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# Bulimia Nervosa Treatment on the Inpatient Unit

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*Last updated October 2023.*

## DSM-5 Diagnostic criteria for bulimia nervosa

- Recurrent episodes of binge eating.
- Recurrent inappropriate compensatory behaviors to prevent weight gain, such as vomiting, excessive exercise, fasting, or misuse of laxatives.
- These behaviors both occur, on average, at least once a week for three months.
- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not exclusively occur during episodes of anorexia nervosa.

## Initial Assessment

1. **Psychiatric:** Along with confirming the diagnosis of bulimia, inquire about comorbidities like depression, anxiety disorders, substance use disorders, and borderline personality disorder.
2. **Medical:** Symptoms related to regular purging include electrolyte imbalances, dental erosion, and gastrointestinal issues. Labs should evaluate electrolytes, kidney function, and liver enzymes. Hypokalemia is common, especially in patients who induce vomiting, leading to cardiac issues. An EKG is recommended if electrolyte abnormalities are detected.

**Interdisciplinary Treatment Protocol.** The goal of inpatient treatment of bulimia is to stop the binge-purge cycle and address the underlying psychological issues.

- **Nutritional Counseling:** An essential aspect of treatment. The goal is not weight restoration but to establish regular eating patterns without bingeing and purging.
- **Meal and Post-meal supervision:** Supervised meals prevent binge episodes, and post-meal monitoring (typically for 1-2 hours) helps ensure no purging behaviors.
- **Medical Monitoring:** This can include monitoring vitals, electrolytes, and any other medical concerns, typically overseen by a medical professional.
- **Individual Psychotherapy:** Cognitive-behavioral therapy (CBT) is the primary evidence-based treatment for bulimia. Goals include recognizing and altering distorted thought patterns and behaviors related to eating.
- **Group Therapy:** This can offer support, psychoeducation, and skills training.
- **Aftercare Planning:** Essential for maintaining recovery. This includes outpatient therapy, dietary guidance, and medical monitoring.
- **Pharmacotherapy:** Unlike anorexia, medications play a central role in treating bulimia.
  - **First Line: SSRI Antidepressants** Have been approved for bulimia treatment. They can help reduce the frequency of binge-purge episodes and improve mood.
    - Fluoxetine (Prozac) is the first line agent, starting at 20 mg daily, with a target dose of 60 mg daily. Other SSRIs are also effective, and the target dose is higher than the usual antidepressant dose, eg., sertraline 150 mg daily, escitalopram 30 mg daily. Avoid paroxetine due to the risk of weight gain. Avoid citalopram due to the risk of QT interval prolongation.

- **Second line medications**
  - Tricyclics, especially desipramine
  - Topiramate
  - Trazodone
  - MAOIs
- **Avoid bupropion in bulimia due to an increased risk of seizure.**