BULIMIA NERVOSA

Bulimia nervosa is now the most common eating disorder presented to psychiatrists and psychotherapists. It is not the opposite of anorexia nervosa, rather a variant of it. There seems to have been a genuine and substantial increase in its recognition over the last twenty years. There are three characteristic features:

- Binge episodes with the consumption of a large amount of food, most frequently refined carbohydrates, and usually accompanied by a sense of loss of control.
- Use of extreme behaviour to control body shape and weight, such as self-induced vomiting, often after a binge episode, and laxative or diuretic misuse.
- A disturbed attitude towards body shape and weight.

Again women predominate with bulimia nervosa. They tend to be slightly older than those with anorexia although there is considerable overlap. The prevalence may be as high as one or two per cent in both Britain and North America, with the majority never having sought medical attention.

The features that distinguish bulimia nervosa from anorexia are:

- The body weight is usually normal.
- Periods are not necessarily absent although they may be irregular.
- There are frequent bulimic 'bingeing' episodes. Considerable secrecy surrounds these episodes with parents or partners being often unaware of the problem.
- The binge episodes may lead to the consumption of massive amounts of carbohydrate, up to some 3,000 kc (approximately 2 days' energy intake).
- Occasionally alcohol bingeing or drug abuse are present.

Other features may include weakness and lethargy, erosions to the teeth because of the effect of vomited stomach acid, and signs of malnutrition, peripheral or facial swelling, enlargement of salivary gland or signs indicative of specific nutrient deficiencies.

Laboratory investigations may uncover low levels of potassium, especially in those who abuse laxatives or diuretics. Other possible nutrient deficiencies are magnesium, zinc and vitamin B. Prolonged repeated vomiting is a known and potent cause of vitamin B1 deficiency, as is a high intake of refined carbohydrates e.g. cakes, biscuits, chocolates, sweets.

What your doctor can do

As with anorexia, virtually all patients should be seen by a psychiatrist or psychotherapist specialising in this area. The doctor and specialist should:

- Establish a rapport with the bulimic and her family members.
- Examine for signs of nutritional deficiency.
- Assess the level of depression which, if severe, may require treatment with antidepressants or hospital admission.
- Perform tests to assess the level of electrolytes, especially potassium and vitamin B1.
- If there is prolonged vomiting, refer for psychological treatment which will usually involve several months of cognitive behavioural therapy. This is designed to encourage insight into the person's condition leading to changes in their behaviour.
- Explain techniques, such as keeping a daily diary of:
  - diet
  - behaviour and thoughts
  - setting of limits and goals on binge eating
  - advice and direction on healthy eating
  - the avoidance of stressful situations that lead to binge eating.
- Further exploration of the thoughts and attitudes that may underlie this disordered behaviour. Such an approach normally requires weekly consultations over several months and is tackled on a step-by-step basis.
- Anti-depressants can sometimes help but are less important than cognitive behaviour therapy.
- Set treatment programmes have a potentially excellent outcome in bulimia. Key elements include:
  - regular contact with the therapist
  - use of a written contract agreeing to maintain weight
  - agreeing to follow certain dietary goals about eating regularly
  - the amounts of certain foods eaten and recommendations on healthy eating
  - agreeing to maintain a regular food intake despite bingeing and vomit episodes.

What you can do

- Be honest with yourself and your therapists.
- Make a list of those stress factors in your life or situations that you feel contribute to episodes of bulimia. Bulimia is often worse premenstrually, and some of the dietary and supplement advise for PMS may also be relevant (see page 394).
- With your therapist, set goals as to the frequency of bingeing, types of foods you will binge on and the amounts you will consume.
- Do not worry if you do not achieve these goals initially, work towards them; it may take a while.
- Take any supplements prescribed regularly. Supplements of multivitamins in particular may be required as well as foods rich in

potassium. These latter are mainly fresh fruits and vegetables, especially bananas and oranges. Fruit juices are another good source.
- Socialise with others. Enjoy yourself in the company of your family and friends, and when you are ready, be prepared to discuss these problems with them.

Complementary therapies

As for Anorexia.

