

Harm Reduction for Disordered Eating and Body Control Behaviours

Approaches for Purging Behaviours

► An Information Resource and Guide for Clinicians



CEED harm reduction resources are designed for clinicians and are not for distribution to people experiencing eating disorders. Clinicians are advised to use discretion when exploring disordered eating behaviours with people experiencing eating disorders as mentioning specific behaviours can motivate some to augment, or take up new harmful behaviours.

Purging puts people experiencing eating disorders at increased risk of early death due to medical complications and has been linked to increased risk of suicide attempts

Key Features & Considerations

Purging behaviours include:

- Self-induced vomiting (manually using fingers, objects or less commonly substances i.e., ipecac)
- Harmful use of laxatives (elimination of solids), diuretics (elimination of fluids), diet pills, enemas
- Omitting or under-dosing insulin in Type I diabetics.
- **Compensatory purging** behaviours are behaviours intended to relieve the guilt from eating, such as after binge eating.
- **Non-compensatory purging** occurs in the absence of objectively large binge episodes, such as in purging disorder. It may function as a **“routine” method of weight control**, or as a strategy for **emotion regulation**



Purging is largely ineffective as a means of weight control and has potentially dangerous side effects, including electrolyte imbalances, oesophageal tears, dehydration, and kidney damage. Purging puts people at risk of early death by medical complications has also been linked to increased risk of suicide



[Supporting Resource Hyperlink:
CCI Information Sheet: Vomiting and
your health](#)



Supporting Resource Hyperlink:
[The Medical Complications Associated
with Purging \(Forney et al., 2007\)](#)

Purging & Shame

- Purging may impact upon the person’s wellbeing through experiences of guilt, shame and self-disgust
- **Shame** can be usefully described as **the “intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging”**.
- Experiencing shame has been linked to self-loathing, low self-esteem and distress.
- Shame can prevent people from important social interactions, impact upon disclosures and delay treatment.
- Shame experienced by healthcare workers can interfere with demonstrating empathy.
- Using the person’s language, unconditional positive regard, empathy and validation and engagement are essential

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Review and Assess the Person's Purging Behaviours

Collaboratively review the person's current purging behaviour alongside other ED related behaviours. Engage family, supports and community to add their perspectives where possible. Seek medical input regarding physical safety and consider involvement of a dietitian regarding nutritional and dietetic impacts

Purging Warning Signs:

- ▶ Calluses on knuckles
- ▶ Going to the bathroom directly after meals
- ▶ Brittle hair and nails
- ▶ Swelling of glands in neck & jaw (parotid) → lumps/rounded cheeks
- ▶ Diarrhoea, dehydration
- ▶ Abdominal pain
- ▶ Smelling like vomit
- ▶ Burst capillaries in eyes
- ▶ Evidence of vomit in the toilet or in sinks
- ▶ Discoloured teeth/dental problems
- ▶ Binge eating/secret eating, food wrappers
- ▶ Fatigue

Assessment Tools: Assessment Tools:

SCOFF	Reach out and recover (ROAR)	EDE-Q 6.0 (Fairburn & Beglin, 2008)	EPSI (Forbush, 2013)
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The assessment of purging behaviours should include four main aspects: (1) occurrence, (2) frequency, (3) type, and (4) number of methods ([Haedt-Matt, 2017](#)).

<p>1. Have you ever made yourself sick (vomited) to control your shape and/or weight?</p> <p><i>(If yes) How many times in the past month? What method?</i></p>	<p>2. Have you ever used diuretics (medications to eliminate fluids) to control your shape and/or weight?</p> <p><i>(If yes) How many times in the past month? What kind of diuretic? What dosage?</i></p>	<p>3. Have you ever taken laxatives (medications to eliminate solids) to control your shape and/or weight?</p> <p><i>(If yes) How many times in the past month? What kind of laxative? What dosage?</i></p>	<p>4. Have you ever used any other means of getting rid of calories, such as enemas, diet pills, or ipecac?</p> <p><i>(If yes) What have you done? How many times in the past month? What dosage?</i></p>
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In addition, ask questions about the function of the behaviour and the person's readiness to change such as:

<i>Are there other reasons that you x?</i>	<i>How important is it for you to change x, from 0-10? Why? Why not zero? Lower/higher?</i>	<i>How important is it for others that you change x, from 0-10? Why? Why not zero? Lower/higher?</i>	<i>What might/does make it hard to change?</i>
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See [MET manual](#) for further ideas for supporting the person to explore motivation to change. It is yet to be empirically established whether interventions specifically targeting motivation to change provide additional benefit over and above established treatment approaches, however several potentially malleable factors that enhance motivation have been identified by people who have recovered.

