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Eating disorders are of major significance both in society and clinical medicine this paper narrows its focus on bulimia nervosa. The World Health Organization's International Classification of Diseases system (ICD-10) groups Bulimia nervosa as falling under the range of F50-F59 (These mental disorders are associated with physical factors and physiological disturbances). F50 is an eating disorder, bulimia nervosa which is the central focus of this paper is specifically classified as F50.2 (WHO, 1992)

Bulimia nervosa is described as an eating disorder that is labeled as being serious. Writers, Ham, et al., (2022) suggests that people who suffer from bulimia nervosa experience consistent episodes of binge eating and a poor compensatory behavior linked with impaired mental and physical health. The writers further suggest that effective treatments abound however existing records show many individuals who suffer from bulimia remain untreated which invariably results to an increased risk and high burden of chronicity. Other writers, Bhaskar et al., (2018) state that bulimia nervosa is a serious psychiatric illness characterized by eating large quantities of food in a short span of time followed by feelings of shame which leads to induced fasting, vomiting and inappropriate use of enemas, diuretics or laxatives.

Symptoms of Bulimia Nervosa: (Hartmann et al., 2022) argue that Bulimia Nervosa has an estimated lifetime prevalence of 0.8 percent. The core symptoms of bulimia nervosa include constant binge eating episodes, maladaptive over evaluations of body, weight and shape, inappropriate compensatory behavior. These symptoms eventually result to an elevated psychological burden as well as marked impairment in social integration, physical health, professional performance and overall quality of life.

Signs of Bulimia Nervosa: NHS (2018), Beat (2020) suggest that the signs of bulimia nervosa may be psychological, physical or a combination of both. Physical signs include dizziness, signs of damage due to vomiting including swelling on knuckles, cheeks, damage to teeth. Psychological signs are: Low self esteem, feelings of shame, preoccupation with eating, having a distorted body image, obsession with food. Behavioral signs: vomiting, constant use of suppressants, secretive behavior around food, dieting behavior, fasting and lack of control over eating.

Causes of Bulimia Nervosa: Sathyapapriya et al., (2018) on the one hand that the exact cause of bulimia nervosa is unknown on the other hand that the cause of bulimia has its roots in biological, genetic, psychological, behavioral and social factors. The writers also argue that the dread of weight loss is linked to bulimia nervosa. Other writers maintain that the conditions linked to bulimia nervosa include anxiety, depression and post traumatic stress. Other causative factors of bulimia nervosa

include pressures of exercising activities especially those that place emphasis on weight, exposure to obstructive role models through the fashion industry and media.

Diagnosis of bulimia nervosa: Blood tests- Specialized tests are taken to check for protein and electrolytes as well as functioning of thyroid, liver and kidney. Physical examinations is another means of diagnosing bulimia, this involves measuring the weight and height, checking for vitals such as blood pressure and temperature, checking the nails and skin and listening to the lungs and heart.

Treatment of Bulimia: NHS(2021) maintain that treatment for Bulimia Nervosa takes a long period of time. Treatment is stratified on the basis of age. The first stratification of treatment begins with self help books which involves monitoring food intake, making realistic food plans and learning about triggers of bingeing and raising awareness of self help support charities e.g Beat UK.

Cognitive Behavioral Therapy is a second contemporary means of treatment used in the United Kingdom (NICE, 2017). Many writers, Linardon and Wade, (2018), (Svalter et al., (2019) suggest that Cognitive Behavioural Therapy is the treatment of choice according to the National European treatment guidelines however regardless of the effective treatments for Bulimia Nervosa eg Cognitive Behavioral Therapy many patients do not receive evidence based therapies or remain untreated, this further increases the risk of the burden and chronicity of illness (Strigel et al., 2017).

NHS (2020) maintains that Cognitive Behavioral Therapy involves talking to a therapist who helps the patients to explore thoughts and emotions which contributes to the eating disorder. Slade (2018) argues that Cognitive Behavioral Therapy specific to Bulimia Nervosa has been demonstrated to be an effective form of treatment.

