for a long time, you might get so hungry that when you do start to eat, you can't stop.
- You have to work hard to keep your eating habits secret. This leaves you little time for work, study, or friends. ^[15]



A person with bulimia is terrified of being fat, even when their weight is normal.

Bulimia is a real illness, not a phase or a fad. It belongs to a group of illnesses called [eating disorders](#). Bulimia can seriously damage your health. Also, if you have it, you are more likely than other people to get depressed, and you are more likely to drink alcohol

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heavily.^[16] ^[17] ^[18] In one study, most people with bulimia had another problem as well, such as anxiety, mood swings, and drug or alcohol problems.^[19]

It's not easy to tell if someone has bulimia. People with the disease tend to be a normal weight or near to a normal weight. If you're afraid that someone close to you has bulimia, it can be hard to decide what to do. For ideas on how to help, you might want to read [Worried someone close to you might have bulimia?](#)

Bulimia: why me?

We're not sure what causes bulimia or any eating disorder. We have some ideas, but no proof yet for any of them. Below is a list of some things that seem to go along with bulimia. We think that when someone gets bulimia, it's probably because of a combination of these things:

- [Fear of being fat](#)
- [Body image](#)
- [Western culture](#)
- [Emotional problems](#)
- [An imbalance of chemicals in the brain](#)
- [Genes and family history](#) .

Risk factors for bulimia

It's important to remember that even if you have a risk factor for a condition, it doesn't mean you're going to get it. Having a risk factor just means that you have a higher chance of getting the condition than someone who doesn't have any risk factors.

We've listed the main risk factors for bulimia here.^[20] ^[21] ^[22] ^[23]

- Being a woman. Some men and boys have bulimia, but 9 in 10 people with bulimia are women.
- Having low self-esteem. Thinking you're no good at anything or won't amount to anything increases your chances of getting bulimia.
- Having problems with your parents. This includes having parents who criticise you and put a lot of pressure on you.
- Wanting to be perfect so badly that you feel worthless if you're not.

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- Having mental health problems that affect your mood. If you've had serious depression, you're much more likely to get bulimia.
- Having a job that puts you under a lot of pressure to be thin. Ballet dancers, gymnasts, and models are all in jobs like that.
- Being addicted to illegal drugs or alcohol.
- Having trouble in relationships. Many people who have bulimia have trouble making friends and trusting other people.
- Having parents who are mentally ill. If one or both of your parents are depressed, have problems with food, or abuse alcohol or drugs, your chance of getting bulimia is greater.

What are the symptoms of bulimia?

If you have bulimia, you know what the symptoms are. They have probably been a major part of your life for months, even years.

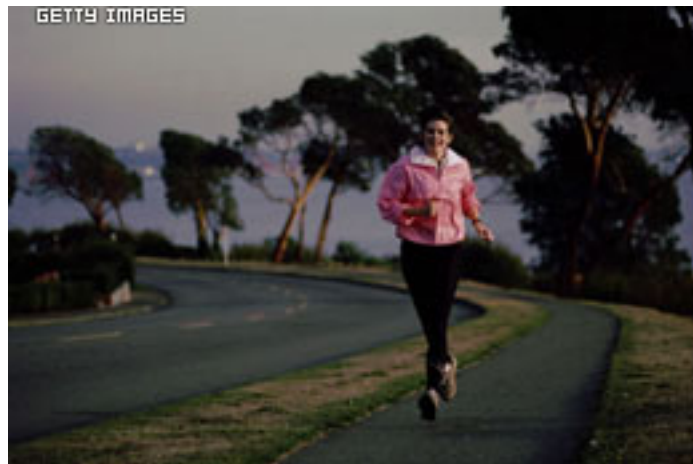
We've listed the main symptoms here. ^[11]

- You binge on large amounts of food, usually in secret. See [What is bingeing?](#) for more information. When you binge, you feel out of control. You usually can't stop eating, and you can't control how often you binge either.
- After a binge, you might make yourself sick, or you might take **laxatives** or pills that make you urinate a lot (diuretics) to try to avoid putting on weight. This is called purging. See [What is purging?](#) for more information.

You may have struggled with bulimia for years. It may even have become a way of life.

^[34] Or you might have this problem only once in a while. Doctors say you have bulimia if you've been bingeing and then purging an average of two times a week or more for three months or more.

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Even a healthy activity like exercising can be harmful if you overdo it.

Even if you never purge, you can still have bulimia. You might make up for a binge by exercising excessively.^[11] For example, you might exercise so obsessively that it interferes with your job or your studies.

If you don't let anything get in the way of your exercise, this could be a warning sign. For example, perhaps you still exercise even though you feel ill. Or you go to the gym even when you're injured.

You might also make up for binges by not eating anything (fasting) for a day or more.

Other symptoms

If you've had bulimia for a long time, the cycle of bingeing and purging can start to affect your body. You might notice some of the symptoms listed below.

- Your teeth become discoloured. The acid in vomit can take the enamel off your teeth and change their colour. Acid also causes tooth decay. Any damage to your teeth is permanent.
- You get heartburn. Being sick all the time weakens the valve at the bottom of the tube that carries food from your mouth to your stomach (the oesophagus). This allows stomach acid to splash up into your oesophagus and cause heartburn.
- You get patches of rough skin on your fingers. You can get these if you use your fingers to make yourself sick. Each time you vomit, your teeth scrape the skin on your fingers.
- You are constipated. If you've been using laxatives regularly, your gut might not work without them. This can lead to bad constipation.
- Your periods stop. About half the women who vomit regularly stop having periods or have them only occasionally. This is because the stress bulimia puts on their body affects their hormones .

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- You vomit blood. This can happen if you tear the lining of your oesophagus. It is rare, but it can occur if you are vomiting often and violently.

Bulimia can also make you feel depressed. See [Depression in adults](#) to find out more.

How do doctors diagnose bulimia?

There is no simple test for bulimia. You and your doctor reach the diagnosis together after talking about your problems, your life, and your eating habits.

Your doctor might also ask you about your family and other important relationships. ^[21] For more on the kinds of questions to expect, see [Questions your doctor might ask](#) .

There are three key features to bulimia. Your doctor will look for these to help decide if you have the condition.

- An obsession with your body weight and shape.
- Regular episodes of **binge eating**, when you eat a large amount of food in a short amount of time. A binge usually lasts less than two hours. Doctors say you have bulimia if you've been bingeing and then purging an average of twice a week or more, for three months or more. ^[42] ^[43]
- Regularly doing things to avoid putting on weight. This might include vomiting, starving yourself, exercising obsessively, and taking **laxatives** or pills that make you urinate a lot (diuretics).

Vomiting and taking laxatives can upset the balance of chemicals in your body and cause kidney and heart problems. Your doctor might order some blood tests to check whether this has happened. He or she might also check your height and weight. If you are very thin, you could have anorexia, not bulimia. (To read about anorexia, see [Other eating disorders](#) .)

It might not be your doctor, but your dentist, who notices the problem. This is because if you make yourself sick a lot the acid in your vomit can eventually strip the enamel from your teeth. If your dentist sees this kind of damage he or she might ask you about your eating habits.

It can be hard to talk to a doctor about bulimia, even a doctor you know and trust. But it is very important that you get help as soon as you can. ^[44] It might be easier if you ask a friend to go with you to your doctor's appointment for support.

