

Free bulimia nervosa: causes, impacts and treatment research paper sample

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(Course/Major)

“ Bulimia nervosa,” or more commonly known as bulimia, is a severe and life-threatening eating anomaly. People experiencing this condition can “ binge eat” clandestinely- or consume large quantities of food-and then force themselves to vomit all the food they ate, or make themselves regurgitate the food by excessively exercising. Bulimia can be classified into two types. “ Purging bulimia” is when the individual “ self-induces” vomiting or abuses medications such as laxatives and diuretics after binge eating. “ Non purging bulimia”, on the other hand, is where the person uses alternative methods to get rid of excess calories. These methods can range from stringent fasting or inordinate amounts of exercise (Mayo Clinic, 2014, par. 1).

However, the manifestation most associated with bulimia nervosa is an inordinate fixation on the structure and shape of the body. When the person binges, the person can feel emotional numbness or completely distanced from themselves. Many of these have an extreme obsession against gaining any amount of weight, and if they feel that they have gained weight even without basis, these will engage in exercises often to the point of the exercise becoming harmful rather than being beneficial to the person (Zweig, Leahy, 28).

People with bulimia indulge on food on a regular basis and senses a loss of control over this activity. When the binges start, the person having them will find it extremely difficult to control them. Many patients undergoing treatment aver that they consume the food, mostly high calorie food items, so fast that the taste does not even register in their senses. In one episode, bulimic persons are expected to consume up to 3, 000 calories, and in

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extreme cases, significantly more. The eating spree is then succeeded by emotions of guilt and humiliation, which will then lead the person to conduct “compensatory” activities, such as diet, refusal to eat, and abusing diuretics and laxatives. In the report of the Boston Children’s Hospital (2013), approximately 1 to 5 percent of all young adults suffer from bulimia, and 1.1 to 4.2 percent of females in the United States are believed to either have bulimia at presently or are expected to have this condition at a future time in their life (Nordqvist, 2014, p. 1).

According to the American Academy of Family Physicians, half of women who are experiencing bulimia will have erratic menstrual cycles, or even have their cycles completely stop, resulting in a condition called “amenorrhea.” Having erratic periods can cause other health problems; women who don’t have regular periods will have deficient levels of estrogen, resulting in weaker bones, and can lead to osteoporosis (Watson 28). Aside from binge eating, eating large amounts of food clandestinely, and feeling senses of shame and guilt, people with bulimia will find ways to “smuggle” into the house, and people living with the bulimic may discover large amounts of food disappearing. Physical manifestations may include dry or “loose” skin features, lackluster hair, and inflamed salivary glands (Bulimia Nervosa Health Center, 2014, par. 2).

Nevertheless, in seeking to understand bulimia, one must frame eating anomalies as a “continuum.” At one end of the spectrum is anorexia nervosa, and at the other end, is binge eating, with bulimia nervosa located somewhere in the middle of the spectrum. A number of people move along the lines of this spectrum, restricting their consumption for a number of

years and then going on a spree in food consumption. At present, there is no scientific basis to establish the causes of bulimia. However, there are some literature that states that bulimia can be caused by a number of factors working in combination. Among these factors include cultural mores, family impacts, personality, trauma, and genetics. Though there is data that shows that any one of these elements plays a significant role in the development of bulimia, there is no literature that states that any of these can be a singular predictor to point to a single or combination of characteristics for people who will have a higher risk of having bulimia in the future (Hall, Cohn, 32).

Treatment for bulimia can be conducted in a number of modes.

Antidepressants, combined with psychotherapy, may be able to provide the best treatment mode for people with bulimia. The regimen will involve composing a team, inclusive of the patient, the members of the patient's family, the lead doctor and other medical personnel. In some cases, a mental health provider and a dietician who is adept in the treatment of eating illnesses. In essence, the treatment is a combination of " talk therapy (psychotherapy) and medications, such as antidepressants.

The use of antidepressants can help in the reduction of the manifestations of bulimia if used in combination with counseling therapy. Should the person be underweight owing to the effects of the illness, then the initial goal is to get the person back to a healthy weight level. This is the concern of dieticians and other health care professionals in designing an eating program to help the patient achieve a healthy weight level attain a normal eating patterns and optimal nutrition. Nevertheless, even with all these interventions, manifestations of bulimia may still remain; there will be periods of " binge

eating” and “ purging” can still occur, and this is where medical attention and family support will be most important in overcoming the condition (Mayo Clinic 1).

Works Cited

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