Eczema

This is predominantly an inherited condition, also known as atopic eczema or atopic dermatitis, affecting one to three per cent of the population. It often starts in childhood and is linked to asthma and rhinitis. Itchy skin is the most noticeable feature, with the skin being red, scaly and dry. The distribution varies. It may be widespread, or confined to the bends of the elbows and knees; it may affect just the face and neck, or settle in one or two other areas of the body. People with atopic eczema are more prone to asthma, rhinitis, allergic reactions to drugs and abdominal symptoms due to food allergy.

Who gets it?

Eczema has become increasingly common with estimates showing a doubling or trebling in prevalence in the UK since the Second World War. It seems to be more common in higher social classes with the risk rising with the level of the parents' education. Having one or both parents affected by eczema or other allergies is relevant and additionally eczema has become more common in children from African and Asian families – a perplexing combination of genetic factors. Events in the first years of life and possibly exposure to environmental chemicals seem to be at work in determining who gets it.

What causes it?

Eczema comes about because of a failure to control certain aspects of the immune system. A variety of different white cells which make up much of the immune system are normally busy fighting infections. Nowadays, with many of these controlled, the immune system has less to do and has had to reduce its level of activity. In the patient with eczema this has failed to occur and the white cells themselves, or proteins called antibodies that they produce, target a variety of everyday agents with which we all have contact. In practice it is allergy to these substances, which include housedust mites, foods and bacteria, that can be considered to be the cause of eczema.

It should be noted from the outset that although patients with eczema may have many allergies, and benefit from their identification and avoidance of the relative substance, only a few will subsequently experience complete resolution of their rash and itching.

Possible allergens include:

- *Foods* Cows' milk, cows' cheese, eggs, wheat, corn, yeast (baker's and brewer's), fruits and nuts are all commonly implicated.
- *Infective agents* Bacteria that are frequently present on the skin surface, viruses including *Herpes simplex* (see page 327) and fungi including *Candida albicans* can all play a part in eczema. Relief of symptoms may follow measures to treat these infections or reduce the amount of bacteria on the skin surface.
- *Housedust-mite* This is a common allergen, and seems to be important in some cases of eczema as well as asthma. (For control of housedust mite *see* Hay Fever, page 229.)
- *Others* Pollens and animals may aggravate eczema in the susceptible individual.

What your doctor can do

Your doctor can help in the identification of possible allergens and in the treatment of the skin condition itself.

Allergy tests

Allergy tests come in many guises and all have their limitations:

- Skin prick tests, where a small amount of the suspected culprit agent is placed on the skin which is then scratched, can show a reaction in ten minutes. This is useful in identifying allergies to housedust, pollens and sometimes foods. Many non-eczematous individuals show positive test results.
- Blood tests that measure the level of antibodies against foods and other agents are available. The RAST or radioallergosorbent test can detect a number of quick-acting food allergies. Other tests are being developed to look for delayed allergies to foods but their role is still uncertain. Even if a test shows a number of allergies there is no guarantee that other foods not tested for do not cause problems.

Treatments

- Steroid creams and ointments will, if the dose is high enough, dampen down the irritation and rash. Typically this is the mainstay of treatment for severe eczema and is useful in smaller doses for mild or intermittent eczema.
- Moisturising agents will help with the dryness. Useful for widespread or localised eczema where dry scaly skin is a problem. Several good

ones are available without prescription (E 45 and Unguentum Merck), and may be all that is needed for dry affected hands.

- Treatment for any associated infection. This applies especially to bacterial infection on the skin. Creams that combine antibiotics and steroids, antibiotics by mouth, or antiseptic washes to add to the bath can all be used. Occasionally treatment of thrush, infection with *Candida albicans*, may help eczema.
- Other medicines include powerful drugs to alter the immune system and allergic response. One medicine is worthy of special mention for those with known food allergies. Nalcrom (oral cromoglycate capsules) is a drug that when taken by mouth is not absorbed from the gut but blocks the development of immediate allergy reactions that take place in the gut wall. It has very few side-effects because it is not absorbed, and can therefore allow those with food allergies to respond better to dietary exclusion and consequently be more relaxed with their diet. Nalcrom has to be taken just before meals to be most effective.
- Evening primrose oil can be prescribed by doctors in the UK (as Epogam), and is useful for very dry, widespread eczema. It is best combined with a high polyunsaturated fatty acid diet (see below).