How common is bulimia?

If you have bulimia, it might help to know that you aren't alone. This condition is common in countries like the UK.

Here are some things we know about how widespread bulimia is.

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- In Western countries like the UK and US, between 1 and 2 in every 200 women have bulimia. ^[36]
- Bulimia is more common in younger women (between the ages of 18 and 44) than in older women. ^[2]
- Some men get bulimia, but women are about nine to 10 times more likely to get it than men. ^{[2] [5]}
- More than 3 in every 100 people have an eating problem like bulimia at some point in their life. ^{[2] [5]}
- Younger teenagers, even children, can get bulimia. ^[12]
- Bulimia is more common in Western countries, where there's plenty of food and where a lot of people think that you have to be thin to be attractive. ^[13] It's less common in non-Western countries. ^[37]
- People from all backgrounds get bulimia. ^[38]

Some people are more likely to get bulimia than others. See [Risk factors for bulimia](#) for more information.

What treatments work for bulimia?

Bulimia is a condition that leads to problem eating. If you have bulimia, you worry a lot about the way your body looks and about how much you weigh. But you also crave food and binge on huge meals. Afterwards you might make yourself sick, take laxatives or water pills (pills that make you urinate a lot), or exercise obsessively so that you don't put on any weight.

Admitting that you have a problem and asking for help may be the hardest step. But there are many good treatments for bulimia. They can help you feel better and eat normally again, even if you've had bulimia for a long time.

Key points about treating bulimia

- There are two treatments for bulimia: psychotherapy and medicines. You may be offered one or both of these.
- Cognitive behaviour therapy is one of the best psychotherapy treatments for bulimia. About half the people who have this treatment stop bingeing.
- Antidepressants can help, especially if you have both depression and bulimia. But they have side effects, which can be serious.

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- A drug called topiramate also seems to help people with bulimia, but there isn't enough research to be sure.
- Combining cognitive behaviour therapy and antidepressant drugs also works. But it probably doesn't work any better than cognitive behaviour therapy or antidepressants on their own.

To find out more, see [How bulimia is treated](#) .

Which treatments work best? We've looked at the best research and given a rating for each treatment according to how well it works.

For help in deciding which treatment is best for you, see [How to use research to support your treatment decisions](#).

Treatment Group 1

Treatments for bulimia

Treatments that are likely to work

- [Cognitive behaviour therapy](#) : You meet regularly with a therapist to talk about your problems with food and how to solve them. The aim is to help you find positive ways to think about yourself and about food. [More...](#)
- [Antidepressants](#) : The antidepressant usually used to treat bulimia is fluoxetine (brand name Prozac). Some other antidepressants (and their brand names) that have been studied in people with bulimia include amitriptyline (Elavil) and imipramine. [More...](#)
- [Antidepressants plus cognitive behaviour therapy](#) : You meet with a therapist regularly, and you take an antidepressant every day. [More...](#)

Treatments that need further study

- [Self-help cognitive behaviour therapy](#) : This is a kind of psychotherapy where you treat yourself at home by following instructions from a book, CD-ROM, or computer program. [More...](#)
- [Other types of psychotherapy](#) : You meet regularly with a therapist who is trained in a kind of therapy other than cognitive behaviour therapy (which is the therapy most research is on). Some therapists might focus on painful emotions, difficult relationships, or eating, while others use techniques like hypnosis to help you stop binge eating. [More...](#)
- [Topiramate](#) : Topiramate is a drug that's usually used to treat epilepsy. It has also been tested for people with bulimia. Its brand name is Topamax. [More...](#)

What will happen to me?

If you have had bulimia for a long time it can start to affect your body and lead to health problems.

It's important to know how big a problem this disease can be. Here are some of the ways it can harm your body.

- Vomiting can make your body lose too much water. This can lead to kidney stones. Vomiting can also upset the balance of chemicals in your bloodstream, which can damage your muscles and heart.
- Being sick all the time can cause damage to your stomach and the tube that carries food from your mouth to your stomach (your oesophagus).
- Women who have bulimia for many years can have trouble getting pregnant. Sometimes this is because their periods have stopped.
- If your bulimia is very severe, it can make your heartbeat irregular, which could even make your heart stop beating. This is because it upsets the balance of chemicals in your body.

These things are more likely to happen if you've had bulimia for a long time (several years) or if you vomit a lot (say, two or three times a day, every day). ^[12] ^[16]

Even if you haven't had bulimia for very long it can cause problems. The stomach acid in your vomit can strip the enamel from your teeth, and you can get **constipated** if you use **laxatives** a lot.

Can I get better?

The good news is that **bulimia can be treated**, even if you've had it for a long time. ^[39] To get treatment, you'll need to talk to your doctor about the problem. That first step can be hard to take, but it is important to get help.

Start by making an appointment with your GP. It's fine to take a friend or relative along, or you can see your doctor in private if you prefer. If your GP can't treat you, he or she will refer you to a specialist. Below is a list of some important things to keep in mind. ^[40] ^[41]

- With treatment, many people get completely better.
- Even if your bulimia doesn't disappear, getting treatment will give you a chance to get control of your symptoms. If you are bingeing and vomiting less, you'll feel better and less guilty.
- Treatment can help you feel happier with your body instead of craving to be thinner.

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- No one will expect you to change overnight. Around half of all people treated for bulimia get completely better, but this can take a few years.

Researchers have looked at lots of studies on how well people recover from bulimia. Most of the research has looked at women. After five to 10 years they found the following. ^[40]

- About 5 in 10 women in the studies had completely recovered from bulimia. They didn't have any symptoms at all.
- About 3 in 10 women had some symptoms of bulimia from time to time. But the risk of getting symptoms seems to get smaller as time goes on.
- About 2 in 10 women still had bulimia.

What if I don't get treatment?

We don't know if you'll get better without treatment. It's possible you would get better anyway but it might take many years. In one study, just over half the people had recovered from bulimia after 10 years even without any treatment. ^[41]

Questions to ask your doctor

If you think you might have bulimia, or if you think someone close to you might have it, your doctor can help. Here are some questions you could ask to find out more.

- Has my bulimia damaged my health?
- I've had bulimia for a long time. Will I ever eat normally again?
- Why do I need treatment?
- What is the best treatment for me?
- Does the treatment have any side effects?
- Is there anything I can do to help myself?
- How long will the treatment take?
- Can you help me, or will I have to see a specialist?
- Will I have to take time off school or work?
- My spouse, parents, friends, or colleagues don't know. Will I have to tell them?

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- Will I be able to diet again when I'm better?
- Will I get fat if I get treatment?
- Why do I feel so bad about myself? Am I depressed?

Treatments:

Cognitive behaviour therapy

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[How good is the research on cognitive behaviour therapy?](#)

This information is for people who have bulimia. It tells you about cognitive behaviour therapy, a treatment used for bulimia. It is based on the best and most up-to-date research.

Does it work?

Yes, this treatment is likely to work. Cognitive behaviour therapy is one of the best talking treatments ([psychotherapies](#)) for bulimia. About half the people who try it stop binge eating in the short term, and some stop for much longer. If you're depressed, cognitive behaviour therapy can help treat depression too.

We don't know whether cognitive behaviour therapy works better than other treatments for bulimia, such as [antidepressants](#) or [other psychotherapies](#) . But we do know that cognitive behaviour therapy works at least as well as these treatments. It's also less likely than antidepressants to cause side effects.