 **Understand the interaction between harmful behaviours and risk for self-injury and suicide.** One important function that eating disorder behaviours might have is to reduce or avoid states of extreme distress that place the person at risk of self-injury or suicide. Consider ways in which harm reduction also supports psychological safety and support skill development to help the person expand their window of tolerance. **See CEED handout – Distress Tolerance.**

► **Get to Know the Function** of the person’s purging behaviours in order to work with them on safer alternatives

Function	Overview	Tips for helping the person meet their needs in healthier ways
Control of body weight, shape & appearance	Purging behaviours are often driven by negative self-evaluation related to weight, body shape or appearance and fear of weight gain	<ul style="list-style-type: none"> • EXPLORE: Consider the degree to which appearance standards may be important to the person’s identity and feelings of belonging within particular groups. Explore the degree to which substance use supports the person to manage body related distress and/or stigma and discrimination in regard to their appearance, gender or other aspects of identity. • GENDER AFFIRMING CARE. Consider how you might support people to affirm their gender in ways that support safety, through personal, social legal and medical <u>spheres of affirmation</u>. • SUPPORT the person to consider the degree to which certain appearance standards may be important to their identity and feelings of belonging within particular groups. Support the person to find other ways of affirming their body that are less harmful, such as seeking protective communities, spaces and health professionals.
Emotion & Sensory Regulation	Purging may provide temporary relief from painful emotional experiences	<ul style="list-style-type: none"> • EXPLORE: To what extent might purging help the person to regulate their emotional state by relieving feelings of guilt/shame or disgust after eating disallowed food types or quantities? To what extent might it distract the person from feeling emotionally out of control? Or create a feeling of numbness or temporary bodily disconnection? • SUPPORT: Help the person identify their triggers, and to develop alternate coping skills such as sensory approaches and emotional and interpersonal skill development programs such as those in DBT.
Control of Physical Sensations	Purging may reduce sensory awareness of unpleasant stimuli.	<ul style="list-style-type: none"> • EXPLORE: People with eating disorders may experience disrupted interoceptive awareness. To what degree might this person be experiencing heightened awareness of internal physical sensations? To what degree might purging assist them to avoid feeling full/reduce uncomfortable physical sensations? See CCI Link Gastrointestinal problems in eating disorders. • CONSIDER: People experiencing eating disorders are at increased risk of having experienced trauma, domestic violence and emotional neglect. To what extent might purging help the person to manage historical or current trauma? • SUPPORT: Practice trauma-informed care. Support safety. Assist the person in building alternate emotion regulation and distress tolerance skills. Support alternate ways of managing challenging internal sensations, (i.e., sensory approaches).
Deliberate Self Harm/ Punishment	Some people purge as a deliberate act of self-harm. This may be compulsive, impulsive or ritualised	<ul style="list-style-type: none"> • EXPLORE: To what extent might purging function as a self-punishing response to beliefs about themselves in relation to food (i.e., one has eaten too much, or the "wrong thing" or over indulged, disgusting). To what extent might purging follow events during or after which the person has felt extreme shame, guilt and/or self-disgust or hatred? • SUPPORT: Support the person to reduce the harms associated with purging by examining other ways of expressing or tolerating distress. How might they act in the direction of self-tolerance as a precursor to self-acceptance?
Trait Expression	Aspects of temperament may make one more susceptible to purging	<ul style="list-style-type: none"> • EXPLORE: To what degree might the person’s temperament traits, i.e., impulsivity, emotion sensitivity, emotion dysregulation & anxiety make them vulnerable to purging? • SUPPORT: Help the person to harness the strengths of their traits (such as creativity or capacity for emotional connection). Support them to take action to reduce harms associated with purging behaviour. See Hower et al., (2021)
Asceticism & Overcontrol	Asceticism is a severe form of self-discipline and avoidance of all forms of indulgence.	<ul style="list-style-type: none"> • EXPLORE: Does this persons purging occur in the context of cultural, religious or spiritual beliefs that encourage this? Does this occur in combination with perfectionism, or a more general tendency toward 'over control'? In what way may purging serve a function to regain control over perceived failures related to eating or physical activity? • SUPPORT: Consider the ways in which over control may be channelled into action and areas that are more adaptive (such as adherence to a meal plan, or work activity). Support the person to reduce harms of purging behaviour.

► Purging and Disordered Eating: Possible Physical Harms & Harm Reduction Approaches

Signs to seek medical attention immediately:

- If you are experiencing episodes of fainting, collapsing, dizziness, chest pain, heart palpitations, shortness of breath, severe abdominal pain, bleeding during purging behaviours (i.e., bleeding during vomiting or due to laxative use).

Support the person to improve nutrition and weight restore alongside initial and ongoing medical assessment & monitoring of cardiac function, electrolytes and general obs in the presence of an eating disorder, especially with comorbid purging behaviour. Build in opportunities to support readiness for change.

