HAUTE AUTORITÉ DE SANTÉ

FFAB
Fédération Française Anorexie Boulimie
French Federation Anorexia Bulimia
(anciennement AFDAS-TCA)

BULIMIA NERVOSA AND BINGE EATING DISORDER

Gynaecological and obstetric aspect

June 2019

- Bulimia nervosa is characterized by episodes of binge eating (consumption of a large amount of food in a short period of time, accompanied by a feeling of being out of control) followed by inappropriate compensatory behaviours, such as: self-induced vomiting, misuse of laxatives, diuretics or other medicines; fasting; excessive exercise. In addition, self-esteem is unduly influenced by physical appearance in these individuals. Bulimia sufferers usually have a normal body mass index (BMI) due to their compensatory behaviours.
- Binge eating disorder is characterised by recurrent episodes of binge eating, but without the inappropriate compensatory behaviour seen in bulimia nervosa. For this reason, binge eating disorder generally leads to high BMI (overweight or obesity). Binge eating causes significant distress.
- Anorexia nervosa is characterised by restriction of food intake compared to requirements, resulting in a low weight or significant weight loss. This is associated with a fear of gaining weight or getting fat, or persistent behaviour interfering with weight gain. Self-esteem is unduly influenced by physical appearance in these individuals.

CONTRACEPTION

- Explain to patients that amenorrhea does not protect against a risk of pregnancy and that oral contraceptives must be taken well away from vomiting episodes.
- In the event of very frequent vomiting in women taking oral contraception, suggest other contraceptive methods (intrauterine device, implant, contraceptive patch, condoms, etc.).

RISKY SEXUAL BEHAVIOUR

- In patients with an eating disorder, particularly in the event of associated borderline personality disorder, it is recommended to:
  - look out for risky sexual behaviours;
  - provide information about the associated risks and methods of prevention;
  - refer patients for gynaecological follow-up.

CONSULTATION FOR INFERTILITY AND/OR REQUEST FOR MEDICALLY ASSISTED REPRODUCTION

- It is recommended to systematically look for signs of eating disorders.
- In the event of any doubt about the existence of an eating disorder or in the event of known eating disorders, it is recommended to seek the advice of an eating disorder specialist (see FFAB directory).
- In the event of a request for assisted reproduction technology in a patient with a known eating disorder and being treated, coordinated obstetric care along with follow-up of the eating disorder is recommended.

WANTING TO BECOME PREGNANT

- Any woman with an eating disorder of reproductive age should be informed about the consequences of eating disorders on fertility (risk of infertility) and the risks during pregnancy (miscarriages, premature delivery) and to the foetus (smallness for dates and perinatal mortality). If they wish to become pregnant, patients must be given advice to increase their chances of becoming pregnant and limit the risks, in particular by maintaining an adequate nutritional intake and weight.

DURING PREGNANCY

- Investigate the presence of eating disorders in the event of particularly severe pregnancy-related nausea or vomiting, excessive or inadequate weight gain.
- Refer patients with a suspected eating disorder for assessment by a specialist and, if necessary, multidisciplinary follow-up coordinated with their obstetric care.
- Be vigilant in women with a history of eating disorders since pregnancy and the post-partum period are situations in which there is a risk of exacerbation of the disorders, relapse and mood disorders. Systematically look out for depression during pregnancy and the post-partum period since the risk is increased.
- In women with a known eating disorder, it is important to provide regular, attentive and tailored follow-up.
- Assess vitamin deficiencies and supplement if necessary (risks to the foetus).
- Continue multidisciplinary care for eating disorders after delivery, paying particular attention to the mother-baby relationship (diet and interactions).

IN THE POST-PARTUM PERIOD

- In women with a known eating disorder, it is important to provide regular, attentive and tailored follow-up during the post-natal period.
- Following gestational diabetes, it is recommended that women be encouraged to continue their lifestyle changes (diet, physical activity for 30 to 60 minutes per day at least 5 days per week, cessation of smoking) since this helps reduce the development of type 2 diabetes.

This document presents the main points of the best practice guidelines on
“Bulimia nervosa and binge eating disorder – Detection and general management information”
Clinical practice guidelines method – June 2019.
These recommendations and the scientific rationale can be consulted in full
on www.has-sante.fr