What is it?

Cognitive behaviour therapy is a kind of talking treatment (psychotherapy). You talk to a therapist about your problems. Most people with bulimia see a therapist regularly for about 20 weeks. But you can see a therapist for longer if you need to. Each meeting with the therapist usually lasts about an hour.

Your therapist could be a [psychologist](#) , a [psychiatrist](#) , a psychiatric nurse, a [psychotherapist](#) , or a GP. ^[46] ^[25]

Cognitive behaviour therapy is based on the belief that if you have negative or 'bad' thoughts about yourself, they can cause problems. These thoughts make you behave the way you do. That leads to more bad thoughts, and so on.

The aim of cognitive behaviour therapy is to help you think more positively about yourself. See [More about cognitive behaviour therapy](#) to learn more.

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Doctors have also studied a type of cognitive behaviour therapy known as **transdiagnostic cognitive behaviour therapy**. In this type of therapy, you look at the reasons why you are obsessed with your weight and the shape of your body. You also discuss other reasons why you binge and purge, such as having an unrealistic need to be perfect, or having very low self-esteem. To learn more, see [Transdiagnostic cognitive behaviour therapy](#) .

There's also a kind of 'do-it-yourself' or self-help cognitive behaviour therapy. Your doctor may suggest self-help if you're waiting to see a therapist. ^[45] To learn more, see [Self-help cognitive behaviour therapy](#) .

The following information is about cognitive behaviour therapy provided by a therapist.

How can it help?

If you get cognitive behaviour therapy, there's a good chance that it will help you: ^[53] ^[54]

- Eat in a healthy way
- Stop bingeing
- Stop purging.

Cognitive behaviour therapy seems to work faster than another type of psychotherapy called **interpersonal therapy**. (See [Other types of psychotherapy](#) to learn about interpersonal therapy.) Your symptoms can start to improve after about six weeks of cognitive behaviour therapy. ^[55]

But we don't know if cognitive behaviour therapy works better than other psychotherapies in the long run. ^[55] Or whether it works better than antidepressants.

We don't know how long the benefits of treatment will last. But, in studies, some people's symptoms disappeared for at least five years. ^[56]

How does it work?

People with bulimia are often unhappy or have problems because they think they are fat. This leads to a cycle of skipping meals, getting really hungry, bingeing on huge amounts of food, then purging or exercising to get rid of the calories. Eventually, eating becomes chaotic. The routine of starving, bingeing, and purging takes on a life of its own.

Cognitive behaviour therapy helps you learn to fight back against those 'bad' thoughts and to have more positive thoughts instead. When you do, you can break the cycle of starving, bingeing, and purging, and lead a more normal life. ^[46] ^[25]

Can it be harmful?

The studies we looked at didn't mention any harmful side effects from cognitive behaviour therapy. However, some people with bulimia are uncomfortable with psychotherapy if it's given in a group. ^[7]

To find out more about the ways bulimia is treated, see [How bulimia is treated](#) .

How good is the research on cognitive behaviour therapy?

There's reasonable evidence that cognitive behaviour therapy (CBT) works for bulimia.

We found two summaries of the research ([systematic reviews](#)) that looked at 48 studies in total. ^[54] ^[55]

We also found some research comparing CBT with some types of [antidepressants](#) . But there still isn't much good research in this area. ^[57]

Antidepressants

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[How good is the research on antidepressants?](#)

This information is for people who have bulimia. It tells you about antidepressants, a treatment used for bulimia. It is based on the best and most up-to-date research.

Do they work?

Probably. If you take an antidepressant called an SSRI for a few months you are likely to binge less and your other symptoms may improve as well. Other types of antidepressants might help with some of your symptoms but they are rarely prescribed for bulimia.

Antidepressants seem to work about as well as [cognitive behaviour therapy](#) , the most popular [psychotherapy](#) for bulimia. However, unlike cognitive behaviour therapy, antidepressants can cause side effects and some of these can be serious.

What are they?

Antidepressants are drugs used to treat people who have depression. They are also used to treat a lot of other problems, including bulimia. You don't have to be depressed to be helped by this treatment.

There are a lot of different antidepressant drugs. In the UK, doctors treating bulimia are advised to prescribe an antidepressant from a group called SSRIs. ^[4] SSRI stands for

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selective serotonin reuptake inhibitor. It is unusual for any other kind of antidepressant to be prescribed for bulimia in the UK.

The SSRI usually prescribed for bulimia is fluoxetine (brand name Prozac). Studies have also looked at other SSRIs called citalopram (Cipramil) and sertraline (Lustral).

There has been some research on older antidepressants called tricyclic antidepressants and monoamine oxidase inhibitors. But these drugs aren't usually used to treat bulimia.

To read more about how bulimia is usually treated in the UK, see [How bulimia is treated](#)

Antidepressants start to work quite slowly. You may need to take them for a few weeks before you notice an improvement. Some studies have found that people improved after six weeks. ^[58]

If you have side effects, don't stop taking your medicine suddenly unless your doctor tells you to. If you stop taking one of these drugs suddenly, you may get **withdrawal symptoms**, such as sickness, dizziness, or anxiety.

Antidepressants usually come as tablets. Some are also available as liquids. You'll probably take them once a day. ^[59] Remember, you don't have to be depressed to take antidepressants.

You can take an antidepressant by itself, or you might take it at the same time that you're getting psychotherapy, such as cognitive behaviour therapy. See [Antidepressants plus cognitive behaviour therapy](#) for more information.

How can they help?

If you take fluoxetine or another antidepressant, you might: ^[60] ^[61] ^[54]

- Start to eat more normally (binge less often)
- Vomit less often
- Take **laxatives** less often.

Some studies have found that SSRIs can cut bingeing and purging by more than half. ^[60] ^[61]

You might even get completely better. In one study, about 1 in 7 people stopped bingeing, at least in the short term, after taking antidepressants. ^[62] The same study found that [cognitive behaviour therapy](#) also helped 1 in 7 people stop bingeing.

However, we don't know how long these benefits last. We found one study looking at how long you should keep taking fluoxetine. It suggests that if taking this antidepressant for a short time works for you, then continuing to take it might help you vomit less often

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for a longer period. The people in this study took fluoxetine for up to one year.^[63] However, there are some problems with this study that make it less reliable. Most doctors think that if fluoxetine works and you are not getting bad side effects, it's worth continuing to take it.^[64]

Taking fluoxetine seems to work just as well as having [cognitive behaviour therapy](#) for bulimia.^{[62] [65] [66]}

How do they work?

Antidepressants change the balance of chemicals in your brain. Chemicals called neurotransmitters send messages from one brain cell to another. They also affect your mood, emotions, and appetite.

These chemicals may not be in balance in the brains of people who have bulimia. We don't know if a chemical upset causes the bulimia, or whether the changes in the brain happen after the symptoms start.^{[13] [67]}

Antidepressants may help get the levels of these chemicals back to normal, so doctors think they might be useful for people with bulimia.^[68]

Scientists looking at bulimia are most interested in a chemical called serotonin. Serotonin helps control your mood, emotions, and appetite.^[31] There's some evidence that the system that controls the amount of serotonin in the brain is different in people with bulimia.

