Introduction: Eating disorders are diagnosed in 5 to 10 Million persons annually. The trend in recent years indicates the population afflicted with eating disorders is primarily women from diverse backgrounds and the occurrence of substance abuse as a co-occurring disorder is on the rise. The number of persons suffering from bulimia nervosa and a co-occurring substance use disorder ranges from 3% to 50% which far exceeds those diagnosed with other eating disorders or in the general population. As a result, treatment providers are utilizing integrated treatment models for patients with co-occurring bulimia nervosa and substance use disorders.

Purpose: The purpose of this study was to examine the prevalence of persons seeking treatment diagnosed with bulimia nervosa and a co-occurring substance use disorder. Also, to identify the outcome based treatment interventions currently utilized by treatment providers.

Method: Data was collected by reviewing academically peer reviewed journal articles that discussed research in the areas of the diagnosis and treatment of co-occurring Bulimia Nervosa and Substance Use disorders. In addition, data was collected by calling three Atlanta based treatment centers and discussing the most effective treatment modalities utilized for co-occurring bulimia nervosa and substance use disorders.

Results: The data indicates that persons diagnosed with an eating disorder have a higher rate of substance use than those who do not have an eating disorder. According to The National Center on Addiction and Substance Abuse at Columbia University (2003), girls who suffer from eating disorders are consistently higher in all categories of substance abuse: nicotine 45.6% / 21.6%, alcohol 63.9%/38.6%, marijuana 31.5%/16.1%, Inhalants 9.2%/2.4% and for “other drugs” 8.0%/2.2%. Research of the literature has indicated that Cognitive Behavioral Therapy (CBT) when implemented as an integrated treatment intervention has the highest rate of positive outcome for the treatment of bulimia nervosa and substance use disorders.

Conclusion: The rate of bulimia nervosa and substance use disorders has a high prevalence rate when compared to other diagnostic categories of eating disorders. This increased rate of occurrence presents treatment providers with the impetus to utilize effective outcome based treatment interventions. Integrated Cognitive-Behavioral Therapy (CBT) has been reported as being effective in the treatment of Bulimia Nervosa and Co-occurring Substance Use Disorders.

Recommendations: The lack of research and study outcomes available on the integrated CBT approach to treatment of these co-occurring disorders calls for additional research in this area.
Future studies are needed to evaluate the efficacy of this integrated approach in the treatment when both disorders are co-occurring in patients.