In the form of pharmacology treatment, the NHS (2020) suggests that antidepressants are used in conjunction with self help treatment to manage conditions such as obsessive compulsive disorder, social phobia and anxiety which are symptoms of bulimia. (Bulimia Nervosa - Beat, 2022) states that support groups exist where bulimia patients are able to talk to others and share experiences with those in the same condition. Families are also involved in the treatment and sustaining recovery phase.

Family Therapy, the NHS provides family therapy to children and young people. In this treatment patients talk with a therapist with their families and an exploration is done on how the mental illness has affected the patient and how the family can support. Treatment is usually offered on an outpatient basis. However if outpatient treatment is not helpful inpatient may be required (Treatment - Bulimia, 2020).

Cases of relapse in contemporary treatment: Writers, Marion et al (2014) argue that relapse is a significant concern in eating disorders with figures of relapse for bulimia nervosa ranging from twenty five percent to sixty three percent, this depends on the definition of relapse and length of follow up.

A study, Marion et al (2014) shows that persons who require outpatient hospital treatment for bulimia nervosa are more likely to suffer a relapse, some patients were seen to achieve control of behavior symptoms only with very intensive treatments.

Principles when dealing with bulimic patients: It is imperative that health care practitioners are conversant with and put into practice the principles of care when dealing with patients suffering from bulimia nervosa.

NICE (National Institute Centre for Excellence) stipulates that in line with patients getting optimum care health care practitioners are to be aware that people suffering from eating disorders are vulnerable to shame and stigma and that they find it difficult to discuss with health professionals (NICE 2020)

Secondly, health care professionals are tasked with the responsibility of ensuring that patients and carers have equal access to treatments regardless of race, ethnicity, age and sexual orientation amongst others.

Thirdly, consent and confidentiality is of utmost importance, health practitioners are expected to ensure that the dignity and privacy of patients is respected at all times. Again, it is expected that healthcare professionals are expected to show compassion, respect and empathy at all times (NICE, 2020)

Historical treatment of bulimia nervosa: In historical times bulimia was referred to as "bulimos" which means a powerful sensation of hunger marked with fainting and general debilitation. The patient during this era was described as being stricken with abdominal pain, pale, a weak pulse and a feeling of coldness around the heart.

During this era when sufferers were prevented from overeating they fainted (Ziolko 1996). Therapy was administered at the onset of fainting in the form of restoration, measures such as warming oil and rubbing down the head and body, pinching and pricking and washing the head with violet oil. Simulating fragrances such as smells from fresh bread and roasted meat were employed (Ziolko, 1996). To reduce appetite wine, mixture of grease and oil was given. To strengthen the nervous system physicians recommended rest, cold water cures, cures on the sea coast. Drugs such as codeine, morphine and bromine were administered successfully (Ziolko 1996).

In view of the above discussion the writer of this essay strongly recommends yoga which is an alternative and complementary therapy for the treatment of bulimia

nervosa. Osterman et al., (2019) maintain that the percentage of eating disorders in young adolescent female comes with a high risk of relapse and problems which are psychopathological. The writers, Osterman et al., (2019) strongly suggest that interventions that places emphasis in the interactions amongst the mind, brain, behavior and the rest of the body are used as adjunct interventions for multiple psychiatric conditions and yoga is the most commonly used intervention.

