

Live Well to

Learn Well

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### This information is for you if:

- You have ever made yourself vomit
- You've thought about, or tried, to make yourself vomit
- Making yourself vomit has become a habit
- You have friends or relatives who make themselves vomit and you want to help

### Why do people make themselves vomit?

It's more complex than you might think. It's not just a simple behavior that is easy to stop, but instead is usually related to many factors in a person's life.

Some people make themselves vomit after a binge. Bingeing, or eating a large quantity of food in a short time, often serves a purpose such as stress reduction, relaxation, or avoidance of troublesome issues. Afterward, though, people can feel bloated, ashamed, and afraid of gaining weight. They may turn to self-induced vomiting to try to get rid of the food on which they binged.

Some people make themselves vomit to lose weight. They may make themselves vomit after normal meals or if they've "cheated on a diet." The goal of weight loss has become so important that they go to extremes to achieve it, even at the risk of their health and emotional well-being.

### What is the binge-purge cycle?

The binge-purge (self-induced vomiting) cycle usually starts well before the bingeing or "cheating on a diet": it starts with thoughts and emotions.

Loneliness, depression, anxiety, procrastination of difficult work, low self-esteem — all these feelings can lead to feeling empty and deprived. As a kind of self-medication a person may binge to "fill the void," to "zone out" or simply to relax. If a person then vomits to make up for the binge, the cycle has begun. The vomiting often makes a person feel ashamed, but also relieved. The vomiting increases the chance of future bingeing, because it seems to provide a solution for the binge. The cycle then perpetuates itself.

Body dissatisfaction is another common place for the cycle to begin. The cycle starts with the desire to lose weight. Dieting leads to hunger and feelings of deprivation. When a person gives in to normal body cues to eat more, he or she may then overeat. Some people may feel terrible about eating even a normal amount. When vomiting is used as a solution, the risk of future

overeating and self-induced vomiting is increased, and the cycle begins. The next day's resolution to "be good" and diet gives way to a "bad day" in which hunger is satisfied and then some, only to be followed again by self-induced vomiting. The possibility of compensating for a binge by restricting, dieting, or vomiting can actually contribute to the urge to binge.

### What factors can increase the risk of self-induced vomiting?

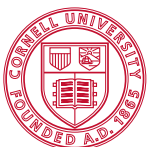
- Dieting, or restriction of food and calories
- History of anorexia nervosa or any eating disorder
- Erratic eating, skipping meals
- Highly refined carbohydrate, low protein diets
- Social isolation
- Psychological issues such as depression, anxiety, family problems, or breaking up with someone

### What can happen?

Most people who make themselves vomit know it's not good for them and want to stop, but because it's such a complex problem, they don't. In addition, when people vomit without having immediate ill effects, they can develop a feeling of invulnerability — "those complications won't happen to me."

Unfortunately, the complications caused by self-induced vomiting do happen to many people. Knowing the medical dangers of vomiting is vitally important. Some people develop problems, even severe problems, in the first weeks of vomiting, others not until years later. For a small but significant number, the illness can be life-threatening. Here is a list of known problems that can result from self-induced vomiting:

- **Electrolyte abnormalities** than can cause sudden death. Vomiting leads to low blood potassium levels which can cause fatigue, weakness and abnormal heart beats or heart arrest. This complication is unpredictable and occurs without warning, even in people who have previously vomited without developing problems. If you do vomit, drink some juice to help reduce this risk.
- **Tooth decay** caused by the acid in vomit softening the enamel on teeth. Some people develop severe tooth decay and tooth loss. To minimize damage, don't brush after vomiting. Rinse your mouth with water and wait at least one hour to brush.



- **Acid reflux into the esophagus.** The esophagus (feeding tube into the stomach) is not meant to be exposed to stomach acid. Vomiting brings acid into the esophagus where it causes heartburn in the short run, and irreversible damage in the long run. Stomach acid in the esophagus increases the risk of esophageal cancer.
- **Parotid gland enlargement.** These salivary glands, found on both sides of the angle of the jaw, can become enlarged and sometimes painful when stimulated by acid in the vomit.
- **Constipation and bloating.** Vomiting causes intestines to move sluggishly. Stopping vomiting usually reverses the condition, but it takes time.
- **Sore throat and hoarse voice.** The results from acid exposure to the voice box and throat.
- **Involuntary vomiting.** The muscle that normally prevents us from vomiting, the gastroesophageal sphincter, become loosened by repeated vomiting. Eventually, some people cannot stop themselves from vomiting, and may vomit when burping.
- **Tearing of the esophagus** with life-threatening bleeding. Vomiting can tear blood vessels, with resultant bleeding that is life-threatening. This is an emergency requiring surgery.

