

Clinical Description Diagnostic Criteria for Bulimia Nervosa

- A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
1. Eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time under similar circumstances.
 2. A sense of lack of control over eating during the episode (e.g. feeling that one cannot stop eating or control what or how much one is eating).
- B. Recurrent inappropriate compensatory behaviors in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.
- C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.
- D. Self-evaluation is unduly influenced by body shape and weight.
- E. The disturbance does not occur exclusively during episodes of Anorexia.
- F. The subtyping of this diagnosis into purging and non-purging forms has been replaced by a single diagnosis that includes the use of both purging (self-induced vomiting, misuse of laxatives or diuretics) and non-purging (extreme dietary restriction, excessive exercise) weight-control behaviors.

Common Characteristics

- Overly concerned with weight and/or body image
- Rigid dieting followed by binge eating
- Preoccupation with food/planning binges
- Hiding/stealing food
- Frequent over-eating especially when stressed
- Rapid, “zoned-out” eating with feelings of being out of control
- Disappearing after eating to purge
- The use of laxatives, vomiting or over-exercising to control weight
- Feeling guilty or shame about eating behaviors
- Significant mood swings, including relatively long periods of depression
- Dry hair/breakage and or thinning
- Brittle nails
- Skin tends to be warm and clammy
- Erosion of tooth enamel or bleeding/receding gums
- Change in bite and lower jaw alignment
- Fatigue/cold-sweats/light-headedness due to rapid change in blood sugar levels
- Swelling of glands in throat, face, and neck
- Irregular menstrual cycles
- Miscarriages and/or infertility
- Neuro-muscular problems
- Vision disturbances
- Heart palpitations
- Memory loss, loss of mental acuity

Major Health Issues Associated with Bulimia

- Damage to the esophagus
- Edema
- Thyroid conditions
- Lung irritation
- Ulcers
- Gastrointestinal disorders
- Seizures
- Stomach rupture
- Diabetes
- Kidney and/or liver damage
- Heart damage and failure

Our Stories

For many of us, bulimia started as a weight-control technique and became a stress management tool, a way to suppress unwelcome emotions. Once we had fully engaged in a pattern of bulimic behavior, it was incredibly difficult to stop. Stopping required us to face and deal with the emotions and situations we wanted to avoid or deny. We became very good at keeping our self-destructive behavior secret. Shame, guilt, fear of intervention, and fear of change kept us stuck in a web of lies and denial. Unhappily for us, our bulimia thrived in the protection of secrecy. And because we did “bad” things, we began to think of ourselves as “bad” people. It was hard to develop the motivation to change.

But, I'm "Fine!"

On the surface, we looked "fine". Usually, we were well-functioning high-achievers in school and work. Under the façade of competence, however, we suppressed feelings and denied needs. We lost touch with our authentic self, and found ourselves unable to recognize and distinguish our emotions. We lived in fear of being overwhelmed by what felt like too much or "inappropriate" emotion. Depression often set in; then we became even more isolated, more hopeless. Bulimia was a cathartic way to release our fear, shame, pain and rage; it met deep emotional needs or we wouldn't have engaged in it. We found we could not stop the behavior until we found – and practiced – more satisfying ways to meet our emotional needs.

Recovery

1. Starts with willingness to be honest that there is a problem.
2. Typically requires professional help and group support; both are strongly recommended.
3. Is maintained through a daily re-commitment to taking care of ourselves, dealing with life on life's terms, and turning our attention to how we can best serve the greater good every day.

There is no magic pill or miracle phrase that makes us better. Recovery is hard work. Bulimia is not about food; it is a coping tool for handling emotion. Our perspective was distorted. Bulimia helped us live with our distortions, negativity, anxiety and depression.

More on Recovery

In recovery, we discovered we are responsible for understanding our needs and getting them met. Our behaviors clearly show we are going to get those needs met somehow; we either deal with them responsibly, or we get them met through bulimia or other unhealthy alternatives.

Recovery means rebuilding trust with ourselves. We listen to ourselves, validate our feelings, try to understand our needs and get them met. We learn to express ourselves with dignity. We accept how we feel, and if we don't like what we feel, we change what we are doing or we change what we think.

The process of working the Twelve Steps of the EDA program of recovery provides the needed peace and perspective to enable deep changes in thinking to take root and flourish. With such changes, it is possible to recover fully from bulimia.

Changing our thinking makes it possible to change our feelings and behavior, but developing willingness and learning new skills is a process, not an event. It takes time to develop an eating disorder. It takes time and effort to rebuild trust and gain back the power of choice. Most of us wasted a lot of time trying to recover on our own: it did not work.

As we learned to be more honest with ourselves and open with others, we found authenticity, perspective and empowerment. We also found real friends in our EDA groups.

Taking responsibility and getting our needs met feels terrific! The truth – our own truth – does set us free. The process worked for us. It can work for you, too.

Bulimia



For more information please visit our website at:

www.4EDA.org

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