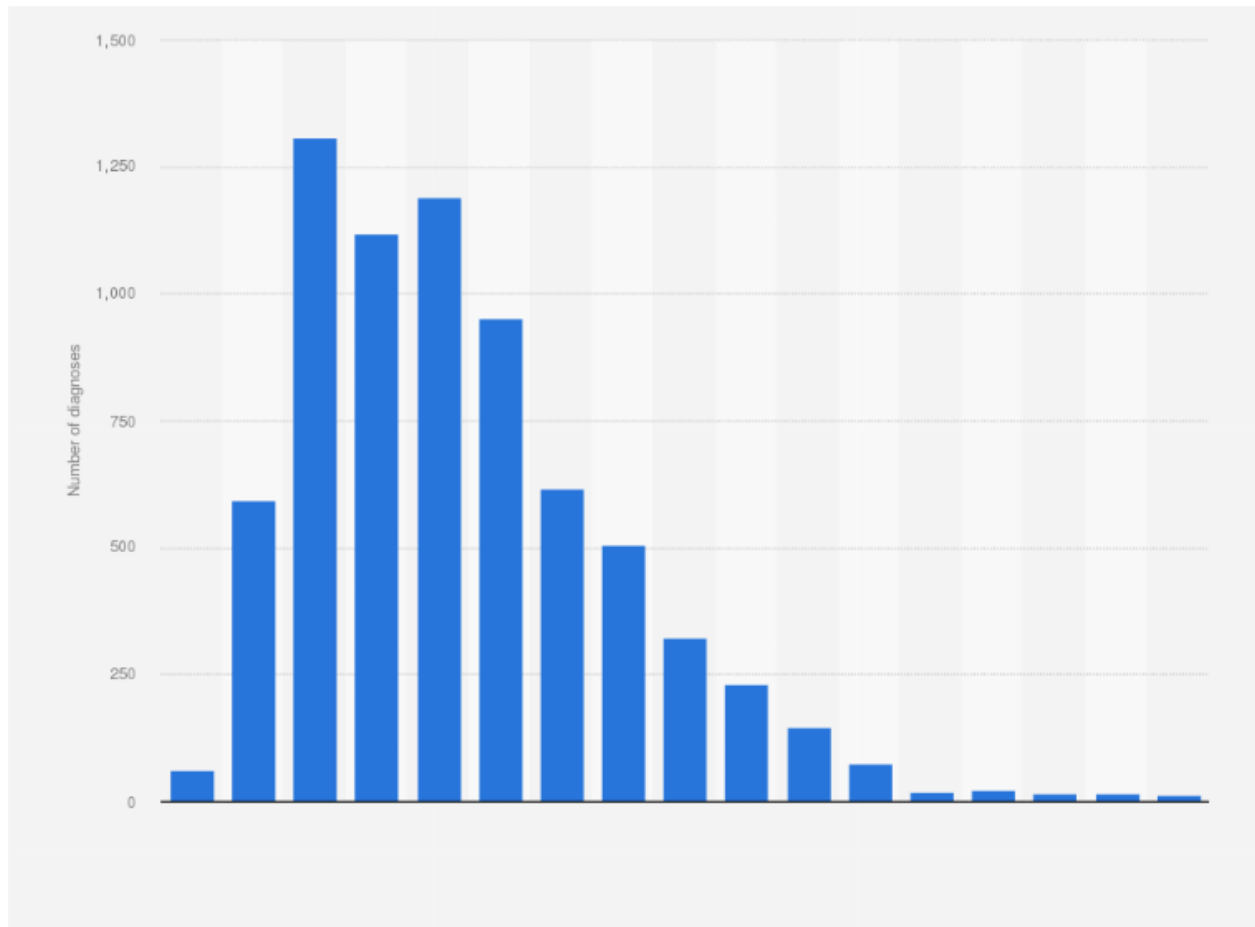
Studies show that people who practice yoga have a reduced risk for developing eating disorders. The study again reveals that practicing yoga has a therapeutic effect on patients who have a distorted body image since it addresses their body schema in an empowering and relaxing way (Osterman et al., 2019)

On the one hand writers suggest that yoga has been shown to positively influence the body image of the overall population on the other hand they argue that yoga can be counterproductive as a means of treatment, the argument is that patients with eating disorders may focus on yoga to suppress hunger or to burn calories and their diagnosis may not be detected (Osterman et al., 2019)

Secondly, writers point out that yoga influences eating disorders and weight control behavior by multiple mechanisms which aim at unifying spirit, body and mind making use of heightened body reactivity and body awareness. Females who practice yoga have greater body awareness and are linked with healthier relationship to food and intuitive eating. Again yoga has been linked to body satisfaction, increased moment to moment awareness and self acceptance in females who suffer from eating disorders. Women who are associated with yoga practice have been seen to pay less attention at how they perceive and view themselves and how others view them at the expense of their feelings, this is of paramount importance because self objectivation has been linked with eating disorders (Osterman et al., 2010).

