



About this unique resource

ECRI, an Evidence-based Practice Center of the U.S. Agency for Healthcare Research and Quality and a Collaborating Center of the World Health Organization, researched and produced the information provided in this pamphlet. ECRI's mission for 40 years has been to improve patient safety and the quality and cost-effectiveness of healthcare by providing objective, credible information. This pamphlet summarizes an in-depth bulimia nervosa treatment resource guide and interactive Web site located at www.bulimiaguide.org. These resources are unique. They provide one-stop in-depth information on bulimia nervosa and treatment to aid families and friends who want to know how to support someone with the disorder.

Key partnerships

ECRI partnered with a clinical advisory committee and many patients and family members affected by the disorder to create this information. ECRI gratefully acknowledges the assistance of these individuals and groups. This work was funded by The Hilda and Preston Davis Foundation. The resource guide is part of ECRI's National Patient Library™ of evidence-based patient information.

Bulimia Nervosa

A Summary of the Resource Guide for Family and Friends



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What is bulimia nervosa?

Bulimia nervosa is an eating disorder in which a person engages in binge eating (eating a lot of food in a short time) followed by some type of behavior to prevent weight gain from the food that was eaten. This behavior can take two forms: purging (self-induced vomiting, misuse of enemas, laxatives, or diet pills) and nonpurging (excessive exercise). Some people with bulimia nervosa may also starve themselves for periods of time before binge eating again. The disorder has important mental, emotional, and physical aspects that require consideration during treatment.

Who develops bulimia nervosa?

Many myths exist about who develops bulimia nervosa and why. It can affect males and females, including people as young as eight and as old as 60—young girls, college-age women, male and female athletes,

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and middle-aged women. In Westernized cultures, bulimia nervosa is seen in upper, middle, and lower socio-economic classes. It does not discriminate by race and occurs in whites, blacks, Hispanics,

and other races and in people with widely varying educational backgrounds. The disorder is, however, more common in females; about 90% of people with a diagnosis of bulimia nervosa are female.

What causes bulimia nervosa?

No one knows for sure, but researchers have several theories. No single theory accounts for all the possible causes and symptoms, the wide range of people affected, or why one person develops bulimia nervosa while another person with a similar profile does not.

Historically, societal pressure to be thin has been lower for males than females. However, bulimia nervosa is thought to be increasing among males as more societal attention is paid to trim and fit male body images. Reasons for engaging in bulimic behavior are similar in males and females and can include the following:

- Distorted notions of self-perceived size and shape
- Feeling societal pressure to look a certain way
- Binge eating for emotional comfort; purging to prevent weight gain
- Need to feel control

Risk Factors for Developing Bulimia Nervosa

- ✓ Genetics
- ✓ Early onset of menstruation
- ✓ Past weight issues
- ✓ Body image issues
- ✓ Depression
- ✓ Anxiety
- ✓ Perfectionism
- ✓ Obsessive-compulsive disorder
- ✓ Past physical or sexual abuse
- ✓ History of substance abuse

Can bulimia be prevented?

There is no sure way to prevent bulimia nervosa. A healthy attitude toward eating and body image is important, as is maintaining good mental health. Education and awareness of eating disorders may help identify problems early, and early identification and effective intervention offers the best chance for recovery.



How can I tell if someone has bulimia nervosa?

The signs and symptoms blend mental, behavioral, and physical signs and symptoms. Some are obvious only to a healthcare professional; others are noticed more by friends and family members. Here is a list of the more common signs and symptoms—there are others as well. Because purging behavior is usually concealed, it is not listed here as a sign that others would notice.

A Dentist or Doctor May Notice

- ✓ Sore, bleeding gums and mouth
- ✓ Tooth enamel erosion from vomiting
- ✓ Dry, red, cracked lips, especially at the corners
- ✓ Swollen cheeks and jaws
- ✓ Swollen saliva glands
- ✓ Callused or discolored skin at finger joints from forced vomiting
- ✓ Abnormal blood test results (e.g., blood too acidic or alkaline, potassium too low, cholesterol too high)

Family and Friends May Notice

- ✓ Appears uncomfortable eating around others
- ✓ Buys large amounts of food that disappear
- ✓ Can't explain missing food
- ✓ Skips meals
- ✓ Takes small portions of food at regular meals
- ✓ Always excuses self from table before others are finished
- ✓ Has odd food habits (e.g., different foods not touching on a plate)
- ✓ Chews each bite of food excessively
- ✓ Eats only a particular food or food group (e.g., condiments)
- ✓ Drinks excessive amounts of liquids
- ✓ Isolates self from interactions with family and friends
- ✓ Uses excessive amounts of mouthwash, mints, and gum
- ✓ Hides body with larger clothes
- ✓ Excessive exercise regimens

How is bulimia nervosa diagnosed?

