

Case Report

Bulimia Nervosa in an 18-Year-Old Male: A Case Report

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ABSTRACT

Eating Disorders are mental health conditions which leads to unhealthy eating habits. It is more common in females than males. Studies on Eating Disorders in India are very rare and even more sporadic among males. This case reports Bulimia Nervosa in an 18-year-old male presenting with typical features with severe depression and his response to Selective Serotonin reuptake inhibitor (SSRI), Fluoxetine and Cognitive Behavior Therapy.

Keywords: Bulimia, Eating Disorder, Male, India

Bulimia Nervosa is a condition which leads to recurrent episodes of binge or over eating followed by inappropriate compensatory behaviors (eg: self-induced vomiting, misuse of laxatives, fasting, excessive exercise). (APA,2013)

Bulimia Nervosa affects 0.1% to 1.3% of the male population. (NIMH,2015). There are very few studies on Eating Disorder in India and even more rare in the male population. A brief literature review on Eating Disorders in India reveals only 5 cases of Bulimia Nervosa in which there was only 1 male case presenting with atypical symptoms. (Vaidyanathan et al, 2019).

Treatment for Bulimia Nervosa involves Cognitive Behavior Therapy with anti-depressants. (Chakraborty et al, 2010).

Clinical Case

The patient, an 18-year-old male, educated till class XII, from Dimapur, Nagaland presented to the Out-patient Department with a history of daily episodes of eating larger quantities of food followed by self-induced vomiting after every meal. He was born full term via normal delivery with an uneventful post-natal period. His motor and speech developmental milestones were normal, his mother described him as a quiet and shy boy. There was no family history of mental illness.

At the age of 17, he consumed only green tea exclusively for the entire year and avoided all solid food in order to lose weight. He reports being bullied at school by his classmates for being overweight. The onset of bulimic symptoms started at the age of 18 in which he would

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consume large portions of food usually a combination of heavy meal (Rice, Non-Veg items, Fried Rice) along with Tea, Biscuits, Junk Food items like chips which would be followed by self-induced vomiting with 2-3 such episodes daily.

Initial assessment revealed severe depression (BDI score of 32), his Body Mass Index (BMI) was also in the underweight category (16.3kg/m²). He reported an intense fear of gaining weight and of people calling him “fat” and also expressed feeling a sense of satisfaction on seeing his bony structure in the mirror.

Patient was started on SSRI, Fluoxetine for bulimia nervosa with comorbid depressive disorder. Antidepressants have been used successfully for particularly difficult binge-purge cycles that do not respond to psychotherapy alone. (Anderson et al, 2009).

His bloodwork revealed low Vitamin D3 levels 15.8 ng/ml (normal range of 20-50ng/ml) for which he was given vitamin and calcium supplements. Nutritional counselling with a Dietitian was also given. Psychotherapy included Cognitive Behavior Therapy along with family counselling was provided.

DISCUSSION

Data on Bulimia Nervosa or rather Eating Disorders are very minimal in India. Few studies on prevalence on ED has largely focused on the female population. Current evidence in the treatment of Bulimia Nervosa reveals that anti-depressants (Fluoxetine 60mg/day) and Cognitive Behavior Therapy is strong. (Walsh et al,1997). This case highlights the incidence of Eating Disorder in a Male and the importance of family involvement in the treatment process.

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Conflict of Interest

The author declared no conflict of interest.

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