


Report: Paul Russell



John Prescott has recently appeared in the headlines for his revelation that he has long suffered from the eating disorder bulimia nervosa. John Prescott certainly does not appear to fit the stereotype, though perhaps his revelations might be the rallying call to many other men who have experienced bulimia nervosa in silence.

# BULIMIA NERVOSA

It is commonly perceived that the eating disorders bulimia nervosa and anorexia nervosa are “female” disorders. While the research into the incidence of eating disorders certainly supports this, it is apparent that this spectrum of disorders certainly affects males, though an accurate assessment of male suffering has proved elusive. For bulimia nervosa, research has revealed that male patients constitute between 5-10% of cases.

Bulimia nervosa was initially identified by British psychiatrist Gerald Russell in the 1970s. When using the term bulimia nervosa, Russell was referring to “a powerful and intractable urge to eat... a morbid fear of becoming overweight... and the avoidance of the fattening effects of food by inducing vomiting or abusing purgatives or both”.<sup>1</sup>

## Types

**Purging Type:** during the current episode of bulimia nervosa,

the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

**Non-purging Type:** during the current episode of bulimia nervosa, the person has used other inappropriate compensatory behaviours, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.<sup>2</sup>

As can be seen in the non-purging criteria of bulimia, a form of compensatory behaviour that is regularly engaged in by individuals with bulimia nervosa is excessive exercise. The individual will use excessive exercise to compensate and “burn-off” the high number of calories they have absorbed through their episodes of binge eating. Therefore, it is quite likely that fitness professionals will meet males with bulimia nervosa in the gym environment. As a health professional it is important to recognise male gym members who may be engaging in exercise for inappropriate reasons.

Some of the signs of bulimia nervosa include:

### Binge-eating signs and symptoms

- **Lack of control over eating.** Inability to stop eating. 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. Wanting to eat in privacy.
- **Eating unusually large amounts of food** with no obvious change in weight.
- **Disappearance of food,** numerous empty wrappers or food containers in the waste bin, or hidden stashes of junk food.
- **Alternating between overeating and fasting.** Rarely eats normal meals. It's all-or-nothing when it comes to eating.

### Purging signs and symptoms

- **Going to the bathroom after meals.** Frequently disappears after meals or takes a trip to the bathroom to throw up. May run the water to disguise sounds of vomiting.
- **Using laxatives, diuretics or enemas after eating.** May also take diet pills to curb appetite or use the sauna to "sweat out" water weight.
- **Smell of vomit.** The bathroom or the person may smell of vomit. They may try to cover up the smell with mouthwash, perfume, air freshener, gum, or mints.
- **Excessive exercising.** Works out strenuously, especially after eating. Typical activities include high-intensity calorie burners such as running or aerobics.

### Physical signs and symptoms of bulimia

- **Calluses or scars on the knuckles or hands** from sticking fingers down the throat to induce vomiting.
- **Puffy "chipmunk" cheeks** caused by repeated vomiting.
- **Discoloured teeth** from exposure to stomach acid when throwing up. May look yellow, ragged, or clear.
- **Frequent fluctuations in weight.** Weight may fluctuate by 10lbs or more due to alternating episodes of bingeing and purging.

### The development

The development of bulimia nervosa is thought to have characteristics similar to anorexia nervosa, and has its foundations in a long and continued attempt to restrain from normal eating patterns. It should be noted that only a small percentage of individuals suffering from bulimia nervosa have previously satisfied the diagnostic criteria for anorexia nervosa. In this disorder, dietary restriction, dieting and abstaining from calorific-dense foods starts to become interrupted by discrete episodes of hyperphagia (binge eating), and other associated compensatory behaviours. An individual with bulimia nervosa tends to become preoccupied with thinking about food and eating, as the period of restriction lengthens. With this cycle of semi-starvation followed by discrete episodes bingeing and then compensatory behaviours, the individual becomes caught in a cycle that elicits intense feelings of guilt, and relief, and self-deprecatory thoughts.

In bulimia nervosa, a hyperphagic episode is often carefully planned and premeditated, so that food is conveniently available, and they are unlikely to be disturbed. The foods selected for a gorging episode are typically fatty, sweet, with a high calorific content, the very same foods that the individual denies themselves during the period between binges.<sup>3</sup>

### Common medical complications

- Weight gain
- Abdominal pain, bloating
- Swelling of the hands and feet
- Chronic sore throat, hoarseness
- Broken blood vessels in the eyes
- Weakness and dizziness
- Tooth decay and mouth sores
- Ruptured stomach or oesophagus
- Chronic constipation from laxative abuse

Some of these medical complications associated with bulimia nervosa are likely to be highlighted through excessive exercise; for example, weakness and dizziness, abdominal pain. As fitness professionals it is important to recognise these symptoms and be aware that your client might experience some of these symptoms due to their eating patterns and not their exercise regime.

### Worried about your client?

If a client displays signs of bulimia nervosa, you should encourage the individual to seek advice from their doctor and to read more about the disorder; some of the medical sites on the internet can provide useful simple advice and guidance. A doctor will be able to make them a referral to a qualified psychologist though, or a nutritional counsellor. Confronting someone with bulimia nervosa can be difficult, and they are likely to deny the issue or become defensive. Encouraging your client to talk to a friend or family member will help them to cope more effectively with their situation.

### Diagnosis

It is interesting to note that most bingeing episodes are reported to be triggered by some sort of stress, rather than feelings of hunger. This seems to be accurately reflected in some of the comments attributed to John Prescott, who cited the stress of his career was the cause of his situation.

To date, the evidence suggests that the gender bias of clinicians means that diagnosing either bulimia or anorexia in men is less likely despite displaying a similar pathology. In such examples, men are more likely to be diagnosed as suffering depression with associated appetite changes than receive a primary diagnosis of an eating disorder. Men are not typically associated with eating disorders and as such might be perceived as "skinny", while a woman might be labelled as "anorexic". Just as a man who consumes a large amount of food rapidly and engages in excessive exercise might be perceived as having a "healthy appetite", his female counterpart might be thought of as "bulimic". Also, with the stereotype that eating disorders are a female concern, many males might be reluctant to seek out professional help with their situation and are therefore more likely to go undiagnosed, and untreated.<sup>3</sup>

### Summary

Whatever the reasons for the prevalence of eating disorders as a female issue, this can never be regarded as exclusively so. Male experiences of eating disorders might be significantly higher than we had previously thought, and so we need to be keeping this in mind with our clients. <sup>fn</sup>

For a list of references visit [www.fitpro.com/fitpro/references](http://www.fitpro.com/fitpro/references)

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