



Candid Discussions About Diabetes and Eating Disorders

Part 2

Eating Disorders & Type 1 Diabetes

- 2.4 times the risk than women without diabetes.

Jones et al. (2000). British Medical Journal 320:1563-1566.

- 31% of 341 female Joslin patients (ages 13-60 years) omitted insulin for weight loss.

Polonsky et al. (1994). Diabetes Care 17:1178-1185.

- Strong relationship to microvascular complications of diabetes.

Rydall et al. (1997). New England Jnl of Medicine. 336:1849-1854.

- Self-reported insulin restriction conveyed a three-fold increased risk of mortality during 11 yr follow-up.

Goebel-Fabbri et al. (2008). Diabetes Care 31:415-419.

“Diabulimia”

The pros and cons of a name

- Pro:

- A name indicates that others struggle with it.
- Decreases shame and isolation.
- Raises awareness.
- Creates a way to talk about it.
- Provides a community.

- Con:

- This name risks conveying that it's exclusively bulimia.
- Associated solely with insulin restriction.
- Runs risk of oversimplifying a connection between two complex diseases.

Insulin Restriction

- Why is it a purge symptom?
 - Without insulin or with too little insulin, body can't absorb glucose from blood, can't use or store calories.
 - As blood glucose increases, body attempts to regulate glucose by urinating out as much as it can.
 - Cells are starving, break down fat and muscle for energy.
 - Acidic ketone bodies form in blood, pH balance changes.
 - Diabetic ketoacidosis (DKA) is a medical crisis, requiring ICU treatment and can be fatal.

Anorexia Nervosa in Type 1 Diabetes

- Calorie restriction leading to body weight less than minimally normal.
- Intense fear of gaining weight, despite the fact they are underweight.
- Disturbance in perception of body weight/shape, or undue influence of weight and shape on one's self-esteem.
- Co-morbid w. T1DM, "perfect" BG values and A1c "mask" ED until BMI dangerously low. What about Binge/Purge type?? Insulin underdosing in AN not mentioned in DSM-5.

Diagnostic and Statistical Manual of Mental Disorders – 5th Ed. (2013).
American Psychiatric Publishing.

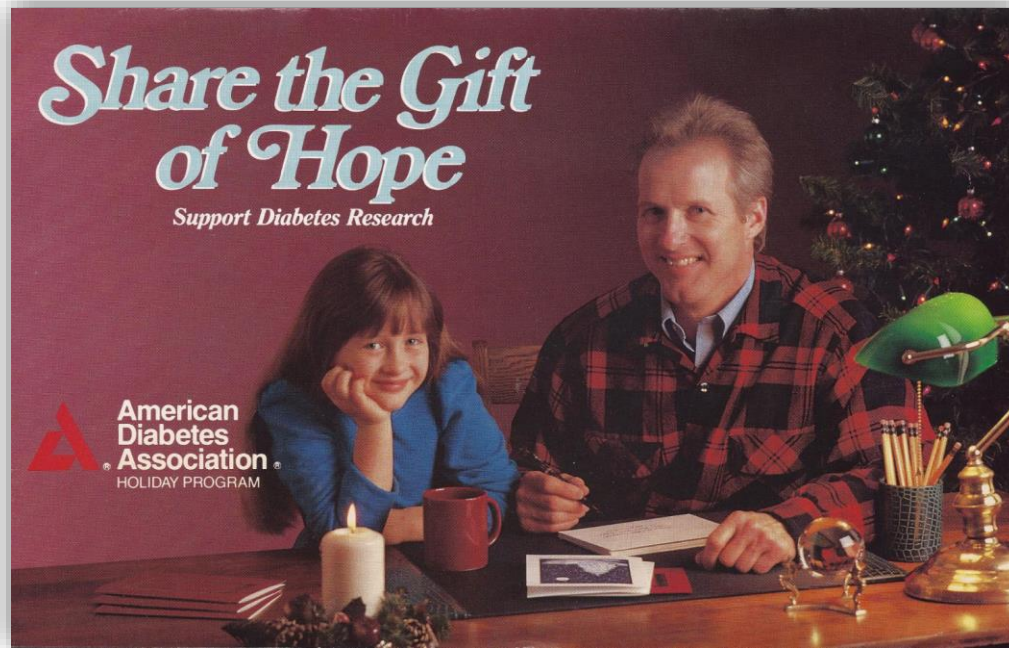
Bulimia Nervosa in Type 1 Diabetes

- Recurrent episodes of binge eating:
 - Larger amount of food than peers would eat under similar circumstances.
 - Sense of loss of control over eating.
- Recurrent purging to prevent weight gain:
 - Self-induced vomiting.
 - Misuse of laxatives, diuretics, enemas, or other medications. **LIKE INSULIN**
 - Fasting, Excessive exercise.
- Both behaviors occur once weekly for 3 months.
- Self-evaluation unduly influenced by shape and weight.

Other Specified Feeding or Eating Disorder (OSFED)

- All criteria for Anorexia are met except significant weight loss.
- All criteria for Bulimia are met except that bingeing and purging occurs less than once weekly.
- Recurrent insulin restriction for hyperglycemic calorie purging (not always with bingeing) also not mentioned in DSM-5.

Asha Brown



Contributing Factors

Diabetes Self-Management Education (DSME)

“Lazy” information from media and reputable health publications

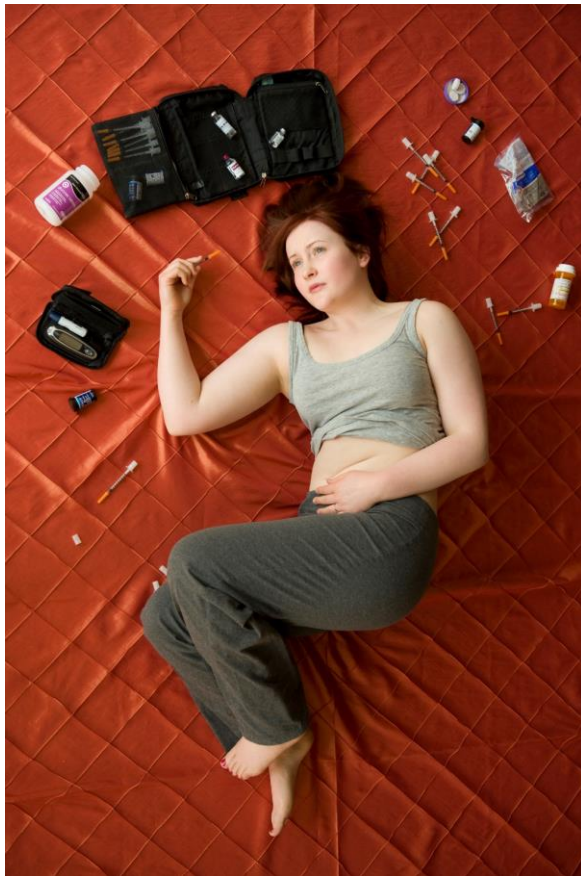
Lack of support in transition from pediatric to adult endocrinology

Not Just Insulin Omission



My eating disorder behaviors shifted and changed over time.

My Reality Became....



- Lies
- Denial
- Fear

Recovery Essentials



- