## Bulimia Nervosa: A Multidisciplinary Treatment of Enamel Erosion

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ating disorders such as anorexia nervosa, bulimia nervosa, and binge-eating disorder are a serious concern in women's oral health and a clinical challenge to dental professionals. Each of these eating disorders presents with unique patterns of psychological, medical, and dental characteristics. Appropriate dental treatment is based on the multidisciplinary facets of these conditions. The dental team should be mindful that individuals who suffer from these disorders might relapse into previous negative eating behaviors. The knowledgeable dental professional may be able to intercept these habits through regular recall intervals and a thorough examination.<sup>1</sup>

From both an ethical and legal standpoint, knowledge of the symptoms and clinical oral signs of bulimia is imperative, since early diagnosis and treatment are directly related to successful therapy.<sup>2</sup> Being able to identify bulimia at the outset will help in the timing of selected treatment procedures. Oral surgery, in partic-

ular third molar surgery, may pose a significant relapse risk for recovering bulimic patients<sup>3</sup> and thus should not be a priority. An eating disorder is many things—deadly, addictive, uncontrollable, and terrifying. Most people have a general knowledge of anorexia and bulimia, but few really understand their complexity.

Bulimia Nervosa is generally considered to be a psychological and emotional disorder, which sometimes co-exists with other psychiatric disorders, such as depression or obsessive-compulsive disorder. In 1980, the American Psychiatric Association formally recognized bulimia. In its fourth edition, the Diagnostic and Statistical Manual of Mental Disorders (APA, 1994) listed the following criteria that an individual must meet to be diagnosed:

A. Recurrent episodes of binge eating, with an episode characterized by (1) eating in a discrete period of time, usually less than two hours, an amount of



FIGURE 1-Smile - initial.



FIGURE 2—Upper occlusal - initial.