Again, from a neurophysiological perspective bulimia nervosa is linked to variances in serotonin function which precedes the eating disorder and persists after recovery. The writers postulate that yoga has been shown to modulate serotonin levels in patients with depression and eating disorders.

Statistics of bulimia patients in the United Kingdom:



England:bulimia diagnosis 2020/21(Statista.com)

Recommendation

In the course of writing this paper,the writer of this essay noticed that all arguments promulgated by professionals on eating disorders and bulimia nervosa in particular commonly agree that this mental disorder has a severe psychiatric consequence on the patient,their families and society in general as a result it is imperative that more research needs to be undertaken so as to understand the biological and psychosocial triggers.

Secondly,a causative factor responsible for bulimia nervosa in young people is the negative pressure of social media on impressionable young people to look a certain way.To combat this vice it is important for Government to step in and promulgate laws that oversee social media content and adverts that appear to promote body image in ways that are detrimental to the vulnerable.

This essay brought to light the fact that patients suffering from bulimia nervosa encounter a relapse after outpatient and pharmacological interventions, It is for this reason that yoga was embodied in this essay to show that alternative complementary medicine may be the way forward in the treatment of bulimia nervosa.

In addition, the writer of this essay suggests that since patients who suffer from bulimia are adverse to hiding their illness healthcare practitioners should be better trained and educated to understand the complexities of bulimia nervosa. Highly trained professionals will be equipped to carry out early interventions thereby increasing the chances of recovery.

Conclusion

Bulimia nervosa remains a serious mental disorder that affects people of all ages however young adults are more prone to the condition with writers stating that young female women are more prone to the condition with causes stemming from poor body image, low esteem, social media pressure and incidents of abuse.

Over time researchers and healthcare practitioners have studied and applied several interventions to mitigate and cure bulimia nervosa with the most popular intervention being therapy and pharmacology interventions being the last resort however patients who are suicidal, depressed and who suffer from anxiety are given drugs and closely monitored.

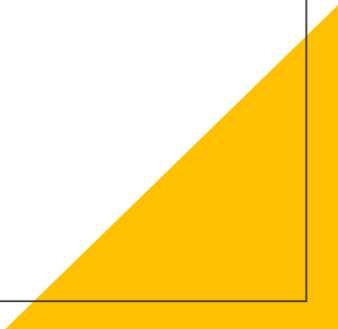
With the increasing growth and breakthrough in medicine it is hoped that bulimia nervosa will be better understood, with appropriate treatments that lead to full recovery and cases of a relapse are reduced to the barest minimum.

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Appendix

BSc HEALTH AND SOCIAL CARE

- BMHP6006 MENTAL DISORDERS AND PSYCHOPATHOLOGY
 - LECTURER: Bianca Sanfilippo
 - STUDENT: MARGARET HABIBA NKEM-AJOKU
 - (1809941)
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Introduction To Mental and Behavioural Disorders



"No health without mental health" (WHO)

- It is characterised by changes in perception thoughts, behavior or emotions that negatively impacts on the individual patient.
- It is an important cause of long-term disability and dependency
- It has diverse and long-term negative effect on individuals, their families and society.
- Genetics, stress, nutrition, perinatal infections and exposure to environmental hazards are contributing factors to mental health disorders.

(Oldershaw 2019)

Definition of Bulimia

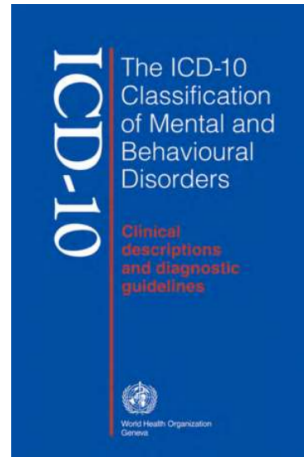
Bulimia Nervosa is a mental health condition and eating disorder. Sufferers go through a period of eating a large amount of food at a short expanse of time and then make themselves sick with the use of laxatives, excessive exercise or both to prevent themselves from gaining weight.

It is characterised by:

- Extreme weight control behaviour.
- Fear of obesity.
- Over concern about body shape and weight.
- Often seen in adolescent females.