SSRIs increase levels of serotonin, but not levels of other neurotransmitters. They stop serotonin being taken up by brain cells. That way there's more around to help the brain cells communicate with each other.

Can they be harmful?

All antidepressants have side effects. The biggest worry is that, when they're used to treat people who are depressed, antidepressants may increase the risk of someone killing themselves. Doctors don't know whether there is a risk of suicide when antidepressants are used to treat bulimia. The best evidence so far suggests the risk mainly applies to people who are depressed.^[69]

Self-harm and suicide

Research has found that children, teenagers, and young adults taking antidepressants of all kinds are more likely to think about suicide or try to harm themselves.^[70]

The risk of suicidal thoughts is highest if you're under 18.^[70] Among people under 18 taking an antidepressant, an extra 14 in 1,000 thought about suicide.

The researchers also found that there's a risk for young adults up to the age of 24.^[70] But their risk wasn't as big as the risk for people under 18. An extra 5 in 1,000 people between the ages of 18 and 24 thought about suicide.

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The research doesn't seem to show an increased risk of suicidal thoughts or self-harm for people over the age of 24.^[70] But doctors and caregivers are advised to keep a careful check on anyone taking antidepressants for signs of suicidal thoughts. You are more likely to get these thoughts in the early stages of your treatment, or if the dose of the antidepressant you're taking is changed. You may also be at risk if you have had thoughts about harming or killing yourself before.^[71]

If you're taking an antidepressant and are worried about any thoughts or feelings you have, see your doctor or go to a hospital straight away. You might also find it helpful to tell a relative or close friend about your condition. You could ask them to tell you if they think your depression is getting worse or if they are worried about changes in your behaviour.^[71]

Other side effects

The side effects vary from one antidepressant to another. One study looked at an SSRI called citalopram.^[61] Of the people taking it:

- About 4 in 10 felt drowsy
- About 2 in 10 got a dry mouth
- About 1 in 10 felt sick.

Very few studies have looked at the side effects of antidepressants when they are used for bulimia.

To read about the side effects of SSRIs in adults who take them for depression, see [Selective serotonin reuptake inhibitors \(SSRIs\)](#) in our section on [Depression in adults](#)

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To read more about the side effects of fluoxetine in children, see [Fluoxetine \(Prozac\)](#) in our section on [Depression in children](#) .

How good is the research on antidepressants?

There's a lot of good research on using antidepressants to treat bulimia.^{[54] [63] [66] [72] [73] [74] [75]}

Antidepressants plus cognitive behaviour therapy

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Bulimia

This information is for people who have bulimia. It tells you about antidepressants plus cognitive behaviour therapy, a treatment used for bulimia. It is based on the best and most up-to-date research.

Does it work?

Yes, but having antidepressants and cognitive behaviour therapy together may not work any better than either treatment on its own. On the downside, antidepressants can cause side effects, and some of these can be serious.

What is it?

You have a talking treatment (cognitive behaviour therapy) and a drug treatment (an antidepressant) at the same time.

Cognitive behaviour therapy

During cognitive behaviour therapy, you talk to a therapist about your problems. Most people with bulimia see a therapist regularly for about 20 weeks. But you can see a therapist for longer if you need to. Sessions usually last about an hour. Your therapist could be a **psychologist**, a **psychiatrist**, a psychiatric nurse, a **psychotherapist**, or even a GP. ^[46] ^[25]

You can see a therapist on your own. Or you can have group treatment, where you and a few other people who also have bulimia meet with a therapist. You can even have a 'do-it-yourself' treatment. That means you work with a book that gives you information and exercises, but check in with a therapist once in a while. To learn more, see [Self-help cognitive behaviour therapy](#).

Cognitive behaviour therapy is based on the belief that your problems happen because you have too many negative or 'bad' thoughts about yourself. It works by helping you change your way of thinking. See [More about cognitive behaviour therapy](#) for more information.

Antidepressants

Antidepressants are drugs that were originally used to treat depression. But there's research to show that they can help with other conditions too, including bulimia.

Studies have looked at several different antidepressants used in combination with talking therapy. The antidepressants that are usually recommended for bulimia belong to a group called **SSRIs**. ^[4] SSRI stands for selective serotonin reuptake inhibitor. Fluoxetine (Prozac) is an SSRI.

You'll probably need to take an antidepressant for at least six weeks, and maybe for a few months. ^[65] They usually come as tablets. Some are available as a liquid. You'll probably take them once a day. ^[59]

How can it help?

If you take antidepressants and have cognitive behaviour therapy, there's a good chance your symptoms will improve, at least for a while. In the studies that looked at the SSRI fluoxetine combined with cognitive behaviour therapy, nearly one-quarter of people stopped bingeing for at least a month. Some people also stopped vomiting, although not as many as stopped bingeing. ^[72] ^[76] ^[66] ^[77]

However, in these studies, people who have either one of these treatments alone do just as well. So there doesn't seem to be much advantage to having both together. ^[54]

How does it work?

We know that people with bulimia have problems with the way they think. Bulimia might also be linked to the amounts of certain chemicals in the brain. Psychotherapy tackles the first problem, and medicine tackles the second. Both treatments work, but not completely and not for everyone.

As both treatments tackle bulimia from different directions, experts wondered if combining the two would get better results. The studies we found don't show better results. But if one treatment doesn't help you enough, your doctor might suggest you try the two treatments together.

For more about how antidepressants work, see [Antidepressants](#) .

For more about how cognitive behaviour therapy works, see [Cognitive behaviour therapy](#) .

Can it be harmful?

None of the studies mentioned side effects from cognitive behaviour therapy. But lots of people get side effects from antidepressants.

In some studies about 3 in 10 to 4 in 10 people stopped taking their antidepressants. ^[76] ^[66] But about the same number of people who were just having therapy dropped out of treatment. So it might not just be the side effects that caused people to stop taking antidepressants.

The most worrying side effect of antidepressants happens to people who take them for depression. ^[78] There may be an increased risk that someone will think about killing themselves or kill themselves, especially if they're under 18. We don't know if the risk of suicide affects people who take antidepressants for bulimia.

To read more, see [Antidepressants](#) .

How good is the research on antidepressants plus cognitive behaviour therapy?

The research on antidepressants plus cognitive behaviour therapy is not as strong as the research on single treatments. ^{[72] [76] [66] [77] [54] [79]}

Self-help cognitive behaviour therapy

In this section

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[How good is the research on self-help cognitive behaviour therapy?](#)

This information is for people who have bulimia. It tells you about self-help cognitive behaviour therapy, a treatment used for bulimia. It is based on the best and most up-to-date research.

Does it work?

We're not sure. The results of studies on this treatment are mixed. Some studies suggest self-help cognitive behaviour therapy doesn't work. Others suggest it can work as well as regular [cognitive behaviour therapy](#). We need more research to know for certain.

What is it?

Self-help cognitive behaviour therapy is a kind of psychotherapy. It's like ordinary cognitive behaviour therapy, but instead of going to a therapist for treatment, you treat yourself by following instructions from a book, a CD-ROM, or a computer program. You can also get help and support from a GP, a nurse, or another health professional if you need it. This is called **guided self-help**. The health professional who helps you doesn't need to be an expert in treating bulimia.

These different forms of cognitive behaviour therapy (self-help, guided self-help, and regular cognitive behaviour therapy) are all based on the belief that if you have negative or 'bad' thoughts about yourself, they can cause your problems. These thoughts make you behave the way you do. That leads to more bad thoughts, and so on. The aim of cognitive behaviour therapy is to help you think more positively about yourself.

