

Bulimia

A significant negative health condition has become common in our affluent society. Rather than hunger, we suffer from an over abundance of food and the subsequent effect — overweight people or those who think they are overweight.

Bulimia is common among young women and a few men. Often, these people are not overweight, but they perceive themselves to be “fat.” As a result, they eat what they want, and then they stimulate themselves to vomit. When the resultant high acid content vomitus contacts tooth structure several times per day, a significant demineralization and dissolution of tooth structure occurs. The locations in the mouth where bulimia is noticed first are the back surfaces of the upper front teeth and the upper molars. The enamel (outer surface) of the teeth is dissolved and may be entirely destroyed on those surfaces. The patient feels sensitivity to sweet, cold, and heat, and has considerable discomfort because of the dissolved tooth surfaces.

Those persons with bulimia should receive extensive psychological counseling and perhaps in-patient confinement for an appropriate period of time to reduce or eliminate the problem. Serious systemic challenges, including circulatory and reproductive dysfunction occur with advanced bulimia. Many patients never recover. Treatment and recovery should be started as soon as possible!

In relation to the overall health challenges, bulimic patients need counseling about the destructive dental problems caused by bulimia. They need daily fluoride applied in trays to the teeth for preventive reasons. They should wash their mouths with a dilute solution of baking soda (sodium bicarbonate) each time they vomit, until the condition is under control. Advanced cases of bulimia require extensive oral rehabilitation including crowns, bridges, and subsequent preventive care.

Don't avoid treating bulimia, it can be fatal. We would be happy to assist you in finding appropriate professional help for bulimia.

I have read and understand the above information.

PATIENT'S NAME

**SIGNATURE OF PATIENT, LEGAL GUARDIAN,
OR AUTHORIZED REPRESENTATIVE**

DATE