(Martical et al,2013,)

Classification within ICD-10



- ICD-10 is relied on in the United Kingdom for the classification of mental and behavioral disorders.
- ICD-10 provides guidelines for mental disorder classification.
- ICD-10 Bulimia nervosa is classified as an eating disorder.
- Bulimia nervosa is associated with physiological and psychological factors.

Aetiology of Bulimia Nervosa

- Genetics (Being a family member of one who has suffered from an eating disorder)
- Being a victim of abuse
- Low self esteem
- Obsessed about being slim pressure may stem from the job or societal pressure
- Suffering from anxiety, an obsessive personality or low self esteem

(NHS 2021)



Signs

- Skin signs are the expression of the medical consequences of starvation and vomiting (acne, hyperpigmentation and coldness of the hands)
- A sore throat from being sick
- Fatigue
- Feeling guilty and ashamed and behaving secretly
- Vomiting (induced)
- Irregular periods in women
- Obsessively or excessively exercising
- Using the bathroom a lot after eating
- Consuming food at a fast pace

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NHS 2021, Beat UK 2021



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NHS 2021, Beat UK 2021



Symptoms

Several factors instigate the onset of Bulimia nervosa

- Mood changes which vary from feeling anxious or tense
- An overwhelming fear of gaining weight
- Sufferers induce vomit after binge eating
- Being critical about their body shape and weight
- Laxative misuse can affect the heart and digestive system
- The presence of mental health challenges like anxiety and depression.
- (NHS UK)



Diagnosis

- Physical examination by a General Practitioner or specialist
- Conducting tests in a laboratory
- Psychological evaluation
- Xrays to check broken bones or stress fractures

(NICE 2020)

Historical view and treatment

- Romans in the 18th century were known to induce vomiting after gluttonous eating. Fasting amongst women to attain purity.
- Historical references suggest bulimia nervosa has cases spanning over 60 years. Various treatments existed overtime
- Russell Gerald played a phenomenal role in the discovery of bulimia nervosa in the United Kingdom in 1979
- Russell Gerald introduced the stratification treatment which suggested precision psychiatry

Alexander et al 1994, Beat UK 2020

General Principle of Care

The National Institute of Care and Health Excellence (NICE) states that it should be taken into cognizance that people suffering from eating disorders may:

- Be susceptible to shame and stigma
- Find it difficult and tasking to talk about their condition
- Need intervention and information appropriate for their age and level of development

(National Institute for Health and Care Excellence)

Treatment



The NHS offers treatments for adults, adolescent and young children.

- Self-help programme is a first step in treatment. Self-help books guide with monitoring food intake and triggers of bingeing
- Cognitive behavioural therapy. This involves sessions with a therapist who help patients explore their emotions
- Children under 18 are offered family therapy
- Young adults are offered adolescent focused psychotherapy
- Medicine-anti depressants such as Prozac is given with combination of therapy
- Treatment is usually outpatient however suicidal sufferers and those with health complications are admitted in hospital

Statistics

- 1.25 million people in the United Kingdom have an eating disorder.
- 25% of this population are male
- 46% of bulimia nervosa patients fully recover, 33 % improving and 20% remain chronically ill

(Beat charity 2020)

Recommendations

- To fight this illness, it is vital for health bodies to enhance their understanding of the underlying biological and psychosocial mechanisms in order to produce lasting pharmacological cures.
- Government should provide funding for further research
- Laws and Legislation should be promulgated to control the negative impact social media plays in putting pressure on impressionable teenagers
- Improve strategies for early intervention and prevention and better target our treatments through improved understanding of specific disease mechanisms.

Conclusion

- Mental health disorders undeniably leaves detrimental impacts on adults, adolescents and children. The impact on society is not far-fetched.
 - Challenges abound in the treatment of eating disorders (resistance to treatment, increase in relapse cases ,developmental and maintaining factors)
 - Young people especially young female girls suffer from bulimia nervosa as a result of several factors. Is enough been done?
 - Inadequate research remains a problem on the condition bulimia nervosa as we are yet to see a breakthrough in treatment
 - Statistics remain scarce on the condition
 - More definitive Acts need to be promulgated to protect already vulnerable sufferers of mental health
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