Bulimia Nervosa
A Summary of the Resource Guide for Family and Friends
www.bulimiaguide.org
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: self-induced vomiting, misuse of enemas, laxatives, diet pills (called purging) and excessive exercise, fasting, or diabetic omission of insulin (called non-purging). 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, and people as young as 8 years old and as old as 60 years—young girls, college-age women, male and female athletes, 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, Asians, 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 body image
- Feeling societal pressure to look a certain way
- Binge eating for emotional comfort; purging to manage weight
- 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

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 medical 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.
Can it 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 offer the best chance for recovery.

How is bulimia nervosa diagnosed?
A 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.

What treatments are used for bulimia nervosa?
In this report, we considered the efficacy of the treatments typically offered for bulimia nervosa: medications (e.g., antidepressants) and various behavioral health therapies such as cognitive behavioral therapy (CBT). We also considered how certain types of treatments are delivered for example, self-help versus therapist-led CBT. The treatments considered in this report may have been used alone or in combination (e.g., medication plus CBT). Varying amounts of clinical evidence exist about how well various treatments work. For some treatments, little or no evidence is available from clinical research studies about how well they work.

Information about the effectiveness of treatments is in the section “How well do the treatments work?” Treatment is delivered through various levels of inpatient and outpatient care 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 a nutritionist. The patient’s family doctor should be consulted, and both the patient’s family doctor and dentist should be informed of the plan as well.

How well do the treatments work?
ECRI Institute, the organization that researched and produced this guide, identified and analyzed all the available clinical trials published from 2005 through July 2010 on the treatments typically used for bulimia nervosa to determine how treatments compare to each other and which seem to work best.
What are the main results of the analysis?

► CBT was more effective than antidepressant medications in reducing the average number of binge eating episodes for some individuals.

► Patients who receive CBT are more likely to go into remission from vomiting than patients treated with supportive therapies (34% versus 12%, respectively). (Supportive therapies focus on management and resolution of personal difficulties and life decisions using the patient’s strengths.)

► CBT is more effective than supportive therapies in improving eating disorder symptoms for some individuals.

► CBT is more effective than behavioral therapy in reducing the average number of vomiting episodes for some individuals.

► Therapist-led CBT is more effective than self-help CBT in reducing symptoms of depression.

► Because of the differences in how treatments were provided, we could not determine the effectiveness of family-based therapy compared to other forms of psychotherapy for patients with bulimia nervosa.

► The data did not provide clear evidence that enabled us to determine whether CBT plus exposure response prevention therapy aimed at preventing purging until the patient’s anxiety associated with eating subsides is better than CBT alone for the outcomes of remission, depression, and frequency of purging.

► The data did not provide clear evidence for us to determine whether CBT plus an antidepressant is better than CBT alone or an antidepressant alone for reducing the frequency of binge eating or purging.

► Too few published data were available to determine whether inpatient treatment is more or less effective than outpatient treatment for bulimia nervosa.
How can I find a treatment center?
Health insurance plans may dictate which centers a patient may access. 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, types of treatments offered, levels of care offered (inpatient/outpatient) 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 here. 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 treatment, depending on the patient’s coverage. Typical costs of treatment reported in 2005 from several residential eating disorder centers averaged about $1000 per day for 24/7 care. Reported costs for partial inpatient care (3 to 12 hours per day) ranged from $8000 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. Click here for greater detail about how to successfully navigate insurance.

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 website 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, 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 reimbursement is occurring.
▸ If claims are denied for treatment, you may wish to file an appeal using the documentation you have collected, and make your argument reasonably. If an initial appeal is denied, you may wish to file at the next level. Treatments that have some clinical research evidence to support their use may be more convincing than requests for treatment for which no clinical research evidence is available. See the summary of ECRI’s evidence report on efficacy of treatments for bulimia nervosa.
What are patient-recommended dos and don’ts for being supportive?

This checklist offers some patient-recommended ways to be supportive during treatment. Click here for a discussion and additional recommendations.