A qualified medical or mental health professional who is experienced in recognizing the signs and symptoms of eating disorders can usually make a diagnosis after interviewing a patient and/or performing a physical examination. Often, a dentist or family physician—the doctors who see a patient on a regular basis—are the first medical professionals to recognize the signs and symptoms of bulimia nervosa. The patient may not willingly describe symptoms and may be unwilling to acknowledge the observations made by a dentist or family doctor.

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What treatments are used for bulimia nervosa?

Medications such as antidepressants, various psychotherapies such as cognitive behavioral therapy (CBT), nutrition therapy, and other support interventions like yoga, art, and movement therapy are used. Treatment is delivered in various levels of inpatient and outpatient settings. The setting depends on the severity of the illness and the treatment plan that has been developed for a patient. A multidisciplinary team should develop the plan in consultation with the patient and family members as deemed appropriate by the patient and his or her team. The team should be experienced in treating bulimia nervosa and should include at least a medical doctor, psychologist, psychopharmacologist (if drug therapy is planned), and nutritionist. The patient's family doctor should be consulted, and both the family doctor and patient's dentist should be informed of the plan as well.

Treatment can reduce and even halt the behavior in many patients.

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The ability of treatment to achieve a successful long-term outcome and the chances of relapse vary widely among individuals. The published scientific data are scarce on remission rates but show that 52% to 74% of patients who were

given treatment for the disorder achieved remission, and it lasted for at least five years.

How well do the treatments work?

ECRI, the organization that researched and produced this pamphlet and the information in the in-depth guide at www.bulimiaguide.org, identified and analyzed all the available published clinical trials on treatments for bulimia nervosa to find out what treatments work best. Analysts pooled together data from all the trials on drug treatments and psychotherapy treatments. They analyzed whether drugs were better than placebo (an inactive pill) and whether CBT was better than no treatment. Then they compared the effectiveness of CBT to drug therapy and other types of psychotherapies. Trials on alternative treatments for bulimia nervosa either did not exist or were of such poor quality that they could not be analyzed.

What are the main results of the analysis?

Pooled data from 26 randomized controlled trials (RCTs) that compared drug therapy to a placebo showed that drug therapy for bulimia nervosa reduces the following in some patients:

- Underlying anxiety and depression
- Eating-disorder psychopathology
- Binge-eating and purging frequency

The impact of drug therapy on patient quality of life was inconclusive.

Pooled data from 11 RCTs that compared CBT to no therapy showed that for some patients, CBT reduced purging behavior. However, the evidence on the impact of CBT on patients' quality of life was inconclusive. Evidence on the impact of CBT in reducing depression, underlying eating-disorder psychopathology, or binge-eating behavior was also inconclusive. Also, determining whether CBT was more effective than any other type of psychotherapy was not possible because too few studies were available to analyze.

Pooled data from six RCTs that compared the effectiveness of CBT to drug therapy showed that CBT is more effective than drug therapy in reducing purging behavior. The evidence about whether CBT was more effective for improving quality of life or reducing depression, underlying eating-disorder psychopathology, or binge-eating behavior was inconclusive.

Other types of psychotherapy (such as behavioral therapy and interpersonal therapy) had insufficient data to demonstrate their effectiveness at this time.

To access the full 650-page health technology assessment report of the analysis, go to www.bulimiaguide.org.

How can I help someone with bulimia nervosa?

Unless the situation is life-threatening and requires immediate medical attention or a 911 call, take time to educate yourself about the disorder first. Then try having a private, nonjudgmental conversation with the person. Tell the person about the behaviors you've seen that make you worry. If the person denies the problem, be gently persistent. If denial continues, take a break. Control is often a big issue in a person with an eating disorder, and you cannot successfully control his or her behavior or choices. Avoid proposing overly simplistic solutions like "Just stop overeating and you won't have to purge."

The patient has to be willing to undergo treatment to achieve the best chance of success.

Remember bulimia nervosa is a complex disorder, and a team of medical and psychological clinicians is required to treat it. Also, forcing treatment usually does not work. The patient has to be willing to undergo treatment to achieve the best chance of success. Once the patient is in treatment, there are many ways to be supportive. These are described in detail at www.bulimiaguide.org.



How can I find a treatment center?

Health insurance plans may dictate which centers a patient may access. Primary care doctors may be able to offer suggestions. If a patient has a choice, s/he along with family/friends may want to consider other factors—such as convenience of location, treatment philosophy (e.g., how they involve family or friends in the patient’s recovery), qualifications and experience of the treatment team, staff/patient ratio, and whether the center assists with health insurance issues. A searchable database of nearly 140 U.S. facilities offering treatment for bulimia nervosa and the characteristics of those facilities is available at www.bulimiaguide.org. Centers are available in every state except Alabama, Alaska, Idaho, Kansas, New Hampshire, Rhode Island, South Carolina, South Dakota, West Virginia, and Wyoming.

