UNDERSTANDING YOUR DIAGNOSIS

Bulimia

Also called Bulimia Nervosa

An illness where you have episodes of eating that feel out of control, then try to undo them, in a cycle that is hard to stop.

HOW COMMON	OFTEN STARTS	TREATABLE	WHO IT AFFECTS
About 1 in 100 people	Late teens or early twenties	Yes - therapy works well	All body sizes and genders

What this is

- Bulimia is a medical illness, not a lack of willpower. The binges and the urge to undo them are symptoms, not character.
- Most people with bulimia are at a body size that looks unremarkable, so the illness is easy to hide and easy to miss.
- It affects people of every gender, race, size and background, including men, athletes, and adults well past their twenties.
- Trying to undo food by vomiting, laxatives, fasting or hard exercise does not do what the illness promises it will do.

What it can look and feel like

- You eat a large amount of food in a short time and feel like you cannot stop once the episode has started.
- Afterward you try to undo it by vomiting, using laxatives, skipping the next meal, or exercising very hard.
- You go to the bathroom soon after meals, or you plan your day around when you can be alone with food.
- Your weight and shape decide how you feel about yourself, more than anything else going on in your life.
- Your throat is often sore, your teeth feel sensitive, or your cheeks look puffy near the jawline.
- You feel deep shame afterward and promise yourself it is the last time, and then the cycle starts over again.
- You eat little during the day, and the strongest urges show up in the evening or late at night.

What is happening in your brain and body

- Eating far too little during the day sets up the binge. Hunger, not weakness, is what breaks the rules you set.
- Vomiting and laxatives wash out minerals such as potassium, which your heart and muscles need to work properly.
- Stomach acid wears away tooth enamel, irritates your throat, and can swell the salivary glands near your jaw.
- Your brain's reward system learns that a binge brings fast relief, which is what makes the pattern so hard to break.
- When purging stops, your body may hold onto water for a week or two. That swelling is temporary and it does settle.

What can make it more likely

- Genes play a real part. Eating disorders, depression and anxiety often show up in more than one family member.
- Dieting is the most common trigger of all. Strict food rules set up the swing between going without and bingeing.
- Teasing about weight, a sport or job that watches size, and trauma earlier in life all raise the chance of it.
- When strong feelings are hard to ride out, food becomes a way to escape them, and the illness builds on that.

What to expect

- Eating regular meals and snacks is the first change, and it often cuts binge urges within the first few weeks.
- **Therapy** usually runs about **20 sessions**, and many people stop bingeing and purging by the time it ends.
- Slips are common along the way, and catching one early keeps it from turning into weeks of the old pattern.
- About half of people are fully well within several years, and getting treatment moves that timeline forward.

What helps

Treatment works. Most people get better.

Talking therapies

- **Enhanced cognitive behavioral therapy**, called CBT-E, is the first choice. You track eating and test the rules that drive binges.
- Sessions are practical: you look at the week together, plan the next set of meals, and pick one specific change to try.
- **Guided self-help** using a CBT workbook with a coach checking in is a good, quicker starting point for milder patterns.
- **Interpersonal therapy** works on relationships and roles instead of food, and helps when that is where the distress sits.
- **Dialectical behavior therapy** teaches skills for riding out strong feelings, which helps when emotions drive the binges.

Medicines

- **Fluoxetine**, an SSRI antidepressant, is the only medicine approved for bulimia and clearly cuts binge and purge episodes.
- It works for bulimia only at a higher dose than the one used for depression, and your prescriber sets that dose with you.
- Common early side effects are nausea, headache, restless sleep and changes in sex drive. Most of these ease within weeks.
- **Bupropion** is not safe if you purge, because it raises the risk of seizures. Tell every prescriber that you purge.
- Medicine works best alongside therapy. On its own it rarely holds the gains once you stop taking it.

Everyday things that help

- Eat something every three to four hours. Regular food is the single most powerful anti-binge tool you have.
- After vomiting, rinse with water or a baking soda solution and wait before brushing, to protect your tooth enamel.
- Come off laxatives with your team's help rather than all at once, and expect a few uncomfortable weeks in the middle.
- Alcohol and cannabis both loosen the brakes on eating and on purging, so cutting back helps a lot early on.
- Keep a simple record of what you ate and what was happening around it. Patterns show up fast once they are on paper.

Get help right away if

- If you are thinking of ending your life, call or text **988** in the US, or go to the nearest emergency room.
- Fainting, chest pain, an irregular heartbeat or new muscle weakness can mean low potassium. Get seen today.
- Vomiting blood, black stools, or severe chest or belly pain after vomiting needs emergency care right away.

Questions to ask your care team

- *Should we check my potassium and get a heart tracing before we start treatment?*
- *Which therapy do you recommend for me, and how many sessions should I expect?*
- *If medicine is part of the plan, what is it meant to do and how long until I know?*
- *How do I come off laxatives safely, and what will my body do for the first few weeks?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.