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 non-judgmental
- 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

DON’T

- Don’t accuse or blame, that can cause guilt and withdrawal
- Don’t demand changes in weight
- Don’t try to help more than you have competence for
- Don’t try to control the person
- Don’t take the person’s actions personally
- Don’t insist the person eat every food available at a meal
- Don’t make the focus of social activities food or clothing shopping, do other things
- Don’t nag or dictate what should and should not be eaten
- Don’t try to scare the person into treatment by listing all the damaging effects of bulimia nervosa
- Don’t be a food or bathroom monitor
- Don’t focus conversations around weight or appearance, even if you think you are being positive

Web sites to beware of

Some Web sites actually encourage people to become bulimic or to maintain their bulimic behavior by giving tips and emotional support on binge eating and purging/non-purging behaviors. These sites are called “pro-mia” for “promoting or proactive bulimia nervosa” and there are also pro-ana (pro-anorexia) sites. A recent study estimated that pro-ana and pro-mia Web sites outnumber pro-recovery sites at a ratio of 5 to 1 so it is likely that any web search for support sites will turn up some pro-mia sites as well. The sites show pictures of very thin supermodels or “thinspiration” intended to invoke the desire to lose more weight. They provide encourage the behavior through chat rooms, poems, weight loss diaries, and personal stories. Although most of these sites give explicit warnings that they are pro-ana or pro-mia and may contain triggers for relapse, it is still very important to be aware of them because they may pose a threat to anyone who is in recovery. Many of these sites are transient and new ones emerge as older sites disappear online.
Additional resources

**Academy for Eating Disorders**
[www.aedweb.org](http://www.aedweb.org)
A professional organization for healthcare professionals in the eating disorders field. The academy promotes research, treatment, and prevention of eating disorders. Their Web site lists current clinical trials and general information about eating disorders.

**A Chance to Heal Foundation**
[www.achancetoheal.org](http://www.achancetoheal.org)
This foundation, based in southeastern Pennsylvania, was established to provide financial assistance to individuals with eating disorders who might not otherwise receive treatment or reach full recovery due to their financial circumstances. The organization’s mission also focuses on increasing public awareness and education about eating disorders and advocating for change to improve access to quality care for eating disorders.

**Anna Westin Foundation**
[www.annawestinfoundation.org](http://www.annawestinfoundation.org)
This organization was founded in memory of a child who died from bulimia complications. It performs advocacy, education, speakers, and provides resources about eating disorders, treatment, and navigating the health insurance system. The Anna Westin Foundation and Methodist Hospital Eating Disorders Institute partnered to establish a long-term residential eating disorder treatment program for women in Minnesota.

**Anorexia Nervosa and Related Eating Disorders, Inc. (ANRED)**
[www.anred.com](http://www.anred.com)
An organization providing information about anorexia nervosa, bulimia nervosa, binge eating disorder, and other lesser-known food and weight disorders, including self-help tips and information about recovery and prevention.

**Eating Disorders Coalition for Research, Policy & Action**
[www.eatingdisorderscoalition.org](http://www.eatingdisorderscoalition.org)
A coalition with representatives of various eating disorder groups. This organization focuses on lobbying the federal government to recognize eating disorders as a public health priority.

**Eating Disorder Referral and Information Center**
[www.edreferral.com](http://www.edreferral.com)
This is a sponsored site with a large archive of information on eating disorders and referral information to treatment centers.

**National Alliance on Mental Illness (NAMI)**
[www.nami.org](http://www.nami.org)
A national grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families.

**National Association of Anorexia Nervosa and Associated Disorders (ANAD)**
[www.anad.org/site/anadweb](http://www.anad.org/site/anadweb)
This organization seeks to alleviate the problems of eating disorders by educating the public and healthcare professionals, encouraging research, and sharing resources on all aspects of these disorders. ANAD’s Web site includes information on finding support groups, referrals and treatment centers, advocacy, and background on eating disorders.

**National Eating Disorders Association (NEDA)**
[www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)
NEDA is the largest not-for-profit organization in the United States working to prevent eating disorders and provide treatment referrals to those who feel extremely dissatisfied with body image and weight.

**Perfect Illusions**
[www.pbs.org/perfectillusions/index.html](http://www.pbs.org/perfectillusions/index.html)
These Public Broadcasting System (PBS) web pages are based on a NOVA television program documentary. The site provides information on eating disorders with personal stories and links to treatment resources.

**Something Fishy**
[www.something-fishy.org](http://www.something-fishy.org)
This Web site gives detailed information on most aspects of eating disorders: defining them, preventing them, finding treatments, and paying for recovery. Useful links to related articles and stories are provided.

**Voices not Bodies**
[www.voicesnotbodies.org](http://www.voicesnotbodies.org)
An all-volunteer organization dedicated to eating disorders awareness and prevention.
About this unique resource

ECRI Institute (www.ecri.org), 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 Institute’s mission for more than 40 years has been to improve patient safety and the cost-effectiveness of healthcare by providing objective, credible information. This summarizes the full-length bulimia nervosa treatment resource guide. These resources 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 Institute partnered with a clinical advisory committee, and many patients and family members affected by the disorder to create this information. The National Eating Disorders Association (NEDA) (www.nationaleatingdisorders.org) also offered key inputs and 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 Institute’s National Patient Library™ of evidence-based patient information.