

Telltale signs of bulimia

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Anorexia nervosa has been recognised by doctors for more than 300 years, but bulimia was accepted as a separate diagnosis only in the Fifties. Confessions by Diana, Princess of Wales about her eating problems, in particular bulimia, publicised the illness so that its symptoms are generally understood. One patient recently told me that although she was bulimic for ten years, it was only when the Princess admitted to the trouble that she realised its significance and how widespread it was. Her inquiries among her contemporaries revealed that approximately one in five of her group of friends had resorted to self-induced vomiting at some time or another after binge-eating.

Although the official incidence of bulimia in young women is between 1 and 3 per cent, this is probably an underestimate and, as my patient found out, in certain groups it is considerably higher. A survey a few years ago of the pipes from the women's lavatories of some US universities showed that many had been eroded by the acid of vomit. The same effect of gastric acids will erode the enamel of the teeth. As a result, many cases of bulimia have been detected by dentists.

The Lancet recently reported an unusual case of bulimia. A 27-year-old woman attended the accident and emergency department of a hospital claiming that she had slipped while cleaning her teeth and, as a result, had swallowed her toothbrush. This was more than the most gullible doctor could believe, but sure enough, when she was X-rayed, there was the toothbrush upright in her oesophagus with the bristles — it must have been a new toothbrush with straight, unworn bristles — clearly visible and facing forward. The toothbrush was removed by endoscopy without complication. After removal, curiosity — a characteristic of good doctors — prompted the casualty officer to uncover the real story. The woman preferred to use a toothbrush handle rather than her fingers when inducing vomiting, and this incident was the second time that she had lost control of the handle. The hospital kept in contact with her, but last month, ten months since her last admission, she still had not sought the recommended psychiatric advice. However, she has found herself a more reliable boyfriend and is prepared to accept help. There have been three other recent papers in the medical journals of toothbrush swallowing as a result of bulimia. Prompt removal of the brush — by endoscopy when possible, by surgery when not — is important, as a toothbrush left in the oesophagus has been known to cause necrosis and so much damage to the tissue that the oesophagus has perforated.

The essential feature of bulimia is that the patient, nearly always a woman under the age of 40, has a recurrent — sometimes a persistent — impulse to induce vomiting after bingeing. Many supplement the effect of the vomiting by taking laxatives, which increases the upset of their biochemical balance and can lead to dehydration. Surprisingly, most patients with bulimia succeed in regulating their weight so that, unlike patients with anorexia nervosa, most are not abnormally thin, but their weight tends to hover around a point about 10 per cent less than their average contemporary.

Bulimia is often associated with other personality disorders, particularly episodic impulsive behaviour and dependence on alcohol, amphetamines, or other drugs. Patients with

bulimia are frequently depressed, or suffer from one of the anxiety disorders, and like those with anorexia they are more conscious than usual of appearance and weight. The motivation seems to be much more complex in people with bulimia than in those with anorexia nervosa. Women with it will often say that they are revolted by the habit, but that they also take some precarious pleasure in the act. Psychologists have claimed that the bingeing has a sexual element and that the vomiting afterwards helps them to purge themselves of the shame of their secret and the resulting sense of guilt.

Although bulimia is rare in the over-forties, sufferers should not rely on growing out of it as an excuse for doing nothing. Psychotherapy is helpful, and in many cases it needs to be combined with treatment for underlying depression with 5HT re-uptake inhibitors.

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