## How can I stop?

First, know that you are not alone and that this is a behavior that you can change with the right support and guidance. Take the most important first step and seek professional help. Even though most people would stop vomiting immediately if they could, they also have some ambivalence. The self-induced vomiting serves some function in your life, or you wouldn't do it. Start to explore the role of self-induced vomiting by talking to a therapist, nutritionist or medical provider about it. Your willingness to explore the issue is probably the single most important step to getting better.

### What treatment is available?

- **Counseling:** both group and individual (focusing on thoughts, emotions and behaviors) are proven treatments for self-induced vomiting.
- **Nutrition counseling:** works to regulate

eating, improve overall nutrition, and reduce practices that increase the risk of self-induced vomiting.

- **Medical care:** can assess overall health as well as monitor and treat complications of self-induced vomiting.
- **Medication:** such as antidepressants, have been proven to decrease self-induced vomiting. Medication works best in conjunction with therapy.
- **Dental care:** can help identify and slow the progress of long-term tooth decay caused by self-induced vomiting.
- **Overeaters Anonymous (OA):** this self-help group addresses the compulsive nature of overeating.

### What can I do right now?

1. Get professional help.
2. Seek support from friends and family.
3. Identify triggers by keeping a journal. What situations, emotions, or eating habits lead to self-induced vomiting?
4. Make a list of alternatives to self-induced vomiting. Once you've begun to binge, what things could you do instead of vomiting, to help break the cycle? For example, call a friend, take a walk, or write in a journal until the urge has passed.
5. Don't put off stopping vomiting until you stop bingeing or until you lose weight. Accept your body and eating habits. Break the cycle in the middle (even after bingeing or "cheating" on a diet). By not vomiting, you help stop the vicious cycle that perpetuates itself.
6. Make small daily goals that are achievable, such as improving some aspect of your nutrition.
7. Don't skip breakfast. Eat three balanced meals a day plus two snacks.
8. Plan meals ahead and eat at scheduled times. Have a healthy snack available.
9. Shop mindfully by making a shopping list and sticking to it. Don't let yourself feel deprived, because this can start the cycle.
10. Plan ahead to eat with friends when possible.
11. Don't diet. Remember that the calories you cut out of your daily meals may very well end up in a binge.
12. Respond to your body's hunger cues and eat when you are hungry. Don't let yourself feel deprived, because this can start the cycle.

13. Increase protein, fat, and complex carbohydrates in your diet. Refined carbohydrates and low-fat diets increase hunger and may increase the risk of bingeing.
14. Create the time for meal preparation. Don't wait until you're starving to do it.
15. Reclaim the ritual of formal meals. Put reasonable portions on your plate before you sit down and don't bring extra food to the table. Eat slowly and consciously. Stop when you are full. You can always have more if you're still hungry.
16. Love your body. Accept yourself for who you are and start to care for your body now.
17. Consider the use of medication. Speak to your health care providers about it.

## More resources

### Support

- **Cornell Healthy Eating Program (CHEP).** Cornell Health provides confidential and coordinated psychological, nutritional, and medical care for eating issues of all types. Visit [health.cornell.edu/appointments](http://health.cornell.edu/appointments) or call 607-255-5155 for consultation or appointments.
- **Overeaters Anonymous.** Ithaca Intergroup, 607-387-8253. Or check the website [OvereatersAnonymous.org](http://OvereatersAnonymous.org).
- **National Eating Disorders Association.** General information and links to other sites are at [nationaleatingdisorders.org](http://nationaleatingdisorders.org).

### Books

- *Life Without Ed* by Jenni Schaeffer: An illustration of a unique approach to treating eating disorders through the points of view of both patient and therapist [available at Uris Library].
- *Surviving an Eating Disorder* by Michele Siegel et al.: A book that offers effective solutions and support for family and friends of those with eating disorders [available at Uris Library].
- *The Mindfulness and Acceptance Workbook for Bulimia* by Emily Sandoz, Kelly G. Wilson, Troy DuFrene: A Guide to Breaking Free from Bulimia Using Acceptance and Commitment Therapy.