Bulimia Nervosa

Are you or a loved one struggling with bulimia? Explore the warning signs, symptoms, and treatment options.

What is bulimia?

Many of us turn to food when we’re feeling lonely, bored, or stressed. But if you have the eating disorder bulimia nervosa, overeating is more like a compulsion. Bulimia is characterized by frequent episodes of binge eating followed by extreme efforts to avoid gaining weight, often by vomiting, using laxatives, or exercising to excess. This vicious cycle of bingeing and purging can take a toll on your body and emotional well-being. It can cause damage to your digestive system and create chemical imbalances in the body that harm the functioning of major organs, including the heart. It can even be fatal.

While it is most common among young women, bulimia can affect women and men of all ages. When you’re struggling with the eating disorder, life is a constant battle between the desire to lose weight and the overwhelming compulsion to binge eat. You don’t want to binge—you know you’ll feel guilty and ashamed afterwards—but time and again you give in. After the binge ends, panic sets in and you turn to drastic measures to “undo” your overeating, such as taking laxatives, vomiting, or going for an intense run. No matter how trapped in this vicious cycle you feel, though, there is hope. With treatment and support, you can break the cycle, learn to manage unpleasant emotions in a healthier way, and regain control of your life.
Not all bulimics purge

It’s important to note that bulimia doesn’t necessarily involve purging: physically eliminating the food from your body by throwing up or using laxatives, enemas, or diuretics. If you make up for your binges by fasting, exercising to excess, or going on crash diets, this also qualifies as bulimia.

Are you bulimic?

- Are you obsessed with your body and your weight?
- Does food and dieting dominate your life?
- Are you afraid that when you start eating, you won’t be able to stop?
- Do you ever eat until you feel sick?
- Do you feel guilty, ashamed, or depressed after you eat?
- Do you vomit or take laxatives to control your weight?

Signs and symptoms of bulimia

If you’ve been living with bulimia for a while, you’ve probably “done it all” to conceal your bingeeing and purging habits. It’s only human to feel ashamed about having a hard time controlling yourself with food, so you most likely binge alone. If you eat a box of doughnuts, then you’ll replace them so your friends or family won’t notice. When buying food for a binge, you might shop at four separate markets so the checker won’t guess. But despite your secret life, those closest to you probably have a sense that something is not right.

Binge eating signs and symptoms

Lack of control over eating. Unable to stop eating until the point of physical discomfort and pain.

Secrecy surrounding eating. Going to the kitchen after everyone else has gone to bed. Going out alone on unexpected food runs.

Eating unusually large amounts of food with no obvious change in weight.

Disappearance of food, numerous empty wrappers or food containers in the garbage, or hidden stashes of junk food.
Alternating between overeating and fasting. Rarely eating normal meals, it’s all-or-nothing when it comes to food.

Purging signs and symptoms

Going to the bathroom after meals. Frequently disappearing after meals to throw up. Running water to disguise sounds of vomiting.

Using laxatives, diuretics, or enemas after eating. Or taking diet pills or using the sauna to “sweat out” water weight.

Smell of vomit. The bathroom or even the person may smell like vomit. They may try to cover up the smell with mouthwash, perfume, air freshener, gum, or mints.

Excessive exercising after eating. Typical activities include high-intensity calorie burners such as running or aerobics.

Physical signs and symptoms

Calluses or scars on knuckles or hands from sticking fingers down their throat to induce vomiting.

Puffy “chipmunk” cheeks caused by repeated vomiting.

Discolored teeth from exposure to stomach acid when throwing up. May look yellow, ragged, or clear.

Not underweight. Men and women with bulimia are usually normal weight or slightly overweight. Being underweight while purging might indicate a purging type of anorexia.

Frequent fluctuations in weight, by 10 pounds or more due to alternating bingeing and purging.

Bulimia causes and effects

There is no single cause of bulimia. While low self-esteem and concerns about weight and body image play major roles, there are many other contributing factors. You may have trouble managing your emotions in a healthy way and use eating as an emotional release, bingeing and purging when you feel angry, depressed, stressed, or anxious.
Risk factors for bulimia include:

**Poor body image**, particularly when paired with strict dieting.

**Low self-esteem**, often stemming from depression, perfectionism, or a critical home environment.

**Stressful life changes**, such as a breakup, going away to college, starting a new job, or going through puberty.

**History of trauma or abuse**. This includes things such as sexual assault, childhood neglect or abuse, troubled family relationships, or the death of a loved one.

