

Break Free from ED

An Active Guide to Recovering from Your Eating Disorder

Module 9

Purging

Introduction	2
What Is Purging?	2
Why Do People Purge?	2
Risks Associated with Purging	3
Busting Myths About Purging	3
How to Stop Purging	4
My Purging Goals - Example	5
My Purging Goal	5
Final Notes on Purging	6
Weekly Progress Tracker	7
Module Summary	8

If you are restricting your food intake, using self-induced vomiting, over-exercising, laxatives or diuretics for weight-control, or have lost weight recently, it is important that you talk to your medical practitioner and get a full medical check-up, as there are many physical complications that can arise as a result.

This information provided in this document is for information purposes only. Please refer to the full disclaimer and copyright statements available at www.cci.health.wa.gov.au regarding the information on this website before making use of such information.

Introduction

In this module we will discuss purging behaviours. Purging refers to behaviours intended to get rid of food or liquid from the body. People might engage in purging when they are concerned that they have eaten too much (for example, after binge eating), as an attempt to control their weight or shape more generally, or to manage feelings or physical sensations.

What is Purging?

There are several types of purging, including:

- Self-induced vomiting
- Misuse of laxative or diuretic medication
- Other methods that are designed to get rid of food or liquid from the body (such as misusing medications or chewing and spitting foods).

Many people with eating disorders engage in purging behaviours, either regularly or from time to time. Throughout this module we will use the term **purging** to refer collectively to self-induced vomiting, as well as laxative and diuretic misuse.

Why Do People Purge?


There are many reasons that people with eating disorders may purge.

- **Compensatory purging:** Sometimes people purge immediately after a binge eating episode to compensate (or 'make up for') for what they have eaten. Often people describe feeling guilty, ashamed, and fearful of gaining weight after eating something they consider 'bad', breaking a food rule, or experiencing a loss of control over eating. Purging at these times can be an attempt to regain the control lost during the binge and compensate for the energy consumed.
- **Attempts to control weight and shape:** This might include purging after each meal and snack, regardless of the type and amount of food eaten and whether or not there was a loss of control over eating. Sometimes we call this 'non-compensatory' purging.
- **Managing feelings:** Some people with eating disorders say that purging helps reduce negative feelings such as anxiety, distress, shame, or guilt – both in everyday life and after binge-eating.
- **Managing physical sensations:** Other people struggle to sit with the sensation of normal fullness after eating, and use purging to try to 'get rid of' this feeling or to make their stomach feel 'empty'. The physical symptoms of anxiety can also be mistaken for feelings of fullness (think about *where* you feel anxiety in your body).

Take a moment to think about your own purging behaviours and what drives them. Complete the checklist below and then add any other reasons you have for purging:

- | | |
|--|---|
| <input type="checkbox"/> To get rid of calories after binge eating | <input type="checkbox"/> To make me feel less anxious |
| <input type="checkbox"/> To control my weight and shape | <input type="checkbox"/> To distract me from distressing feelings |
| <input type="checkbox"/> To get rid of the feeling of fullness | <input type="checkbox"/> _____ |
| <input type="checkbox"/> To make my stomach flatter | <input type="checkbox"/> _____ |
| <input type="checkbox"/> To bring on a bowel movement | <input type="checkbox"/> _____ |
| <input type="checkbox"/> To feel lighter or 'empty' | <input type="checkbox"/> _____ |

Risks Associated with Purging

Purging can cause serious health consequences. These are covered in more detail in our handouts *Vomiting and Your Health* and *Laxative Misuse*. Sometimes just getting educated about purging is enough to help you significantly reduce these behaviours or even stop them altogether. 

The most important things you need to be aware of are:

- All forms of purging result in dehydration, which results in an imbalance of electrolytes (e.g. potassium), which are vital for heart functioning. This can cause dizziness and fainting, or in the worst case scenario, risk of cardiac arrest, resulting in death.
- When you vomit, the gastric acid from your stomach enters your mouth and erodes tooth enamel, meaning your teeth are more easily damaged. Tooth decay is not reversible so minimising further damage is important.
- Purging can disrupt normal **bowel function**, meaning you're more likely to experience constipation or diarrhoea, as well as bloating and gas. People who use laxatives also find that over time they require a larger dose for the same effect. Many laxatives (particularly those that are Senna-based) can put you at risk of irreversible bowel damage and should be ceased.



Busting Myths About Purging

Purging behaviours are likely having much less effect as a weight control measure than you might think. So all the more reason to reduce and stop purging as soon as possible. Let's take a look at some of the myths around purging.