Get to know the persons behaviours

Get clear + be direct about the consequences of the behaviour

Be clear, direct, and collaborate around what they can do to be safer

Behaviour	Possible Physical Harms	Harm Reduction Approaches
Self-induced vomiting (manually using fingers, objects or, less commonly, via substances such as ipecac).	<p>Acute: Dehydration and Electrolyte imbalance resulting in</p> <ul style="list-style-type: none"> • Dizziness, • Fainting, • Cardiac arrhythmias • Death • Acute kidney injury <p>Additional Harms:</p> <ul style="list-style-type: none"> • Salivary gland enlargement • Dental erosions • Tearing and bleeding of the upper gastrointestinal (GI) tract (Oesophagus) • Nose bleeds and haemorrhage in the eyes • GI disruption: reflux, heartburn, bloating • Calloused hands • Dysregulated digestive system / gastrointestinal problems • Brittle hair and nails, discoloured teeth • Not absorbing medications 	<p>General Principles: No amount of self-induced vomiting or purging behaviour is considered safe. Support the person to reduce the behaviour where they can, and/or to seek alternatives that are less harmful.</p> <p>Regular engagement with a medical professional who understands the current level and combination of disordered eating behaviours to identify and manage potential physical risk early is required.</p> <p>Involve families, carers and supports in harm reduction planning and activities. Harm reduction can also be a powerful invitation to, and act of self-care.</p> <p>Support the person to reduce harms:</p> <p><u>Reduce risk of acute injury and/or physical harm:</u></p> <ul style="list-style-type: none"> • Know when to stop: e.g. feeling dizzy, abdominal pain • Know when to go to hospital: e.g. fainting, difficulty walking, and palpitations, and make sure others in the persons network of support know this too • Regular medical reviews, blood tests and ECGs • Avoid use of sharp objects to induce vomiting (e.g. toothbrushes), or ingesting and purging non-nutritive substances (e.g., blades, cotton balls, paper clips) <p><u>Reduce risk of dehydration and malnutrition:</u></p> <ul style="list-style-type: none"> • Replenish fluid intake, (electrolyte drinks/Gatorade chocolate milk, pho for hydration) • Continue meal/eating plan despite purging <p><u>Reduce risk to dental health and oral hygiene:</u></p> <ul style="list-style-type: none"> • Avoid brushing teeth vigorously after vomiting to reduce enamel erosion

		<ul style="list-style-type: none"> • Rinse mouth after vomiting with fluoride or water solution/baking soda (to help neutralise acid), leave toothpaste on tooth surfaces to strengthen tooth enamel • Consuming water before vomiting may be protective against dental erosion • Daily brushing with fluoride toothpaste & flossing. Encourage the person to speak with their the dentist about enamel building toothpastes or other helpful treatments • See EDGI interview with Dr Cynthia Bulik & Brittany Davis on EDs and dental health <p><u>Reduce skin damage and sores on the hands from vomiting using fingers</u></p> <ul style="list-style-type: none"> • Apply barrier cream to hands before and after vomiting to reduce skin damage <p><u>Address associated behaviours & build in other coping skills</u></p> <ul style="list-style-type: none"> • Psychoeducation & addressing binge/purge cycle. Ineffectiveness of purging • Distraction/ relaxation techniques to manage urges to induce vomiting <p><u>Reduce impact on medication absorption:</u></p> <ul style="list-style-type: none"> • Take prescribed medications or nutritional supplements when least likely to purge (i.e. at night time before bed) to avoid purging medications. <p>Psychoeducation: CCI - Vomiting and Your Health CCI - Gastrointestinal Problems CCI - Regular Eating for Recovery CEED – Physical Risk Indicators and Response Guide</p>
<p>Laxative and Diuretic Use</p> <p>Laxative substance names: e.g. Senna, bisacodyl, coloxyl</p> <p>Diuretic substance names: e.g. Thiazide diuretics- hydrochlorothiazide Loop diuretics- furosemide</p>	<p>The following risks have been associated with use:</p> <ul style="list-style-type: none"> • Diarrhoea (Laxative use) • Increased urine output (diuretics) • Dehydration and Electrolyte imbalance • Dizziness, fainting • Cardiac arrhythmias and death • Acute kidney injury <p><i>Compensatory behaviours such as laxative and diuretic use are known to lead to a number of physical complications. The use of diet pills and laxatives has the potential for escalating weight control behaviours, de-regulating normal digestive functioning leading to an increase in more disordered eating.</i></p> <p><u>Long term</u></p> <ul style="list-style-type: none"> • Disruption of bowel function, • Gas, pain, bloating • constipation, 	<p>Support the person to reduce harms: <u>Reduce risk of acute injury and/or physical harm</u></p> <ul style="list-style-type: none"> • Maintain fluid intake • Know when to go to hospital: fainting, abdominal pain, severe diarrhoea • Stop use or have a planned withdrawal schedule if heavy use of laxatives/ diuretics • Dispose of supplies/ limit access <p><u>Long term</u></p> <ul style="list-style-type: none"> • Reduce frequency of use • If used as compensation for binges, reduce frequency of bingeing • Distraction/ relaxation techniques to manage urges to use diuretics/ laxatives • Regular medical reviews; may benefit from seeing gastroenterologist/ other specialists to manage complications of long term laxative use. • Individuals who frequently take laxatives or diuretic should follow a planned withdrawal schedule during which the drugs are gradually phased out. Inform the individual of likely weight gain from rebound fluid retention (Fairburn, 2008) <p>Interventions to reduce risks to health through alternate coping Identify and address causes for harmful laxative and diuretic use:</p>