What you can do

- *Change your diet* You could try, with the approval of your doctor, either The Strict Exclusion Diet (see page 466), or The Simple Exclusion Diet (see page 460) for two or three weeks. Cutting out specific foods one at a time is not very successful and is not recommended except for children where exclusion of just cows' milk, eggs, tomatoes and artificial colours is sometimes worth a try. For young children, those with severe eczema, or those with asthma or a history of severe allergic reactions, such diets must only be performed with medical supervision, as the re-introduction of a food after its withdrawal can sometimes lead to a severe allergic reaction.
- *Avoid irritants* Many agents will worsen the eczema even though they are not the cause. Wear rubber gloves, cotton lined if necessary, when in contact with water. Use non-biological washing powders and liquids. Clothes that you wear next to your skin should be made from cotton or silk as they are often less irritating.
- *Take some nutritional supplements* Deficiencies of vitamin B, zinc and EFAs can all effect skin quality. You may need to take supplements for two or three months to see the full effect. They are often usefully combined with supplements of evening primrose oil.
- *Go on holiday and get some sunshine* This is known to help for a number of possible reasons: the rest and relaxation are good for the immune system; a change in diet or the sunshine may help to kill off

some of the surface bacteria, or the warmth and light stimulate the skin's metabolism.

- *Reduce your exposure to housedust mite* After years of suspicion it is now acknowledged that careful avoidance of this allergen can help those with eczema who are known to be sensitive to it. A simple skin prick test will give an indication of this. Measures on housedust mite avoidance are on page 229. In severe cases there may be a case for medical desensitisation to housedust. This is only undertaken at specialist centres.
- *Treat any associated premenstrual syndrome* PMS is associated with a worsening or pre-existing eczema, and some of the dietary and self-help measures for PMS can sometimes benefit any associated eczema.

Complementary therapies

Homeopathy is perhaps the most established complementary therapy for eczema. There are many remedies and their selection depends upon they type of eczema, the patient's response to it and any distinguishing features. Two common remedies are Sulphur and Graphites. These are given as tablets and are usually administered several times per day for a few weeks. More than one remedy may need to be tried before benefit is experienced.

Sheryl's story

Sheryl's partner had been a patient of mine some years ago and when her life-long eczema decided to flare up she decided to seek my advice.

The eczema stretched back to infancy and had required her to use steroids intermittently. She had observed that her eczema was better in the sun and worse after contact with water which seemed to aggravate the itching rather than the rash. A variety of allergy tests in the past had suggested multiple sensitivities to inhalant allergens which caused her some nasal stuffiness.

Simple skin prick allergy tests for foods were performed, but there were no clearcut reactions and we therefore decided to proceed straight away to a strict exclusion diet. There was a good improvement but after a few weeks the diet became very tedious. It took nearly a year of introducing and re-introducing foods before the picture was clear. There seemed to be delayed reactions to dairy products, egg, chicken, fish and we were still uncertain about a variety of other foods.

Blood tests had shown a potential important abnormality. There were very low levels of some of the Omega-6 series – essential fatty acids, especially gamma linolenic acid, the active component found in evening primrose oil.

Her doctor was willing to prescribe this for her, and it produced further improvement in her skin quality, especially lessening the dryness. It became increasingly clear that she had a wide number of food allergies and as her diet was difficult to follow completely she began a course of Nalcrom (oral cromoglycate). This allergy-blocking drug when taken by mouth may help minimise the adverse reactions to foods that may underlie some patients' eczema.

Sheryl was very pleased with the further progress, and her skin was better than it had been for over a decade. Furthermore she was able to deviate from her rather restricted diet without experiencing any severe reactions.

Shortly after this she became pregnant. Calcium supplements were needed to ensure adequate intake of this mineral and she already had been taking supplements of vitamin B and folic acid.

She was asked to be extra vigilant during her pregnancy and whilst breast-feeding as foods to which she is allergic may in some way be transmitted to her baby. Avoidance of common food allergens by mothers with eczema seems to reduce the risk of their off-spring developing eczema as well.

Erectile Dysfunction

Erectile dysfunction is defined as persistent or recurrent inability to attain or maintain an erection sufficient for the completion of sexual activity. This problem becomes increasingly common with age but may be a presenting feature of a number of important, and at times potentially life threatening, diseases. An erection is achieved in the male by the provision of extra blood flow into the blood filled spaces along the shaft of the penis – the cavernous sinuses. For this to occur, blood flow in the penile arteries needs to be good, the relevant nerve reflexes need to be intact and the male needs to be psychologically attuned to having sexual intercourse. This requires the presence of the male sex hormone testosterone.