Myth: *Vomiting after eating gets rid of 100% of the food I've eaten.*

Fact: Vomiting doesn't result in the complete removal of the energy consumed while eating. When a person vomits after binge eating, research shows that they will typically absorb at least 40% of the energy they've consumed, and often much more, up to 75%. This is the case even if it *feels* as though you are bringing up everything you've just eaten. Sometimes, people will eat **more** during a binge because they know they are purging afterwards.

Myth: *Using laxatives or diuretics helps me lose or control my weight.*

Fact: Using laxatives or diuretics has little impact on our digestion of food or energy as laxatives usually work by loosening stools and diuretics help regulate fluid. Often people believe they have lost weight after using laxatives or diuretics because they feel 'lighter' or the number on the scale goes down. This is reflective of **changes in fluid**, not changes in body weight; so any shifts in the number on the scale are temporary and will be reversed with hydration. Again, just knowing you can purge makes you more likely to binge eat!

Myth: *Purging is the only way to get rid of the uncomfortable feeling of fullness and bloating.*

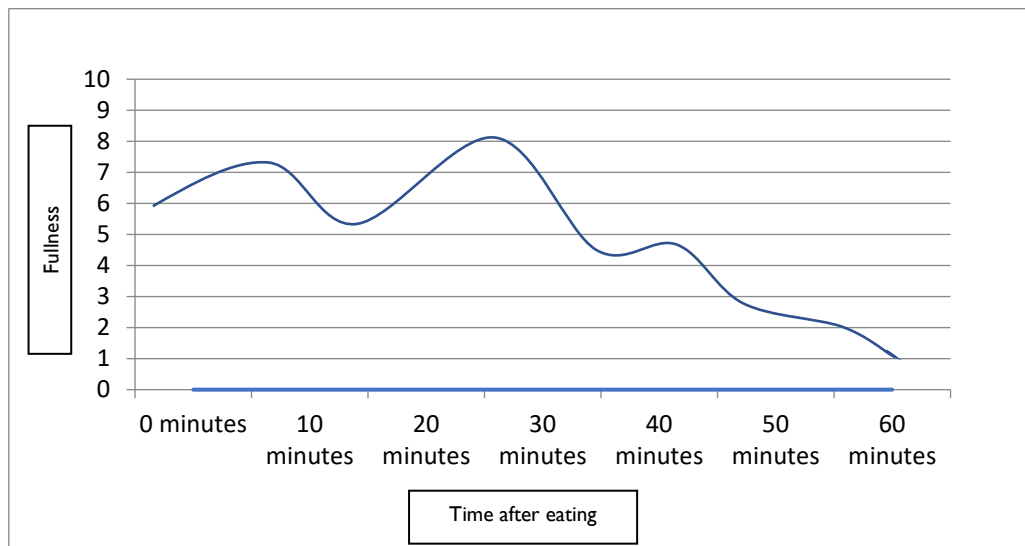
Fact: The more people purge, the more problematic side effects they experience. You may find yourself more sensitive to fullness, more bloated and swollen, and/or constipated when you are not purging. This is actually the body's reaction to frequent changes in hydration as well as changes to normal gastrointestinal function (caused by purging). **These symptoms will improve** as you eat more regularly without purging. As mentioned before, people also 'feel' anxiety in their abdomens, which they can mistake for fullness. We'll talk more below about how to 'ride out' any discomfort you feel when you're full after eating.

How to Stop Purging

Some people stop purging when they realise these behaviours are dangerous, unhelpful, and are not going to help them lose weight. But for others, it may be important to use strategies to reduce purging.

People often describe experiencing a strong ‘urge’ to purge in response to feeling very full, uncomfortable, bloated, guilty, anxious or distressed. The best way to reduce discomfort is to face our fears and expose ourselves to the very thing we’re fearful of. This will involve sitting with the discomfort or fullness that comes with not purging after a meal, even when your urge to purge is very strong.

Just like with binge eating, many people believe that the urge to purge will *never* pass on its own and that the feeling of fullness will just become more and more intense and unmanageable. All urges and emotions pass over time – this is true of physical sensations too. On the graph below, we have provided an example of what might happen to someone’s level of fullness over time. In this example, the vertical axis refers to ‘fullness’, where 0 means they are feeling perfectly comfortable, not experiencing any bloating or distress, and 10 means they are extremely full, uncomfortable, and/or distressed.



Note how this person’s fullness increases and reduces at different times over the hour, until it becomes quite manageable. Your fullness might reduce faster or it may take longer to settle – everyone is different. And remember that your fullness rating doesn’t need to get to zero to be tolerable; it’s normal for our hunger and fullness levels to vary throughout the day.