How can it help?

We're not sure. The research isn't good enough to give a clear answer.

Some research suggests that self-help cognitive behaviour therapy works as well as the [antidepressant](#) fluoxetine (brand name Prozac) or regular cognitive behaviour therapy to reduce the symptoms of bulimia. ^{[77] [80] [81]} But other research says it's no better than no treatment, even if you get support from a health professional. ^{[82] [83]}

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One study said unguided self-help, without support from a health professional, worked no better than not being treated at all. ^[84] But not everyone in this study had bulimia. Some had other types of eating problems as well.

Another study looked at self-help using a CD-ROM, without support from a health professional. But it said that three months after doing the programme, people with bulimia were no better than a comparison group who'd had no treatment. ^[85]

How does it work?

We know that cognitive behaviour therapy can help people with bulimia. But there aren't enough therapists to go round. So some people end up waiting a long time for their treatment.

Doctors hope that if people work through a manual at home, with or without extra help from their GP, they might improve as much as they would if they were seeing a therapist. The manual teaches the same ideas, exercises, and techniques that a therapist would, but you do the therapy in your own time, and you get treatment straight away.

So far the research on this treatment has been mixed. But some of it does show that this kind of cognitive behaviour therapy can be helpful.

Can it be harmful?

The research didn't say there were any harmful side effects from self-help cognitive behaviour therapy.

How good is the research on self-help cognitive behaviour therapy?

The research on self-help cognitive behaviour therapy for bulimia is mixed. ^[77] ^[80] ^[82] ^[83] ^[86] ^[87] There aren't enough good studies to say for certain whether this treatment works.

Other types of psychotherapy

In this section

[Do they work?](#)

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[How good is the research on other types of psychotherapy?](#)

This information is for people who have bulimia. It tells you about other types of psychotherapy used to treat bulimia. It is based on the best and most up-to-date research.

Do they work?

[Cognitive behaviour therapy](#) is the talking treatment (psychotherapy) that has been studied the most as a treatment for bulimia. Several other types of psychotherapy are

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also used to treat bulimia. Some look promising, but much more research is needed to say how well they work or which ones work best.

What are they?

Psychotherapies come in many different forms. All of them involve sessions where you talk to a therapist. Your therapist could be a [psychologist](#), a [psychiatrist](#), a psychiatric nurse, a [psychotherapist](#), or a GP. ^[46] ^[25]

Psychotherapies change the way you think or the things you do, or they help you learn something helpful. Some therapies, like [cognitive behaviour therapy](#), do all three. Other therapies, like [interpersonal therapy](#), help you with the way you relate to other people.

Psychotherapy aims to improve or stop the symptoms of bulimia by helping you think about how you feel and behave. You understand your thoughts and feelings by talking about them with a therapist. You can see your therapist every day, every week, or every two weeks. You'll probably have therapy for a few months, but you can have it for longer. Thirteen sessions is about average. ^[88]

Below is a list of the therapies sometimes offered to people who have bulimia.

- [Cognitive orientation](#)
- [Dialectical behaviour therapy](#)
- [Exposure response therapy](#)
- [Hypnobeavioural therapy](#)
- [Interpersonal therapy](#)
- [Motivational enhancement therapy](#)

How can they help?

If you use one of these psychotherapies, it can help change your behaviour. For example, you might:

- Stop binge eating, at least for a while ^[89] ^[90] ^[7] ^[91]
- Eat more regular meals ^[7]
- Vomit or take [laxatives](#) less often. ^[90]

We don't know whether any one of the different psychotherapies is better than all the others. ^[54] ^[55] Cognitive behaviour therapy is the type most often used to treat bulimia,

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though studies haven't shown for sure that it is the best of the various therapies. We do know that cognitive behaviour therapy is better for people who have depression as well as bulimia.

How do they work?

Most psychotherapies aim to do more than just reduce the symptoms of bulimia. These methods help you explore why you have problems with food, and they try to deal with the causes too.

We don't know exactly what causes bulimia. But experts realise that people with bulimia have lots of psychological worries along with physical symptoms like binge eating. Experts have developed treatments to tackle these worries.

Can they be harmful?

There's no evidence that psychotherapy is harmful. But some people have said that going to group therapy sessions soon after being diagnosed with bulimia can feel threatening. [7]

To find out more about the ways bulimia is treated, see [How bulimia is treated](#) .

How good is the research on other types of psychotherapy?

We know that [cognitive behaviour therapy](#) can work well, although we're not sure how it compares with other therapies. The research on these other therapies is promising. [90] [91] [54] [45] [49] [53] But there are still a lot of questions that haven't been answered. For example, we don't know which of these other therapies works best, or whether one therapy might be better for certain people.

Topiramate

In this section

[Does it work?](#)

[What is it?](#)

[How can it help?](#)

[How does it work?](#)

[Can it be harmful?](#)

[How good is the research on topiramate?](#)

This information is for people who have bulimia. It tells you about topiramate, a treatment used for bulimia. It is based on the best and most up-to-date research.

Does it work?

We don't know. The small amount of good research that there has been doesn't give us enough information to know for sure if topiramate works. [92]

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What is it?

Topiramate is a drug that's usually used to prevent seizures in people who have epilepsy. You take it as a tablet. The brand name is Topamax.

Although it's usually used to treat epilepsy, topiramate also seems to help keep people's moods stable. For people with bulimia, this may make it easier to avoid bingeing and purging.

How can it help?

One study found that topiramate helped people with bulimia to binge less often.^[92] They also felt better about life in general.

The study looked at 60 women with bulimia.^[92] They took topiramate or a dummy treatment (a placebo) for 10 weeks. The study found that, on average:

- Women who took topiramate binged or purged about five times a week
- Women who were given a placebo binged or purged about eight times a week.

When they were asked about how they felt, women who were taking topiramate were more likely to say they were healthy, happy, and getting on well socially.^[92] Topiramate may also help you worry less about your weight and how you look.

How does it work?

We don't know exactly why topiramate works. The fact that it might help with bulimia was discovered by accident. It happened when women who had epilepsy and bulimia took topiramate to help prevent seizures. They noticed that their bulimia also improved while they were taking it.

Topiramate may work because it helps to stabilise people's moods. If you're feeling calmer or less anxious, you may not feel the need to binge or purge as much.

Can it be harmful?

None of the women in the study got severe side effects.^[92] A few women (less than 1 in 10) felt drowsy, felt dizzy, got a headache, or felt tingling in their skin. But we can't say whether taking topiramate caused these problems, because women who took a placebo got these side effects too.

Another study looked at very overweight women taking topiramate to help them lose weight. It showed women taking topiramate were more likely to get tingling in their skin, and to notice changes to the way food tasted.^[93]

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In rare cases, topiramate can cause problems with your eyes.^[94] Your doctor will want to keep a check on you for a while after you start taking it, to make sure you don't get any problems. If you notice any changes in your vision, see your doctor straight away.

Rarely, topiramate can make people think about suicide.^[94] This didn't happen to any of the women in the study we looked at.^[92]

Topiramate can stop birth control pills and injections working properly. If you use these types of birth control, ask your doctor about other forms of contraception.

