

Laxative Abuse in Eating Disorders

Studies consistently show that over half of patients with eating disorders have misused laxatives at some point in their illness. Constipation is common in anorexia nervosa as only small amounts of food are ingested and gastric motility subsequently slows down. Patients often struggle with the sensation of food in their bodies and subsequently take laxatives to relieve this feeling. They seem to favour stimulant laxatives as they come in tablets and are more powerful than bulk forming or osmotic laxatives. Their use varies from occasional, just over the recommended guidelines to those sufferers who take 100+ tablets per day. Laxative misuse is also associated with higher levels of psychiatric morbidity.

In the short term, patients can become significantly depleted of potassium and sodium as well as becoming severely dehydrated. At its worst this can lead to cardiac arrest. Most specialist eating disorder services will have a handful of severe laxative misusing patients who regularly need medical admissions for intravenous potassium and fluids following ingestion of vast amounts of laxatives.

When patients try to stop taking these stimulant laxatives they often suffer severe oedema during the refeeding stage of treatment which can lead to fluid overload with resulting congestive cardiac failure. As well as being life threatening, the rapid 'weight gain' of oedema is extremely distressing for patients trying to recover.

Long term loss of bowel motility following chronic use of laxatives is well documented in all groups of patients and in this group, the combination of low weight and muscle wasting makes the problem particularly severe. In addition to making constipation worse, patients also develop rectal prolapses which can be difficult to repair as the patient's weight is too low to be anaesthetised. Healing is also slow and relapse common. This is obviously distressing and further impairs quality of life.

Even though the risks are clearly outlined on the medication, the patients ignore this information and continue to take them. They struggle to cope with the feelings of 'fullness' they suffer when trying to reduce the dose and quickly relapse back into regular misuse. For many patients, the laxatives have an addictive quality and they will go to great lengths and expense to seek them out.

I would strongly support these laxatives returning to prescription only drugs or at the very least pharmacist controlled with say an upper limit of 5 days' supply per packet.

References

Misuse of laxatives among adult outpatients with eating disorders: prevalence and profiles.

Bryant-Waugh R, Turner H, East P, Gamble C, Mehta R; International Journal of Eating Disorders. 2006 Jul;39(5):404-9.

Laxative abuse among women with eating disorders: an indication of psychopathology?

Pryor T, Wiederman MW, McGilley B; International Journal of Eating Disorders. 1996 Jul;20(1):13-8.

Bulimia Nervosa – medical complications

Philip S Mehler and Melanie Rylander; International Journal of Eating Disorders 2015 3:12
DOI: 10.1186/s40337-015-0044-4

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Dr Joan Brunton Faculty of Eating Disorders, Royal College of Psychiatrists

Email: Joanbrunton@porygroup.com