Urge surfing, which we introduced in *Module 8*, can be used to help you ride out uncomfortable fullness and manage the urge to engage in purging behaviours. This may take some practice, but it is important to allow yourself to experience that urge to purge, or the discomfort of fullness, so you can learn that it will eventually pass with enough time and practice. If the idea of ceasing purging straight away is overwhelming you might like to start with a small step and build on that over time. Let’s plan out some steps before you get started. We’ve provided an example below:

My Purging Goal - Example

Goal: e.g. to stop making myself vomit after eating by the end of the month

Steps	Anxiety 0-10	Timeframe
1. No purging after breakfast. Delay purging for all other eating occasions by at least 10 minutes.		3 days
2. No purging after breakfast + morning snack + lunch. Delay purging for all other eating occasions by at least 20 minutes.		3 days
3. Delay purging after dinner for at least 30 minutes. No purging after any other meals or snacks.		1 week
4. Maximum 2 x purging episodes across the week. Delay any urges to vomit by at least 60 minutes.		1 week
5. Not purging at all after eating		1 week

Some people may feel confident in sitting with their urge for an hour, and others might find this so uncomfortable that only 10 minutes seems manageable. Choose a timeframe that feels manageable for you and build this up to your final goal of ceasing purging altogether.

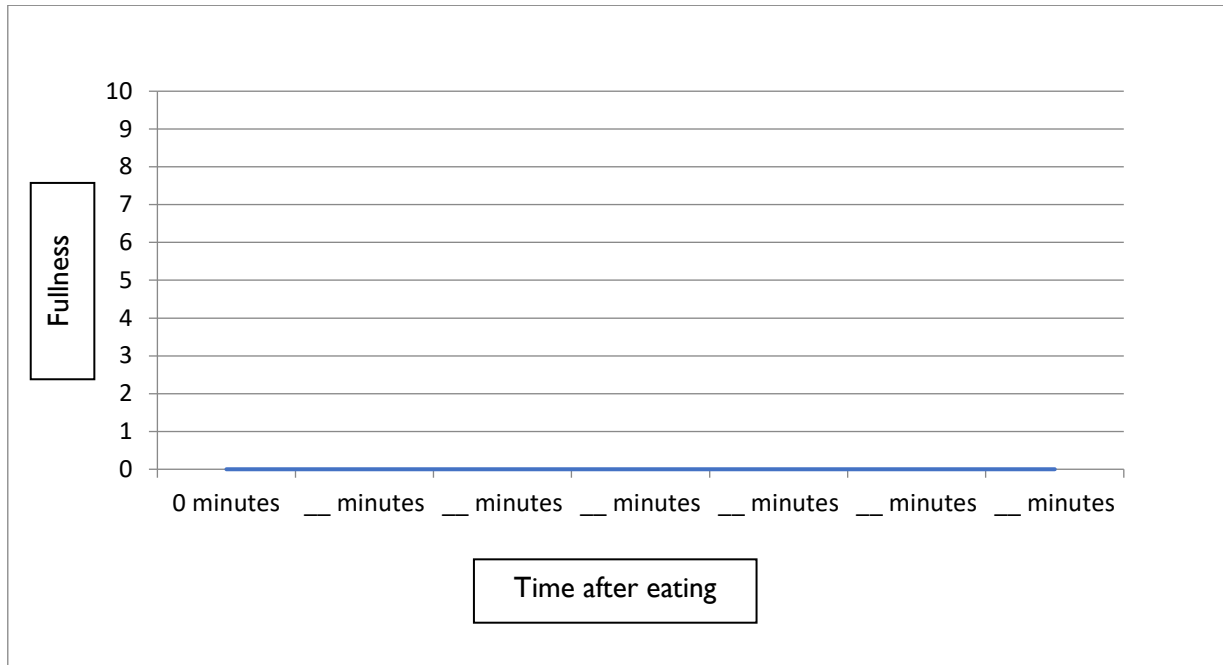


My Purging Goal

Goal: _____
(e.g. to stop using laxatives by the end of the month)

Steps	Anxiety 0-10	Timeframe
1.		
2.		
3.		
4.		
5.		

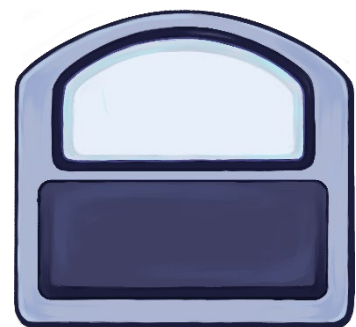
Let's have a go! Start with Step 1 and plot your feelings of fullness on the blank graph below. Remember, you can use the distraction activities from the last module to help you surf the urge. We have left the "minutes" space blank so that you can customise this in line with your chosen goal.