Topiramate and other epilepsy drugs can also cause birth defects. If you're taking topiramate and are pregnant or thinking about getting pregnant, talk to your doctor.

How good is the research on topiramate?

We found only one small study that looked at whether topiramate can help people with bulimia.^[95]

Further informations:

Other eating disorders

Anorexia and binge eating disorder are two eating disorders that are closely connected with bulimia and that are sometimes confused with it.

But the symptoms of eating disorders can vary hugely. Sometimes they fit specific conditions and sometimes they don't. You can still have an eating disorder even if your symptoms are not typical of bulimia, anorexia, or binge eating disorder. Doctors sometimes call these disorders **eating disorders not otherwise specified**.

Anorexia

The full name for this condition is anorexia nervosa. People with anorexia are intensely afraid of being fat. They starve themselves to lose weight. Some also purge by vomiting, or using laxatives or water pills. Or they might exercise obsessively to lose weight.

The key difference between a person who has anorexia and a person who has bulimia is body weight. People with anorexia eat so little that they become extremely thin. They also usually resist any suggestion that they should try to put on weight.^[10] People with bulimia are usually a normal weight. Teenagers and young women are most at risk of anorexia.^{[11] [12]}

Anorexia is more dangerous than bulimia. Starvation stops many organs working properly, including the heart, kidneys, gut, ovaries, bones, and muscles. People with anorexia can sometimes starve themselves to death.

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Some people with bulimia have had anorexia in the past, and some go back and forth between the two conditions. They starve themselves, then binge.

To read more, see our information on [Anorexia](#) .

Binge eating disorder

If you regularly binge on large amounts of food you could have binge eating disorder.^[13] People with this problem binge, but they don't try to avoid gaining weight afterwards. This means they don't purge by vomiting or taking laxatives or water pills, and they don't exercise obsessively.

However, binge eating disorder is a real illness that causes emotional turmoil. You can't control it, and this can make you hate yourself. Treatment is similar to the treatment for bulimia. Experts think that binge eating disorder is more common than either bulimia or anorexia.^[14] It is the most common eating disorder for men. Binge eating can make you overweight, but it doesn't mean that you'll get bulimia.

Other eating disorders

Around half of all people who have an eating disorder have either binge eating disorder or some other kind of eating disorder that doesn't fit a typical pattern.^[10] Some doctors call these eating disorders **atypical** or **eating disorders not otherwise specified**.^[4]

If you have one of these disorders, you might have some of the symptoms of bulimia and anorexia but not all of them. For example, you might binge and purge but less often than someone who has bulimia. You might have a combination of bulimia and anorexia. A lot of people who have an atypical eating disorder have had anorexia or bulimia in the past and are gradually recovering but still have some symptoms.^[10]

You might have a range of symptoms that can't be categorised. For example, you might:

- Purge by vomiting after eating small amounts of food
- Spit your food out after chewing (this is sometimes called 'chew and spit')
- Eat non-foods (such as tissue paper) to fill yourself up.^[11]

Worried someone close to you might have bulimia?

People with eating disorders often try hard to keep their behaviour a secret. They may be ashamed or afraid. Or they might not realise they have a common and treatable problem. Here are some things that might suggest bulimia or another eating disorder:^[12]

- Large amounts of food disappearing, such as whole cakes and packets of biscuits

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- Lots of empty food wrappers
- Secretive behaviour or lying about food
- Not wanting to eat with others
- Not wanting to be weighed
- Signs of vomiting (for example, the smell of vomit around the person or in the bathroom, or rushing to the bathroom after meals)
- Being away from school or work a lot
- Talking about food and body size all the time
- Going to the toilet a lot more than other people
- Exercising obsessively (for example, exercising even though the person has an injury).

If you're worried that someone you know has an eating disorder, talk to your GP or contact a help group, such as the eating disorders association Beat (<http://www.b-eat.co.uk/>).

Fear of being fat

Almost everyone who has bulimia is terrified of being fat. Fear is an important part of this illness. ^[24] ^[25]

If you have bulimia, you believe that you're fat, and you think other people think so too. You're not just uncomfortable about putting on weight, you dread it. You imagine food turning to fat as soon as you eat it.

Body image

Being unhappy with their body shape and size makes people much more likely to get symptoms of bulimia. And even though they know that bingeing and purging is bad for them, they go on doing it. ^[22]

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Western culture

Eating disorders may happen partly because of modern society. Being thin is seen as healthy and attractive in Western countries like the UK and the US. Some people say that Western culture puts pressure on people to be slim. ^[26]

TV programmes, films, and magazines in Western countries tend to be full of super-slim models and actors. But eating disorders are nothing new. They've been around for hundreds of years. ^[27] These images may play a part in someone getting an eating disorder, but they're usually not the only reason.

Emotional problems

Bulimia and its symptoms of binge eating and purging may be connected to painful, difficult emotions. ^[28] Bulimia might be a way of coping with these feelings. Here are some of the feelings that can go along with bulimia.

- You feel bad about yourself. You hate the way you look. You don't give yourself credit for the good things you've done. And you feel worthless. This is called low self-esteem. ^[28] ^[15] ^[29] You feel shame, guilt, and disgust. You might be a perfectionist. If you are, you criticise yourself for minor things like not getting an 'A' grade in an exam or for putting on half a kilogram (a pound) or so. ^[30]
- You feel you have no control over most things in your life. Bulimia might give you a sense of control when everything else seems too difficult to manage.
- You find it hard to cope with swings in your mood. You might find that bingeing or purging takes your mind off feeling angry, depressed, or excited. ^[22]

Imbalance of chemicals in the brain

Your brain contains chemicals called neurotransmitters, including one called serotonin. Serotonin could be involved in bulimia. Serotonin helps control both emotions and appetite. Some scientific studies suggest that people with bulimia don't have the right amount of serotonin. ^[31]

Genes and family history

Bulimia can run in families. This may be because all the people in a family share some of the same genes. If either of your parents had an eating disorder, you're much more likely to get bulimia than other people. ^[32] ^[33]

What is bingeing?

Bingeing is eating a lot of food at once, usually very fast and usually in secret. ^[11] If you have bulimia, you may spend your whole day deciding what to eat, where to get it, and how to prepare and eat it without being found out.

The urge to binge is overwhelming. You feel that you can't control it. It can be triggered by an argument at home, by a bad day at school or work, or just by feeling like you're starving at the end of a day without much food. ^[11] ^[34]

What you eat during a binge isn't important. What matters is how much you eat, and how you feel about it.

Here's what one student, Lisa, ate in a binge after starving herself all day at university: two chicken wings, three onion rings, a jug of fruit smoothie, a piece of cheesecake, two bowls of cereal, a sandwich, two snack bars, and a lot of crackers. ^[25]

Another young woman with bulimia described her binge after a stressful deadline at work this way: "So I handed in the report. Then I couldn't think of anything except the ice cream shop. I went there and had a large sundae. Then I went to the fast-food place and got three portions of chips. I ate them in about one minute. Then I stopped off at the newsagent and bought half a dozen chocolate bars. I ate five of them. I felt so sick." ^[35]

Like this woman, other people with bulimia describe losing control during a binge. They describe other feelings too. These include:

- Excitement or rebelliousness while they're planning and preparing to binge
- Fear (fear of being caught, fear of putting on weight, fear that they might be going crazy, fear that they are out of control) ^[11] ^[25] ^[35]
- Guilt
- Shame
- Self-loathing

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- Disgust
- Feeling emotionally numb.