<p>Potassium sparing- spironolactone</p> <p>May be taken orally or as suppository</p>	<ul style="list-style-type: none"> • Rectal prolapse • Dependence on laxatives <p>Resource: <u>The eating disorders medicine cabinet revisited: a clinician's guide to ipecac and laxatives (Steffen et al., 2007)</u></p>	<p>Compensation for bingeing Weight control Mood regulation Avoiding 'feeling full' Desire to have an empty stomach Habit</p> <p>Explore the impact of purging on physical health and areas of value and importance for the person.</p> <p>Psychoeducation: <u>IOI - Physical Complication Associated With Laxatives Links</u> <u>CCI - Laxative Misuse</u> <u>CCI - Gastrointestinal Problems</u></p>
<p>Ipecac and Enema use</p> <p>Ipecac Forms: administered rectally</p> <p>Enema substance names: e.g. fleet microlax</p> <p>Enema Forms: administered rectally</p>	<p>The following risks have been associated with use:</p> <p>Common to both enemas and ipecac: Short term complications:</p> <ul style="list-style-type: none"> • Dehydration • Electrolyte imbalance • Dizziness • Blackouts <p><u>Hyponatremia or water intoxication</u> Hyponatremia is an imbalance of electrolytes that occurs when the body does not have enough sodium; in severe cases it can cause confusion, seizures, and coma.</p> <p>Resource: <u>Tabitha Farrar Coffee Enemas</u></p> <p>Ipecac- oral, syrup Short term complications of ipecac:</p> <ul style="list-style-type: none"> • Seizures, Haemorrhages • Respiratory failure, Shock • Palpitations, Cardiac arrest • Sudden death <p>Long term complications of ipecac:</p> <ul style="list-style-type: none"> • Muscle wasting and weakness, Damage to heart muscles (cardiomyopathy, heart failure) • Tears in the GI tract due to repeated vomiting • Lethargy 	<p>General principles: No amount of self-induced vomiting is considered safe. Support the person to reduce the behaviour where they can, and/or to seek alternatives that are less harmful.</p> <p>Regular engagement with a medical professional who understands the current level and combination of disordered eating behaviours to identify and manage potential physical risk early is required.</p> <p>Involve families, carers and supports in harm reduction planning and activities. Harm reduction can also be a powerful invitation to, and act of self-care.</p> <p><u>Harm reduction approaches:</u></p> <ul style="list-style-type: none"> • Limit supplies at home • Reduce frequency of use • Use of supplements (K supplements if known to develop specific biochemical abnormalities) • Regular visits with GP for physical health, biochemical tests and ECG <p>Psychoeducation: <u>Treatment4Addiction - Bulimia and Ipecac Use</u></p>

	<ul style="list-style-type: none"> • Dangerous drop in core body temperature (hypothermia) • Impaired circulation, Kidney and liver disease • Dental abnormalities • Sudden death <p>Enemas- administered rectally</p> <p><u>Short term complications</u></p> <ul style="list-style-type: none"> • Bloating, Cramping • Tissue damage in rectum/ colon if incorrectly administered <p><u>Long term complications</u></p> <ul style="list-style-type: none"> • Dependence on enemas to produce bowel movements • Damage to nerves, muscles and tissues of the colon • Rectal prolapse • Disruption of normal micro-organisms in the gut 	
+Pregnancy	<p>During pregnancy, the body allocates extra resources to the growing foetus. As such, purging may impact on the health of mother and baby through dehydration, electrolyte imbalances and cardiac irregularities. See CCI resource: pregnancy and eating disorders; NEDC Resource: Pregnancy & Eating Disorders Professional Guide</p>	
Additional Considerations	<p>Risk and Professional Duty of Care Consider the degree to which the person’s behaviour could impact self and others including operating a motor vehicle, heavy equipment, caring for minors, and occupational duty of care. Consider your own professional duty of care in supporting approaches to minimise harm and duty of care should the person be unable/unwilling to behave safely in these areas.</p>	



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