THE BALANCE

Bulimia Nervosa

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH

English / September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 Bulimia nervosa involves recurrent binge eating and compensatory behaviors, while serious medical and psychological risks may remain hidden regardless of outward appearance.

02 Assessment considers eating patterns, medical and psychiatric risk, nutrition, substances, medications, personal context, and conditions requiring separate or coordinated care.

03 Treatment may combine medical oversight, nutritional support, eating-disorder psychotherapy, psychiatric care, individualized planning, and specialist follow-up, with urgent hospital care when necessary.

One client

A private residence and a team organized around you.

Coordinated care

Clinical disciplines work within one individual plan.

Continuity

The next steps are considered throughout treatment.

02 / UNDERSTANDING YOUR NEEDS

Understanding your needs

Understanding bulimia nervosa

Diagnosis requires recurrent binge episodes with loss of control, recurrent compensatory behavior, and a pattern occurring with clinically defined frequency and duration, without occurring exclusively during anorexia nervosa. Clinical assessment determines the exact diagnosis.

How bulimia nervosa May Present

The cycle can be highly organized and hidden. A person may restrict through the day, binge in private, purge, and return to ordinary responsibilities without others knowing.

- Episodes of eating accompanied by a sense of loss of control
- Self-induced vomiting, fasting, excessive exercise, or misuse of laxatives, diuretics, or medication
- Secrecy, food disappearance, bathroom routines, or distress after eating
- Electrolyte disturbance, palpitations, fainting, weakness, dehydration, or muscle cramps
- Dental erosion, throat or gastrointestinal symptoms, swelling, or renal concerns
- Rigid rules, shame, self-criticism, anxiety, depression, or suicidal thinking
- Alcohol, stimulant, sedative, or other substance use around episodes
- Repeated efforts to stop followed by return during stress, restriction, conflict, or isolation

Frequency may be underreported because of shame or impaired recall. Medical risk is not reliably inferred from body size or the number of episodes disclosed in one conversation.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment integrates eating behavior, medical status, psychiatric risk, nutrition, substances, medication, and the cycle between restriction, emotion, bingeing, and compensation.

Binge frequency, loss of control, restriction, purging, exercise, and other compensatory behavior

Vital signs, symptoms, ECG, laboratory or other indicated medical assessment

Fainting, chest symptoms, dehydration, bleeding, severe pain, and acute change

Consent, capacity, goals, and specialist continuing care

Safety and the appropriate setting

Severe electrolyte disturbance, cardiac symptoms, fainting, dehydration, gastrointestinal bleeding, acute food or fluid refusal, uncontrolled purging, suicidality, or medical deterioration may require urgent hospital care. A residence should not claim specialist eating-disorder monitoring, emergency response, or medical stabilization without documented staffing, protocols, and transfer arrangements.

04 / CARE BUILT AROUND YOU

Care built around you

Treatment usually combines medical oversight, nutrition, eating-disorder psychotherapy, reduction of compensatory behaviors, psychiatric care when indicated, and work on the emotional and interpersonal context of the cycle.

Address electrolyte, cardiac, dehydration, bleeding, suicide, and other acute risk Name medical, nutritional, psychiatric, and psychological responsibility

Interrupt restriction-binge-purge cycles through an individualized eating plan Use evidence-informed eating-disorder psychotherapy

Review medication and substances that affect appetite, impulse, mood, or medical risk Treat depression, anxiety, trauma, OCD, or addiction when present

Define meal, bathroom, exercise, privacy, and family procedures clinically Arrange specialist follow-up before leaving intensive structure

The aim is not simply to impose control. A restrictive or punitive environment can strengthen secrecy and the cycle. Any monitoring should have a clear clinical purpose and be explained.

From assessment to a shared plan

The recommendation explains the proposed setting, priorities, team and pace, and how the plan will be reviewed with you.

05 / THE EXPERIENCE OF CARE

The experience of care

A calm private setting can create room for treatment, rest and reflection. The residence, schedule and practical support are organized around one client at a time.

A private place to pause

Personal space, discreet coordination and a daily rhythm shaped around clinical needs.

Care with room to recover

Individual appointments are balanced with rest, meals, movement and time to process.

Practical support

A personal care manager helps coordinate the schedule and everyday arrangements.

Care and residence imagery from THE BALANCE admissions guide. The residence is confirmed individually.

Mallorca

Private residential care in a restorative island setting.

Zurich

Private residential care with Swiss clinical coordination.

London

Selected assessment, transition and continuing-care support.

06 / FROM ASSESSMENT TO EVERYDAY LIFE

From assessment to everyday life

01

A confidential conversation

Admissions listens to your circumstances and explains the clinical review process.

02

Assessment and a recommendation

The team considers suitability, priorities, setting and the individual plan.

03

Personalized treatment

Care is reviewed and adjusted as your needs and capacity change.

04

Transition and continuing care

A handover connects treatment with the people, routines and support needed at home.

Preparing for home

Continuing care should name the medical clinician, dietitian, therapist, psychiatrist where relevant, monitoring, meal and exercise plan, family role, and rapid response to renewed purging or medical symptoms. Progress may include medical stability, fewer or absent binge-purge episodes according to the plan, more regular nourishment, reduced shame and secrecy, improved emotional regulation, and a life less organized around compensation.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Can bulimia be medically serious at a normal body weight?

Yes. Electrolyte, cardiac, gastrointestinal, dental, renal, and psychiatric risk may be present regardless of outward appearance.

What is the difference between bulimia and binge-eating disorder?

Bulimia includes recurrent compensatory behavior such as vomiting, fasting, or excessive exercise. Binge-eating disorder does not include regular compensatory behavior.

When is urgent medical care needed?

Fainting, chest symptoms, severe weakness, blood, dehydration, acute deterioration, severe pain, or suicidal intent requires prompt local medical or emergency assessment.

Will treatment include meal support?

Meal and behavior support may be part of a verified specialist plan. Exact availability, staffing, and procedures must be confirmed for the case and location.

Begin with a conversation

Speak privately with Admissions about your circumstances and the options available. An enquiry carries no obligation to proceed.

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Full condition page

If you or someone else is in immediate danger, seek local emergency care. Do not wait for routine admission or travel.

General information; individual care follows assessment.