What is purging?

If you have bulimia, you purge after you binge to try to get rid of the food you have just eaten. You do it because you don't want to gain weight.

People who have bulimia purge in secret.^[11] And different people purge in different ways. Below is a list of some of the things we know about purging.

- Most people who have bulimia (8 or 9 out of 10) make themselves sick after they binge.^[34]
- If you've had bulimia for a long time, you might be able to vomit without trying very hard. Some people put their fingers or something like a toothbrush handle down their throat to make themselves vomit.
- Some people with bulimia take laxatives. Laxatives make food go through your intestines faster than normal. Taking a lot of them, or taking them often, can be dangerous. You can get bad diarrhoea, and you can get very thirsty because your body loses water (gets dehydrated). Laxatives don't get rid of calories. This is because most of the sugars and fats you take in get into your blood before the food reaches your bowels, where laxatives work. Once they get into your blood, they are either used up by your body or turned into fat.
- Some people take **diuretics** (water pills) to purge. These make you urinate a lot. This just makes your body lose water, not fat.
- Some people give themselves a lot of **enemas** (washing out the bowel). Enemas don't get rid of calories.

Questions your doctor might ask

To decide whether you have bulimia your doctor will talk to you about your problems, your life, and your eating habits. Your doctor may also ask you about your family and other important relationships.^[21] Here are some of the questions your doctor might ask you.

- How important are your weight and your body shape to how you feel about yourself?

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- How would you feel if you put on a little weight: say, 1 kilogram (2 pounds)?
- Are you trying to lose weight by dieting or exercising?
- Do you think you're overweight even when other people say you're thin?
- Have you ever tried to lose weight by making yourself sick, or by taking laxatives or diuretics (pills that make you urinate a lot)?
- Do you think about food a lot?
- Does thinking about food distract you, even if you're doing something interesting?
- Do you know what a binge is?
- Do you binge sometimes?
- How do you feel when you binge, and how do you feel afterwards?

How bulimia is treated

If you've got bulimia, you'll be cared for mainly by your GP.

We can't say exactly how you'll be treated. But we can give you some idea about the way bulimia is treated in general. ^[45]

- You might be asked to follow a [self-help programme](#) on your own at home. This may mean reading a book or listening to tapes and watching videos about bulimia, with exercises or worksheets to do afterwards.
- If you follow a self-help programme, there should be someone to help and support you with it. This might be a nurse with special training in treating eating disorders, or your GP.
- You might have [cognitive behaviour therapy](#). This is a type of psychological therapy where you talk to a therapist, usually for an hour every week or a few times each week.
- You should have at least 16 sessions of cognitive behaviour therapy over four to five months.
- If this doesn't help, you might have some [other type of psychological therapy](#). If you have a type called **interpersonal therapy**, you'll need to see a therapist for at least eight months, and maybe longer.

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- You might be given [antidepressants](#) . The one usually used for bulimia is called fluoxetine (brand name Prozac). This can help reduce binge eating and purging (making yourself vomit or using [laxatives](#) to try to get rid of the calories you've eaten).
- A drug that's normally used to treat epilepsy, called topiramate, also seems to help people with bulimia. Doctors have only just started using topiramate for bulimia, so there are no guidelines for doctors yet. Talk to your doctor if you're interested in topiramate.
- You might be given some powders to dissolve in water and drink if you have been vomiting a lot or using laxatives. This is because the balance of salts in your body might have been disturbed.

More about cognitive behaviour therapy

Therapy for bulimia is often split into three phases. [\[16\]](#) [\[25\]](#) [\[46\]](#) [\[47\]](#)

Phase one

You start by learning to reduce how much you binge and diet. It takes time (about seven to nine weeks). You will probably keep a diary of how often you eat and how often you binge, purge, or exercise. You might also write down your thoughts about food in your diary.

The first phase is all about allowing yourself to eat. For example, if you never eat breakfast or lunch, you might agree to eat a small breakfast every day (yoghurt and an apple, say) as part of your treatment.

You also learn basic facts about bulimia and treatment, and how they affect your body. Here's one important fact: most people do not put on weight during cognitive behaviour therapy. [\[48\]](#)

Phase two

You start talking more about what you eat, not when. You slowly branch out so that you're eating a lot of different foods, even ones you've craved or thought were banned, like chocolate. When foods are not forbidden in your mind, you'll probably find that you don't crave them.

In this phase, you begin talking about your feelings, including feelings about your weight and eating. You might feel desperate to be thin or think that losing weight will make you happy. You and your therapist might explore why you feel this way. Your therapist will help you find healthier ways to feel good about yourself. If you binge on food because you feel stressed, your therapist will help you deal with that too.

Phase three

By phase three, you will probably be feeling better and bingeing less. During the last few weeks you learn how to keep it that way. You also learn what to do if the symptoms of bulimia come back.

Therapists use many different techniques to help people change their thinking and behaviour. Your therapist will teach you some of them. And you'll have homework to do between sessions. Keeping a diary about what you eat might be one kind of homework. Eating a small meal that you would normally skip could be another. Homework is an important part of cognitive behaviour therapy.

Treatment doesn't end when you stop going to a therapist. You'll be able to use the techniques you've learned by yourself. You can be your own therapist whenever you feel bulimia taking over again. So the treatment can be especially good for people who want to help themselves get better.

There's even a kind of do-it-yourself or self-help cognitive behaviour therapy. Your therapist gives you a book with information and homework exercises in it. You work through the book on your own for a few weeks, but go to the therapist every now and then for advice and encouragement.^[49] To learn more, see [Self-help cognitive behaviour therapy](#).

Transdiagnostic cognitive behaviour therapy

Some doctors have started using a new kind of cognitive behaviour therapy (CBT) for bulimia. It's called **transdiagnostic cognitive behaviour therapy**.

Most experts think that the main reason people get bulimia is because they become obsessed with their body weight and how they look. They are horrified at the thought of being fat.

The theory behind transdiagnostic CBT for bulimia is that this obsession with body image is the most important reason why people binge and purge. But there are also other reasons why people carry on bingeing and purging, even when they know it is bad for them. These may include the following.

- Wanting to be perfect. You set unrealistic goals for yourself, even if you know they will harm you.
- Very low self-esteem. You have a negative view of yourself, and you think you can't change. This makes treatment very difficult.
- Problems coping with mood swings. You have trouble with ordinary emotional ups and downs. To distract yourself from feelings such as anger, depression, or excitement, you binge or purge.

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- Problems relating to other people. You might end up bingeing or purging because you have trouble getting along with people around you. For example, you might react to tensions in your family by becoming obsessed with what you eat. Or you might react to difficult relationships by trying to achieve unrealistic goals. Those goals can include losing weight.

In transdiagnostic CBT, you'll probably have 20 sessions with a therapist. In these sessions, the therapist will help you look at the reasons why you are obsessed with your weight and the shape of your body. You'll also discuss other reasons why you binge and purge. Some of the sessions might focus on having an unrealistic need to be perfect, very low self-esteem, problems coping with mood swings, or problems relating to other people.

