

Bulimia nervosa

Bulimia nervosa, also known as simply **bulimia**, is an **eating disorder** characterized by binge eating followed by purging.

Binge eating refers to eating a large amount of food in a short amount of time.

Purging refers to the attempts to get rid of the food consumed.

This may be done by vomiting or taking laxatives.

Other efforts to lose weight may include the use of diuretics, stimulants, water fasting, or excessive exercise.

Most people with bulimia are at a normal weight.

The forcing of vomiting may result in thickened skin on the knuckles and breakdown of the teeth.

Bulimia is frequently associated with other mental disorders such as depression, anxiety, and problems with drugs or alcohol. There is also a higher risk of suicide and self-harm.

There is little research identifying which specific BN symptoms maintain BN psychopathology and how they are associated with symptoms of depression and anxiety. Network analyses represent an emerging method in psychopathology research to examine how symptoms interact and may become self-reinforcing. In the current study of adults with a Diagnostic and Statistical Manual for Mental Disorders-Fourth Edition (DSM-IV) diagnosis of BN (N = 196), we used network analysis to identify the central symptoms of BN, as well as symptoms that may bridge the association between BN symptoms and anxiety and depression symptoms. Results showed that fear of weight gain was central to BN psychopathology, whereas binge eating, purging, and restriction were less central in the symptom network. Symptoms related to sensitivity to physical sensations (e.g., changes in appetite, feeling dizzy, and wobbly) were identified as bridge symptoms between BN, and anxiety and depressive symptoms. We discuss our findings with respect to cognitive-behavioral treatment approaches for BN. These findings suggest that treatments for BN should focus on fear of weight gain, perhaps through exposure therapies. Further, interventions focusing on exposure to physical sensations may also address BN psychopathology, as well as co-occurring anxiety and depressive symptoms ¹⁾.

Third-party payor cost-effectiveness of Internet-based CBT-BN is comparable with that of an accepted standard. Internet-based dissemination of CBT-BN may be a viable alternative for patients geographically distant from specialist eating disorder services who have an unmet need for treatment ²⁾.

Case reports

Levine et al. report two patients whose eating disorder resolved after right temporal lobe lesions. The first case report involves a woman with a history of bulimia nervosa and partial seizures arising from the occipital and right temporal regions. The second case is a woman with a history of anorexia

nervosa that resolved after a head injury that resulted in right-sided inferofrontal and temporal encephalomalacia. Not only did both patients' eating disorders resolve, but their moods and libidos improved ³⁾.

1)

Levinson CA, Zerwas S, Calebs B, Forbush K, Kordy H, Watson H, Hofmeier S, Levine M, Crosby RD, Peat C, Runfola CD, Zimmer B, Moesner M, Marcus MD, Bulik CM. The core symptoms of bulimia nervosa, anxiety, and depression: A network analysis. *J Abnorm Psychol.* 2017 Apr;126(3):340-354. doi: 10.1037/abn0000254. Epub 2017 Mar 9. PubMed PMID: 28277735; PubMed Central PMCID: PMC5378619.

2)

Watson HJ, McLagan N, Zerwas SC, Crosby RD, Levine MD, Runfola CD, Peat CM, Moessner M, Zimmer B, Hofmeier SM, Hamer RM, Marcus MD, Bulik CM, Crow SJ. Cost-Effectiveness of Internet-Based Cognitive-Behavioral Treatment for Bulimia Nervosa: Results of a Randomized Controlled Trial. *J Clin Psychiatry.* 2017 Dec 5;79(1). pii: 16m11314. doi: 10.4088/JCP.16m11314. [Epub ahead of print] PubMed PMID: 29228517.

3)

Levine R, Lipson S, Devinsky O. Resolution of eating disorders after right temporal lesions. *Epilepsy Behav.* 2003 Dec;4(6):781-3. PubMed PMID: 14698720.

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