**Effects of bulimia**

When you are living with bulimia, you are putting your body—and even your life—at risk. The most dangerous side effect of bulimia is dehydration due to purging. Vomiting, laxatives, and diuretics can cause electrolyte imbalances in the body, most commonly in the form of low potassium levels. Low potassium levels trigger a wide range of symptoms ranging from lethargy and cloudy thinking to irregular heartbeat and death. Chronically low levels of potassium can also result in kidney failure. Using ipecac syrup is also very dangerous, and can cause sudden death.
Getting help for bulimia

Regardless of how long you’ve struggled with bulimia, you can learn to break the binge and purge cycle and develop a healthier attitude toward food and your body.

Steps to bulimia recovery

Admit you have a problem. Up until now, you’ve been invested in the idea that life will be better—that you’ll finally feel good—if you lose more weight and control what you eat. The first step in bulimia recovery is admitting that your relationship to food is distorted and out of control.

Talk to someone. It can be hard to talk about what you’re going through, especially if you’ve kept your bulimia a secret for a long time. You may be ashamed, ambivalent, or afraid of what others will think. But it’s important to understand that you’re not alone. Find a good listener—someone who will support you as you try to get better.

Source: National Women’s Health Information Center
Stay away from people, places, and activities that trigger the temptation to binge or purge. You may need to avoid looking at fashion or fitness magazines, spend less time with friends who constantly diet and talk about losing weight, and stay away from weight loss web sites and “pro-mia” sites that promote bulimia. You may also need to be careful when it comes to meal planning and cooking magazines and shows.

Address any underlying mood disorder. It’s common for people with bulimia to also suffer from depression or anxiety. Getting help for co-existing conditions is vital to your bulimia recovery.

Seek professional help. The advice and support of trained eating disorder professionals can help you regain your health, learn to eat normally again, and develop healthier attitudes about food and your body.

If you or a loved one has bulimia

In the U.S., call the National Eating Disorders Association’s toll-free hotline at 1-800-931-2237 for free referrals, information, and advice. In other countries, see Where to turn for help below for helplines in your area.

Bulimia recovery tip 1: Break the binge and purge cycle
The first step in bulimia recovery is stopping the vicious cycle of bingeing and purging. In order to do this, it’s essential that you quit trying to diet. Dieting triggers bulimia’s destructive cycle of bingeing and purging. The irony is that the stricter the diet, the more likely it is that you’ll become preoccupied, even obsessed, with food. When you starve yourself, your body responds with powerful cravings—its way of asking for needed nutrition.

As the tension, hunger, and feelings of deprivation build, the compulsion to eat becomes too powerful to resist: a “forbidden” food is eaten; a dietary rule is broken. With an all-or-nothing mindset, you feel any diet slip-up is a total failure. After having a bite of ice cream, you might think, “I’ve already blown it, so I might as well go all out.”

Unfortunately, the relief that bingeing brings is extremely short-lived. Soon after, guilt and self-loathing set in. And so you purge to make up for bingeing to regain control. But purging only reinforces binge eating. Though you may tell yourself this is the last time, in the back of your mind there’s a voice saying you can always throw up or use laxatives if you lose control again. However, purging doesn’t come close to wiping the slate clean after a binge.

**Purging does NOT prevent weight gain**

Purging isn’t effective at getting rid of calories, which is why most people suffering with bulimia end up gaining weight over time. Vomiting immediately after eating won’t eliminate more than 50% of the calories consumed—usually much less. This is because calorie absorption begins the moment you put food in the mouth. Laxatives and diuretics are even less effective. Laxatives get rid of only 10% of the calories eaten, and diuretics none at all. You may weigh less after taking them, but that lower number on the scale is due to water loss, not true weight loss.

**Tip 2: Develop a healthier relationship to food**

Once you stop trying to restrict calories and follow strict dietary rules, you will no longer be overwhelmed with cravings and thoughts of food. By eating normally, you can break the binge-and-purge cycle and still reach a healthy, attractive weight.

**Pay attention to your hunger.** Don’t wait until you’re starving. This only leads to overeating! Eat as soon as you notice you’re feeling moderately hungry.

**Eat regularly.** Don’t skip meals. Try not to let over 4 hours pass without a meal or snack.
Don’t restrict foods. When something is off limits, it becomes more tempting. Instead of saying “I can never eat ice cream,” say “I will eat ice cream as an occasional treat.”

Focus on what you’re eating. How often have you binged in an almost trance-like state, not even enjoying what you’re consuming? Instead of eating mindlessly, be a mindful eater. Slow down and savor the textures and flavors. Not only will you eat less, you’ll enjoy it more.

Tip 3: Learn to tolerate unpleasant feelings

While bingeing is often triggered by overly strict dieting that backfires, it can also be a way to control or numb unpleasant moods or feelings.

The next time you feel the urge to binge, ask yourself if there’s something else going on. Is there an intense feeling you’re trying to avoid? Are you eating to calm down, comfort yourself, or to relieve boredom? If so, instead of using food as a distraction, take a moment to stop whatever you’re doing and investigate what’s going on inside.