Doctors have been looking for only a few years to see if transdiagnostic CBT works for people with bulimia. We don't yet know if it works as well as other treatments for bulimia. [\[50\]](#)

Interpersonal therapy

This therapy explores how you get along with other people. Treatment is based on the idea that difficult relationships (maybe with your parents, spouse, or friends at school) are causing your problems. You and your therapist discuss these problems and try to make them better. You don't talk about food, dieting, or being thin. [\[35\]](#) [\[46\]](#) [\[47\]](#)

Cognitive orientation

In this therapy, you and the therapist work out how you think about and understand the world. You also look at patterns that come up again and again in your life. One of these might be how you deal with difficult emotions. The idea is that when you understand your stronger, more positive ways of thinking, you can use them more in daily life. The therapist doesn't try to change your beliefs or label any of them as bad or wrong. This therapy doesn't focus on food or eating. [\[51\]](#)

Dialectical behaviour therapy

This treatment is based on the idea that your eating problems are caused by emotional problems such as feeling lonely, feeling like a failure, or hating your body. The therapist teaches you ways to cope with painful emotions. You also do exercises, like keeping a diary of your feelings. Below, you can see one technique called the 'conveyor belt' exercise.

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When you feel the urge to binge, just stop, close your eyes, and imagine a conveyor belt. Put all your feelings on it. Then imagine stepping back and watching your emotions come down the belt one by one. You recognise them but you can keep them at a distance, so you don't get hurt. You might see sadness, anger, frustration, an impulse to have a pastry, or even calmness coming down the conveyor belt. Eventually you may find that your urge to binge has gone. ^[35]

Exposure response therapy

This kind of therapy tries to break the link between eating and purging. Purging means making yourself sick, taking laxatives, or taking water pills to try to lose the calories you have just eaten.

During exposure response therapy, the therapist watches you eat something, maybe a fattening food such as a cake or doughnut, then helps you to stop yourself purging. ^[52] Each session lasts until you no longer feel you want to purge. This is an intensive therapy that usually lasts about 14 weeks.

Hypnobeavioural therapy

In this type of therapy, you treat the symptoms of bulimia by doing exercises, such as keeping a diary of what you eat. Another might be agreeing to eat breakfast every day. Or you could gradually start eating foods you think of as 'forbidden'. Part of the therapist's job is to find exercises that will work for you. When you're better, the therapist uses hypnosis to help you stay well.

Motivational enhancement therapy

The aim of motivational enhancement therapy is to help people realise they have a problem and to encourage them to do something about it. A therapist helps people find the motivation to change. For example, a therapist might ask someone to think about what life would be like without bulimia and what it would be like if they still had the condition. This question can help the person start to think that they don't always have to have bulimia. Once a person has decided to change their condition and the way they behave, the therapist helps them work out how to make those changes.

Glossary:

anorexia

Anorexia is an eating disorder. People who have anorexia starve themselves because they think they are too fat. They do this even when they are very thin. It is most common among teenage girls. Doctors may call it anorexia nervosa.

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laxative

Laxatives are medicines that empty your bowels by making you go to the toilet more often than usual.

kidney

Your kidneys are organs that filter your blood to make urine. You have two kidneys, on either side of your body. They are underneath your ribcage, near your back.

ovaries

Women have two ovaries, one on each side of their womb. They are small glands that store eggs. Inside the ovaries are hundreds of thousands of pre-eggs, called follicles. Some of these grow into eggs.

neurotransmitters

Neurotransmitters are chemicals that help to carry messages between nerve cells. Serotonin, dopamine, and norepinephrine (noradrenaline) are all neurotransmitters.

serotonin

Serotonin is a neurotransmitter, which is a chemical that helps to send information from a nerve cell to other cells. It is thought to play a role in learning, sleep and control of mood.

genes

Your genes are the parts of your cells that contain instructions for how your body works. Genes are found on chromosomes, structures that sit in the nucleus at the middle of each of your cells. You have 23 pairs of chromosomes in your normal cells, each of which has thousands of genes. You get one set of chromosomes, and all of the genes that are on them, from each of your parents.

hormones

Hormones are chemicals that are made in certain parts of the body. They travel through the bloodstream and have an effect on other parts of the body. For example, the female sex hormone oestrogen is made in a woman's ovaries. Oestrogen has many different effects on a woman's body. It makes the breasts grow at puberty and helps control periods. It is also needed to get pregnant.

diarrhoea

Diarrhoea is when you have loose, watery stools and you need to go to the toilet far more often than usual. Doctors say you have diarrhoea if you need to go to the toilet more than three times a day.

dehydrated

When you're dehydrated, you don't have enough fluid in your blood. This could be because you're not drinking enough or because you're losing water by sweating or having diarrhoea.

enema

An enema is liquid that is poured into the rectum to clean it out. Many people find it uncomfortable and embarrassing, but it helps a doctor to see the inside of the bowels.

constipated

When you're constipated, you have difficulty passing stools (faeces). Your bowel movements may be dry and hard. You may have fewer bowel movements than usual, and it may be a strain when you try to go.

hypnosis

Hypnosis is a relaxed state of mind people can be put into through a technique called hypnotism. Hypnosis may make you more suggestible, which means you are more easily persuaded to do something the hypnotist suggests. Hypnosis can be used by trained therapists to try and help improve people's health: for example, by helping them stop smoking.

psychotherapy

Psychotherapy is a talking treatment. It is given by trained therapists (such as a psychiatrists, psychologists or social workers). Psychotherapy usually consists of regular sessions (often weekly) between the therapist and the patient. There are many types of psychotherapy, including cognitive behavioural therapy and interpersonal therapy.

psychologist

A psychologist is trained to study the human mind and human behaviour. A clinical psychologist provides mental health care in hospitals, clinics, schools or to private patients.

psychiatrist

A psychiatrist is a doctor who specialises in psychiatry. Psychiatry is the branch of medicine that covers mental, emotional or behavioural problems.

psychotherapist

A psychotherapist is a health professional who treats mental disorders by talking with their patients, rather than by prescribing medicines. There are many types of psychotherapy, including cognitive behavioural therapy and interpersonal therapy.

systematic reviews

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A systematic review is a thorough look through published research on a particular topic. Only studies that have been carried out to a high standard are included. A systematic review may or may not include a meta-analysis, which is when the results from individual studies are put together.

withdrawal symptoms

Withdrawal symptoms are when you get unpleasant physical or mental symptoms because you stopped taking a drug you were physically dependent on. You can become physically dependent on a drug if it alters the level of certain chemicals in your body. This makes your body produce less of those chemicals or change how it responds to them. Also, some drugs work in a similar way to chemicals that naturally occur in your body. This may mean your body stops making its natural versions. If either of those things happens, your body will need the drug to function normally and you will feel or become ill if you suddenly stop taking the drug. You can get withdrawal symptoms from some prescription medicines, as well as some illegal drugs.

placebo

A placebo is a 'pretend' or dummy treatment that contains no active substances. A placebo is often given to half the people taking part in medical research trials, for comparison with the 'real' treatment. It is made to look and taste identical to the drug treatment being tested, so that people in the studies do not know if they are getting the placebo or the 'real' treatment. Researchers often talk about the 'placebo effect'. This is where patients feel better after having a placebo treatment because they expect to feel better. Tests may indicate that they actually are better. In the same way, people can also get side effects after having a placebo treatment. Drug treatments can also have a 'placebo effect'. This is why, to get a true picture of how well a drug works, it is important to compare it against a placebo treatment.

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