Record your reflections! What did you notice? (e.g., *although it takes some time, the urge always passes; the more I practice sitting with urges, the more confident I feel to manage them; when I focus my attention on other tasks it is much easier to sit with the urge; over time the urges have become less frequent and less intense*)

Final Notes on Purging

1. If you are purging (or restricting) you are likely to experience **delayed gastric emptying**, which means you may feel more full than the average person after eating a normal meal or snack. This will reduce over time as you eat more regularly and reduce your purging.
2. When you first stop purging, you may notice that the number on the scale seems to jump up – but this is **not** because your body mass is increasing, this is because your body is holding onto additional fluid, which is only a temporary response to the dehydration caused by purging. You may get sudden, bothersome swelling in your face, hands, and feet, which will go away in about 2 – 4 as long as you don't start purging again



We know that the sooner you can stop purging, the better. However, if you find you need to spend a little longer on a step in your plan or go back to a previous step if you've experienced a slip up, that's ok! Each time you will get better at sitting with the discomfort and being able to surf the urge to purge.

My Weekly Progress Tracker

First, complete your symptom tracker:

Eating Disorder Behaviour	Frequency (# days per week)	
Restrict or dieting		
Exercise (including time spent)		
Binge eating	# days	# episodes
Vomiting to control my weight/shape		
Laxative misuse		

Second, reflect on your self-monitoring:

What did I learn from my self-monitoring this week? (e.g. some of my binge eating episodes were triggered by hunger and others by emotions, when I give myself permission to eat feared foods I can actually stop when I feel full”

Third, review your homework from last week:

Task	Completed? Y/N
Weekly weighing	
Completing self-monitoring daily, and in real-time	
Eating regularly	
Eating adequately	
Feared food experiments	
Urge surfing to reduce binge eating	

Finally, set some goals! What do you want to work on this week?

(e.g., weekly weighing, complete self-monitoring every day; focus on eating 3 meals and 2-3 snacks; experiment with feared foods and tick them off my feared food list, urge surfing to reduce binge eating, urge surfing to reduce purging)

Module Summary

- Many people with eating disorders engage in purging behaviours such as self-induced vomiting, misuse of laxatives or diuretics, or driven exercise.
- People purge for various reasons, such as ‘making up for’ food eaten during a binge, controlling their body weight and shape, or in response to feelings or physical sensations.
- There are significant physical health risks associated with purging.
- Purging is far less effective than most people believe as a method of controlling weight and shape .
- Purging prevents you from properly testing your fears and learning to tolerate the feeling of fullness.
- You can reduce your purging behaviours by learning more about it, urge surfing and setting specific goals.

Coming up... Driven Exercise

About the Modules

CONTRIBUTORS

Dr. Olivia Carter (DPsych)
Clinical Psychologist

Samantha Bank (MPsych)
Clinical Psychologist

Dr. Bronwyn Raykos (PhD, MPsych)
Senior Clinical Psychologist

Katharina Targowski (MPsych)
Clinical Psychologist

Dr. Bruce Campbell (DPsych, MPsych)
Consultant Clinical Psychologist

REFERENCES

These are some of the professional references used to create the modules in this information package.

Fairburn, C. G., Cooper, Z., Shafran, R., Murphy, R., & Hawker, D. M. (2008). *Cognitive Behaviour Therapy and Eating Disorders*. Guilford Press.

Waller, G., Cordery, H., Corstorphine, E., Hinrichsen, H., & Lawson, R., (2007). *Cognitive Behavioural Therapy for Eating Disorders*. Cambridge University Press.

Waller, G., Turner, H.M., Tatham, M., Mountford, V.A., & Wade, T.A. (2019). *Brief Cognitive Behavioural Therapy for Non- Underweight Patients: CBT-T for Eating Disorders*. Routledge.

ACKNOWLEDGEMENTS

We would like to thank Professor Glenn Waller (University of Sheffield), Professor Tracey Wade (Flinders University) and Dr. Louise Andony for their expert review of these modules. We would also like to acknowledge Dr. Sarah-Ashley Robbins from the Gaudiani Clinic for her review of select medical information and thank the entire Eating Disorders team at the Centre for Clinical Interventions.

IMAGES

All images in these modules were created by Alexi Bailey. Copyright © 2022 Centre for Clinical Interventions. Artwork is not to be used without permission of the owner in accordance with Australian Copyright Law.

“BREAK FREE FROM ED”

This module forms part of:

Targowski, K., Bank, S., Carter, O., Campbell, B. & Raykos, B. (2022). *Break Free from ED*. Perth, Western Australia: Centre for Clinical Interventions

ISBN: 978-0-9757995-2-9

Created: July, 2022