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Bulimia Nervosa - A Case Study.

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ABSTRACT

Bulimia nervosa is a psychiatric disorder characterized by episodic, uncontrolled rapid ingestion of large quantities of food. It is characterized by altered eating patterns and disturbance in body image. The eating pattern in people with bulimia nervosa is chaotic. They lack control over eating and there will be fluctuation in weight. Objective: to define bulimia nervosa, incidence, sign and symptom, diagnostic feature, etiology and management. Method: describing the symptomatology, etiology of bulimia nervosa. Result: a case of Master X 20 years female, presented with the history of eating large quantities of food followed by vomiting. There is a persistent pre-occupation with eating, and irresistible craving for food for the past one year and finally diagnosed to have bulimia nervosa and was treated for it. Conclusion: Bulimia nervosa is a psychiatric disorder characterized by episodic, uncontrolled rapid ingestion of large quantities of food, include family members in providing an effective care to the patient and to develop support and explore the emotional experiences of the client

Keywords: Bulimia nervosa, body image, binge eating, emotional experience.

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INTRODUCTION

Bulimia nervosa, also known as simply bulimia, is an eating disorder characterized by binge eating followed by purging [1]. Binge eating refers to eating a large amount of food in a short amount of time. Purging refers to attempts to rid oneself of the food consumed [2]. This may be done by vomiting or taking a laxative. Other efforts to lose weight may include the use of diuretics, stimulants, fasting, or excessive exercise. Most people with bulimia have a normal weight [3]. 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.

Definition

Bulimia nervosa is a psychiatric disorder characterized by episodic, uncontrolled rapid ingestion of large quantities of food. Bulimia may occur alone or in conjunction with the food restricting behaviour of anorexia nervosa



Case study of master x

Master x 20 years female, presented with the history of eating large quantities of food followed by vomiting. There is a persistent pre-occupation with eating, and irresistible craving for food for the past one year. There was no family history of psychiatric illness. Master x was diagnosed to have bulimia nervosa.

Incidence

Globally, bulimia was estimated to affect 6.5 million people in the world. About 1% of young women have bulimia at a given point in time and about 2% to 3% of women have the condition at some point in their lives [4]. The condition is less common in the developing countries. Bulimia is about nine times more likely to occur in women than men [5].

Signs and symptoms

- Recurrent episodes of binge eating
- Chronic gastric reflux

- Electrolyte imbalance
- Oral trauma,
- Constipation
- Enlarged glands in the neck, under the jaw line
- fixation on number of calories
- low blood pressure
- irregular menstrual cycle

Related disorders

- Affective disorder, such as depression
- General anxiety disorder
- Acid erosion, mainly on the posterior dental surface.

Diagnostic feature

- Recurrent episodes of binge eating
- Recurrent inappropriate compensatory behaviour

Etiology

Biological

- hyper androgenism
- polycystic ovary syndrome

Social

- Socio cultural factors
- Altered family system

Treatment

- Psychotherapy
- Individual therapy
- Group therapy
- Family therapy

Medication

- Antidepressants
- selective serotonin reuptake inhibitors (SSRI)
- Topiramate

Treatment goals

- Normalize eating
- Maintain weight
- Normalize psychological function

Nursing management

- Imbalance nutrition more than body requirement evidence by eating fatigability
- Body image disturbance
- Irrational belief about eating
- Mal adaptive coping response

Nursing interventions

- To stabilize the nutritional status
- Talk with the patient about the importance of modifying eating pattern
- To maintain normal body image and participate in the therapeutic milieu.
- Involve family members to extend the support to the client

CONCLUSION

Eating disorders are psychiatric illness with substantial psychosocial and biological consequences. This disorder can cause significant emotional and physical turmoil [6]. The nurses should include family members in providing an effective care to the patient and to develop support and explore the emotional experiences of the client [7].

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