Accept the experience you’re having. Avoidance and resistance only make negative emotions stronger. Instead, try to accept what you’re feeling without judgement.

Dig deeper. Explore what’s going on. Where do you feel the emotion in your body? What kinds of thoughts are going through your head?

Distance yourself. Realize that you are NOT your feelings. Emotions are passing events, like clouds moving across the sky. They don’t define who you are.

Sitting with your feelings may feel extremely uncomfortable at first. Maybe even impossible. But as you resist the urge to binge, you’ll start to realize that you don’t have to give in. Even emotions that feel intolerable are only temporary. They’ll quickly pass if you stop fighting them. You’re still in control. You can choose how to respond.

Tip 4: Challenge dysfunctional thoughts

The bingeing and purging of bulimia is often fueled by dysfunctional, self-sabotaging ways of thinking that undermine your confidence, color everything in an unrealistically negative light, and make you feel helpless, inadequate, and ashamed. But you can learn to put a stop to these unhealthy mental habits.

Damaging mindsets that fuel bulimia

All-or-nothing thinking. You have a hard time seeing shades of gray, at least when it comes to yourself. If you’re not perfect, you’re a total failure and might as well binge.

Emotional reasoning. You believe if you feel a certain way, it must be true. “I feel fat” means “I am fat.” “I feel hopeless” means you’ll never get better.

Musts, must-nots, and have-tos. You hold yourself to a rigid set of rules (“I must not eat such and such a food,” “I have to get straight A’s,” “I must always be in control.” etc.) and beat yourself up if you break them.

Labeling. You call yourself names based on mistakes and perceived shortcomings. “I’m unhappy with how I look” becomes “I’m disgusting.” Slipping up becomes “I’m a failure.”

Catastrophizing. You jump to the worst-case scenario. If you backslide in recovery, for example, you assume that there’s no hope you’ll ever get better.

Put your thoughts on the witness stand

Once you identify the destructive thoughts patterns that you default to, you can start to challenge them with questions such as:

- “What’s the evidence that this thought is true? Not true?”
- “What would I tell a friend who had this thought?”
- “Is there another way of looking at the situation or an alternate explanation?”
- “How might I look at this situation if I didn’t have bulimia?”

As you cross-examine your negative thoughts, you may be surprised at how quickly they crumble. In the process, you’ll develop a more balanced perspective.
Helping someone with bulimia

If you suspect that your friend or family member has bulimia, talk to the person about your concerns. Your loved one may deny bingeing and purging, but there’s a chance that he or she will welcome the opportunity to open up about the struggle.

Either way, bulimia should never be ignored. The person’s physical and emotional health is at stake. While you can’t force anyone to get better, there are things you can do to help.

If your loved one has bulimia

Offer compassion and support. Keep in mind that the person may get defensive or angry. But if he or she does open up, listen without judgment and make sure the person knows you care.

Avoid insults, scare tactics, guilt trips, and patronizing comments. Since bulimia is often caused and exacerbated by stress, low self-esteem, and shame, negativity will only make it worse.

Set a good example for healthy eating, exercising, and body image. Don’t make negative comments about your own body or anyone else’s.

Accept your limits. There isn’t a lot you can do to “fix” your loved one’s bulimia. The person with bulimia must make the decision to move forward.

Take care of yourself. Know when to seek advice for yourself from a counselor or health professional. Dealing with an eating disorder is stressful, and it will help if you have your own support system in place.

Other resources

Bulimia Nervosa Resource Guide – Treatment options for bulimia. (ECRI Institute)

Eating Disorders: Anorexia and Bulimia – Written for teens, discusses symptoms, causes, effects, and treatment. (TeensHealth)
Health Problems Resulting from Eating Disorders – Effects of bulimia, severe dieting, purging, and laxative use. (Somerset and Wessex Eating Disorders Association)

Vomiting and Your Health (PDF) – Fact sheet on the dangers of chronic vomiting. (Centre for Clinical Interventions)

Risk Factors – Different factors that may contribute to bulimia and other eating disorders. (National Eating Disorders Association)

Hotlines and support

In the U.S.: National Eating Disorders Association or call 1-800-931-2237 (National Eating Disorders Association)

UK: Beat Eating Disorders or call 0345 643 1414 (Helpfinder)

Australia: Butterfly Foundation for Eating Disorders or call 1800 33 4673 (National Eating Disorders Collaboration)

Canada: Service Provider Directory or call 1-866-633-4220 (NEDIC)

Authors: Melinda Smith, M.A., Lawrence Robinson, and Jeanne Segal, Ph.D. Last updated: June 2019.