What does treatment cost?

Costs vary according to the type of care, treatment facility, and availability of insurance reimbursement. Health insurance may pay for some or all of the treatment, depending on the patient’s coverage. Typical costs of treatment reported in 2005 from several residential eating disorder centers averaged about \$1,000 per day for 24/7 care. Reported costs for partial inpatient care (3 to 12 hours per day) ranged from \$8,000 to \$50,000 per month. Reported costs of outpatient psychotherapy ranged from \$75 to \$150 per one-hour session at private practices. Health insurance may cover a portion of these costs. Support groups may be free or charge a nominal fee and are not typically reimbursed through insurance plans. Much greater detail about how to successfully navigate insurance issues is provided online at www.bulimiaguide.org.

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How can insurance benefits be maximized?

Here’s a checklist of what to do to get the most insurance reimbursement possible for treatment. Understanding all the factors that affect reimbursement is important when choosing a treatment center—including laws, mandates, insurance language, and how insurers and their appeals processes work. Important additional details are online at www.bulimiaguide.org. This Web site also lists the bulimia nervosa coverage policies of insurers that post such policies.

Insurance Benefits Checklist

- ✓ Get organized; prepare to be persistent, assertive, respectful, and rational.
- ✓ Read the patient’s complete health insurance policy to understand the contracted benefits.
- ✓ Get a log book to document all conversations with insurers and care providers; record names, dates, and notes about all conversations.
- ✓ Call the insurer to discuss benefits options and find out about levels-of-care criteria the patient must meet for eligibility.
- ✓ Ask insurer what authorizations are needed to access care that will be reimbursed.
- ✓ Assist the patient in obtaining a full psychological and physical assessment from qualified providers experienced in treating bulimia nervosa.
- ✓ Communicate with key caregivers to devise a treatment plan, identify the names of the key caregivers and their roles, and define communication expectations for progress reports.
- ✓ Obtain letters of support for the treatment plan from caregivers that you can show to the insurer as needed.
- ✓ Present the treatment plan to the insurer.
- ✓ Enlist support from other family members or friends; find out how and when they are available to help.
- ✓ Assist the patient in entering treatment.
- ✓ Follow up about insurance once treatment begins to ensure that reimbursement is occurring.
- ✓ If claims are denied, file an appeal using the documentation you have collected, and make your argument reasonably. If an initial appeal is denied, file at the next level.

These checklists offers some patient-recommended ways to be supportive during treatment. A discussion and additional recommendations can be found at www.bulimiaguide.org.

What are patient-recommended do's for being supportive?

Do

- ✓ Provide information on eating disorders and suggest resources for help
- ✓ Speak kindly
- ✓ Listen and understand
- ✓ Be patient
- ✓ Show affection and empathy
- ✓ Remember that the person needs to do the work to recover
- ✓ Be honest and nonjudgmental
- ✓ Ask how you can help and do it (chores, transportation, attending therapy with the patient)
- ✓ Encourage the patient to seek help and volunteer to go along
- ✓ Understand what "safe" foods are (the foods that will not make the patient want to binge on or purge)
- ✓ Encourage social activities that don't involve food (e.g., rent a movie, play a game)
- ✓ Encourage activities suggested by treatment providers (i.e., keeping appointments, taking and refilling medications)
- ✓ Understand that recovery takes a long time; food may always be a difficult subject
- ✓ Encourage the person's successes and accomplishments in life and treatment

What are patient-recommended don'ts for being supportive?

Don't

- ✓ Accuse or blame, which can cause guilt and withdrawal
- ✓ Demand changes in weight
- ✓ Try to help more than you have competence for
- ✓ Try to control the person
- ✓ Take the person's actions personally
- ✓ Insist that the person eat every food available at a meal
- ✓ Make the focus of social activities food or clothing shopping; do other things
- ✓ Nag or dictate what should and should not be eaten
- ✓ Try to scare the person into treatment by listing all the damaging effects of bulimia nervosa
- ✓ Be a food or bathroom monitor
- ✓ Focus conversations around weight or appearance, even if you think you are being positive

Additional Resources

The Bulimia Nervosa Treatment Resource Guide Web site, located at www.bulimiaguide.org, is unique in that it is a one-stop, comprehensive, interactive bulimia nervosa treatment resource. This Web site provides links and brief reviews of several of the hundreds of other eating disorder Web sites, including sites to beware of, such as "pro-bulimia" or "pro-mia" sites created by those who engage in and encourage bulimia nervosa behavior. Anyone trying to support someone who is in treatment should be aware of the potential of these sites to adversely affect recovery.