

ANNUAL MEETING 1977: ABSTRACTS OF PAPERS

ANOREXIA NERVOSA

Self-induced Vomiting:

I. An Ominous Variant of Anorexia Nervosa

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The findings in this paper are based on 13 patients (12 female and 1 male) under my personal care who all satisfied the criteria for the diagnosis of anorexia nervosa (Russell, 1970). In addition, they had persistently made themselves vomit after most meals, over the course of several years (mean of 5·4 years). There were also episodes of over-eating that culminated in vomiting. The vomiting was done in private and achieved by stimulating the throat with fingers or a toothbrush, drinking large amounts of fluids or bending over, or a combination of these devices.

The aim of this paper is to indicate how self-induced vomiting modifies or complicates the more typical illness of anorexia nervosa.

1. The mean age of onset of the illness in these patients was 21·3 years compared with 15·5 years in a previous series (Morgan and Russell, 1975).

2. The patients were even more fearful of becoming fat and preoccupied with thoughts of food than is usual in anorexia nervosa. This preoccupation gave way to bouts of overeating which led the patient to make herself vomit in an attempt to prevent, as she saw it, the dreaded consequence of eating. This cycle became repetitive, and patients often drew an analogy with the habitual drinking of the alcoholic. Most were very thin or had been so in previous years, but there was sometimes a tendency for weight to rise and yet for vomiting to persist. Another curious feature was the occasional resumption of menstruation at a lower body weight than in uncomplicated anorexia nervosa. Purgative abuse could also be most severe.

3. In contrast with typical anorexia nervosa, most of the patients had been sexually active, at least up to the onset of their illness: some had married and had pregnancies. Yet even the married patients had nearly all experienced serious sexual difficulties and were most reluctant to consider embarking on a pregnancy.

4. In addition to the usual malnutrition of anorexia nervosa, these patients often developed hypokalaemia which led to the serious complications of renal infections and renal failure—and the less important one of epileptic convulsions. Tetany also occurred.

5. The course of anorexia nervosa complicated by intractable self-induced vomiting is ominous. These patients are more difficult to treat. They usually require admission to a psychiatric unit where the mainstay of treatment is nursing care aimed at breaking through the patient's self-imposed weight threshold and controlling her vomiting. Behaviour therapy should be attempted, as described in Dr Slade's paper below.

References

- MORGAN, H. G. & RUSSELL, G. F. M. (1975) Value of family background and clinical features as predictors of longterm outcome in anorexia nervosa: four-year follow-up study of 41 patients. *Psychological Medicine*, 5, 355-71.
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Self-induced Vomiting:

II. Methods of Behaviour Therapy

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When confronted with patients who indulge in frequent self-induced vomiting one has to ask oneself the question 'why do they do it?' At the simplest level the answer to this question is that there are clear advantages to the patient from this behaviour. Patients can indulge their cravings for food to excess while at the same time avoiding the consequences in terms of weight gain. They can literally 'have their cake and eat it'. The first therapeutic requirement is therefore to convince the patient that the disadvantages of self-induced vomiting, in terms of effects on physical health, far outweigh these benefits. Let us assume that we have been successful in this respect; the next step is to undertake a behavioural analysis.

A common sequence of events described by patients with this problem is as follows: the patient begins by eating normally; very soon she reaches a subjective threshold-point at which she feels she has eaten too much and is therefore certain to put on weight; she then takes the decision to vomit afterwards; having made this decision she can then 'let herself go' and eat to excess, which she does; finally she will vomit repeatedly to empty her stomach, and this is followed by a strong sense of relief, both physical and mental.