Who gets it?

Broadly speaking, the causes of erectile dysfunction can be divided into two differing groups. It can be due to a number of physical illnesses listed below, or be psychogenic in origin. The term psychogenic means caused by personal stresses rather than a physical illness. This latter category is more likely to occur in younger individuals – under the age of 40 years, and may well be intermittent and stress-related. It can have a

sudden onset at times of acute stress. Despite the problem, those with psychogenic erectile dysfunction may continue to have nocturnal or early morning erections. However, even in those in whom psychological factors are considered important, physical factors must be considered.

Organic or physical causes of erectile dysfunction include:

- Cardiovascular disease including high blood pressure, elevated blood cholesterol, peripheral vascular disease with reduced blood flow to the lower limbs.
- Endocrine disturbance with loss of testosterone production, an underactive thyroid, or excess of the hormone prolactin produced by the pituitary gland. Other symptoms indicative of these problems may or may not be present but fatigue and depression may be features of these endocrine disturbances.
- Neurological disease including multiple sclerosis or any other neurological injury, particularly if bladder function is also affected.
- Smoking, which greatly increases the risk of cardiovascular disease.
- Type II diabetes which, as well as accelerating cardiovascular disease, may also damage the sensitive nerves from the tip of the penis. Good diabetic control is associated with less risk of erectile dysfunction.
- Depression, which in turn can also be due to endocrine disturbance, excess alcohol or nutrition-related problems.
- Excess alcohol, for despite its reputation, it may increase the desire in the short term but usually results in reduced testicular and sexual function in the longer term.
- Due to drug therapy, particularly drugs for the control of blood pressure, anti-depressants and other types of psychiatric medication.
- As a result of bladder or prostate disease.

What your doctor can do

- Examine you to look particularly for cardiovascular, endocrine or neurological disease. This is usually evident from a simple but thorough examination.
- Perform a simple urine test and blood tests for the measurement of testosterone, prolactin and thyroid hormone.
- Perform other investigations if abnormalities appear on examination.
- Ask about depression, personal or marital stress problems.
- Refer you to an appropriate specialist, such as a urologist if urinary or bladder problems are anticipated, or an endocrinologist or cardiovascular disease specialist. Referral to a psychiatrist or Relate counsellor may also be appropriate.
- Review any drug treatment you are receiving in case erectile dysfunction is a side effect of treatment.

- Consider medical treatments to assist erectile function. These include locally administered drugs to improve blood flow to the base of the penis by intra-cavernosal injection (Alprostadil) or via the urethra (Muse), systemic pharmacological treatment with Sildenafil, Viagra, mechanical aids including vacuum constriction and constriction rings and occasionally surgery for the insertion of penile prostheses.

Many physicians may not have the experience or interest to advise appropriately about these treatments and may then pass patients on to specialist clinics.

What you can do

Many patients with erectile dysfunction suffer reduced blood flow to the base of the penis and most of the self-help measures are intended to try and improve these problems. They include:

- Stop smoking. This has both short and long term effects in reducing blood flow. See page 10 for instructions.
- Limit alcohol to a total of two units per day maximum.
- Lose weight if you are overweight. Follow The Simple Weight Loss Diet on page 452.
- Increase physical activity if you are unfit, and do so gradually, particularly if you are not exercising regularly and are overweight.
- Eat healthily with a high intake of fruit and vegetables. If you are a Type II diabetic ensure you follow the standard guidelines for diabetes to produce a glycosylated haemoglobin within the acceptable range.
- Discuss your problems with your partner, if you have not already done so, and try and resolve any difficulties between yourselves, perhaps with the aid of a marital or sexual counsellor.
- Be patient. Unreasonable expectations will not reduce your level of stress or the outcome of treatment.
- Address the stress in your life and work towards a stress free existence. Follow the instructions in the Stress section on page 25.
- Be willing to consider medical treatments as listed above. These are of proven efficacy provided they are selected with care.
- Try taking some nutritional supplements, particularly if you are not eating well and are smoking or drinking heavily. A strong multi-vitamin supplement with good intake of the anti-oxidant vitamins – vitamin C and vitamin E – would be appropriate if you are a heavy smoker and additional daily supplements of vitamin B complex and 30 mg of zinc would be appropriate if you are a heavy drinker.