

# CMScript

Issue 12 of 2024



Member of a medical scheme? Know your guaranteed benefits!

## Bulimia Nervosa

Eating disorders, such as Bulimia Nervosa, are serious mental health illnesses that involve unhealthy eating habits and an intense preoccupation with body weight or shape. They can affect anyone, regardless of age, gender, race, or background. These disorders are not simply about appearance or vanity – they are complicated illnesses that can impact both physical and mental health. If left untreated, they can cause long-term harm and have life-threatening consequences on a person's overall health and well-being.

Around 1.5% of women and 0.5% of men will have bulimia nervosa in their lifetime. The death rate for bulimia nervosa is approximately 4%, including an elevated risk of suicide.

### About Bulimia Nervosa

Bulimia nervosa is an eating disorder where a person eats large amounts of food in a short time (binge eating) and then tries to avoid weight gain by making themselves vomit, using laxatives, or exercising excessively.

### Types of Bulimia Nervosa

Bulimia nervosa is divided into two subtypes:

- **Purging Type**
  - This is the most common. It involves binge eating followed by self-induced vomiting or the misuse of laxatives, diuretics, or enemas to purge food from the body.
- **Non-Purging Type**
  - Instead of vomiting or using laxatives, individuals may compensate by fasting or exercising excessively to make up for binge eating.



### Causes and risks of Bulimia Nervosa

There is no single cause of bulimia nervosa. It can result from a combination of factors, including genetics, environmental influences, social upbringing, and psychological history.

Risk factors for developing bulimia nervosa include:

- Difficulty managing emotions: Finding it hard to cope with feelings like sadness, anger, or stress.
- Major life changes that cause stress: Big events or changes that cause emotional strain, like moving, losing a job, or a breakup.
- Developmental trauma or childhood abuse: Experiencing emotional or physical harm as a child or during earlier life.
- Negative self-esteem or relationship problems: Feeling bad about yourself or facing problems in friendships or family relationships.
- An abnormal desire to be accepted as "normal": Trying too hard to fit in.

The clinical information furnished in this article is intended for information purposes only and professional medical advice must be sought in all instances where you believe that you may be suffering from a medical condition. The Council for Medical Schemes is not liable for any prejudice in the event of any person choosing to act or rely solely on any information published in CMScript without having sought the necessary professional medical advice. The Communications Unit would like to thank the Clinical Unit for assisting with this edition of CMScript.

- The affected person linking success to leanness: Believing that being skinny equals being successful or worthy.
- Compulsive, impulsive, perfectionist tendencies: Always striving to be perfect or acting without thinking things through.
- A career that does not allow being overweight: Careers where weight or appearance is a major focus, like modelling or athletics.
- A “normal” diet that develops into an obsession: Starting a “normal” diet but becoming overly focused on food and weight.
- Mass media pressure of leanness being a virtue: Seeing constant images in the media that promote being thin as the ideal body type.
- Society linking responsibility with healthy eating: Feeling pressured to eat perfectly “healthy” to be seen as responsible.
- Problematic hormones and brain chemicals: Problems with the body’s natural chemicals that control mood and hunger.
- A family history of bulimia (inheritable genes): Having close family members with eating disorders, which may be genetic.
- Bright red eyes, bursting of blood vessels in eyes due to vomiting or straining in vomiting;
- Lack of essential nutrients;
- Dehydration and imbalanced electrolytes;
- Heart and organ problems;
- Weakened immune system;
- Irregular menstrual periods;
- Low body temperature;
- Low red and white blood cell count;
- Low thyroid activity;
- Weak bones (low bone density);
- Kidney damage;
- Risk of seizures.

## Signs of Bulimia Nervosa

People with bulimia nervosa may not look underweight because their goal is not to be extremely thin—they are focused on maintaining a normal weight. This can make it hard to recognise the disorder. However, some signs can help identify bulimia, such as:

- Eating large amounts of food quickly;
- Sneaking food between meals;
- Hiding food;
- Choosing food based on calorie content;
- Constantly thinking about weight;
- Stressing about eating too much;
- Forcing oneself to vomit after eating;
- Exercising too much or obsessively;
- Regularly buying and using laxatives;
- Misusing diuretics or diet pills;
- Going on diets or fasting often;
- Weight going up and down frequently;
- Mood swings happening often;
- Avoiding social situations.

## Symptoms of Bulimia Nervosa

Bulimia nervosa is a highly physical disorder that causes noticeable changes in the body, including:

- Nausea and vomiting;
- Trouble focusing;
- Dizziness and fainting;
- Blood sugar ups and downs;
- Numbness or tingling in hands and feet;
- Fatigue and muscle cramps;
- Swollen neck and jaw glands;
- Acid reflux causing sore throat, worn tooth enamel and tooth sensitivity;
- Stomach aches and pain;
- Intestinal blockages, tears, or infections;
- Appearing bloated from fluid retention;

## Long-term effects of Bulimia Nervosa

Bulimic behaviours can lead to severe long-term effects on the body’s physical functioning, including:

- Digestive issues: Chronic acid reflux, stomach ulcers, tears in the stomach lining, damage to the oesophageal sphincter and oesophagus (the tube in the body that takes food from the mouth to the stomach) and oesophageal cancer.
- Dental problems: Severe tooth decay from frequent vomiting.
- Heart complications: Irregular heartbeat, low blood pressure, and potential heart failure.
- Kidney damage: Dehydration and electrolyte imbalances affecting kidney function.
- Bone loss: Reduced bone density leading to osteoporosis (weakened bones).
- Reproductive issues: Irregular menstruation and potential infertility.
- Immune system weakness: Increased vulnerability to infections.
- Muscle and nerve damage: Weakness, cramps, and numbness.
- Organ dysfunction: Potential failure of critical organs, including the heart and liver.
- Mental health disorders: Anxiety, depression, substance use issues and increased suicidal ideation.
- Death due to the physical impacts mentioned above or increased suicidal ideation.

## Diagnosis of Bulimia Nervosa

Doctors use specific guidelines in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) to diagnose eating disorders. These disorders involve ongoing issues with eating habits or behaviours that affect how food is consumed or absorbed, leading to serious impacts on physical health or mental well-being.

To diagnose bulimia nervosa, healthcare providers look for the following criteria:

- Recurrent episodes of binge eating, characterised by an inability to control or monitor food consumption and consuming abnormally large quantities of food within a specific timeframe.

- Feelings of lack of control during these episodes are often accompanied by shame or guilt afterwards.
- Engagement in compensatory behaviours to prevent weight gain following binge eating, such as self-induced vomiting, excessive exercise, fasting, or misuse of diuretics or laxatives.
- Frequency of behaviour, with binge and purge episodes occurring at least once a week for three or more consecutive months.
- Self-confidence and self-worth are disproportionately influenced by body weight and shape beyond what is considered typical.
- Exclusion of a diagnosis of anorexia, as there is no evidence of severely restrictive eating patterns or being underweight.

The healthcare provider will take your medical history and perform a physical exam and may ask about:

- Eating habits
- Exercise routines
- Mental health history
- How a person sees and feels about their body
- Use diet pills, laxatives, or diuretics
- Family history of eating disorders

While laboratory tests alone cannot confirm bulimia, they can help rule out other medical conditions and assess the effects of the disorder. Tests may include:

- Complete blood count (CBC): Checks overall health
- Electrolyte panel: Looks for dehydration and imbalances in the blood
- Electrocardiogram (EKG): Monitors heart health
- Urinalysis: Screens for various conditions
- Bone density test: Checks for weak bones (osteoporosis)
- Kidney function tests
- Liver function tests
- Thyroid blood tests

## Treatment for Bulimia Nervosa

Bulimia Nervosa can be treated successfully as there are medications that can assist in the process.

- **Medical Care**
  - Focuses on treating physical health problems and may include short-term medications for physical and mental health issues.
- **Therapy**
  - Involves psychotherapy (talk therapy) often combining cognitive and behavioural approaches, to address underlying issues. Therapy can be done at home (outpatient) or in a hospital (inpatient). Staying in a rehabilitation centre is often recommended for the best recovery environment.
- **Nutritional treatment**
  - Dietitians help to create a healthy eating plan to restore nutrition and develop a better relationship with food. Rehabilitation centres often provide meals tailored to patients' recovery needs.

## What is covered as PMB level of care in eating disorders

The Prescribed Minimum Benefits (PMB) regulations determine that the diagnosis, treatment, and care of a disease must be funded in full by the medical schemes.

The PMB Regulation include bulimia under the Diagnostic and Treatment Pair 908T - *Anorexia Nervosa and Bulimia Nervosa*.

The treatment for this DTP is specified as Hospital-based management up to 3 weeks/year **OR** a minimum of 15 outpatient contacts per year. In-hospital management may include medicines (e.g., antidepressant medication) and consultations with health professionals such as psychiatrists, psychologists, occupational therapists, and social workers.

It is important to remember that medical schemes can use designated service providers (DSPs). A DSP is a healthcare provider (such as a doctor, pharmacist, or hospital) that is appointed by the medical scheme for the treatment or care of PMB conditions. Voluntarily opting for a non-DSP means you may have to pay a portion of the bill as a co-payment.

Medical schemes may also have medicine formularies (list of medicine to treat the condition) which should include medicines from all classes. It is important to obtain the formulary information from the medical scheme and discuss this with the treating doctor. If a non-formulary drug is used, the medical scheme may charge a co-payment.

If you or someone you know is struggling with signs of bulimia nervosa, don't hesitate to seek help. Early treatment can prevent long-term damage and help you live a healthier, happier life. Reach out to your healthcare provider or medical scheme for guidance and support.

## References

1. Mchiza, Z. 2014. Eating disorders in South African schools: a public health crisis that needs immediate intervention. *South African Journal of Clinical Nutrition*, 27(4). Available from: [https://journals.co.za/doi/pdf/10.10520/EJC164013?utm\\_source=chatgpt.com](https://journals.co.za/doi/pdf/10.10520/EJC164013?utm_source=chatgpt.com) [Accessed 9 December 2024]
2. López-Gil, J.F., García-Hermoso, A., Smith, L., et al. 2023. Global Proportion of Disordered Eating in Children and Adolescents: A Systematic Review and Meta-analysis. *JAMA Pediatrics*, 177(4):363–372. doi:10.1001/jamapediatrics.2022.5848. Available from: <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2801664> [Accessed 9 December 2024]
3. South African Society of Psychiatrists (SASOP). 2024. Eating disorders - the silent killer. Available from: <https://www.sasop.co.za/eating-disorder-the-silent-killer> [Access 9 December 2024]
4. Eating Disorders South Africa (EDSA). n.d. Eating Disorders. Available from: <https://www.edsa.co.za/eating-disorders> [Accessed 9 December 2024]
5. Eating Disorder Hope. n.d. Eating Disorder Awareness & Education. Available from: <https://www.eatingdisorderhope.com/information/eating-disorder> [Accessed 9 December 2024]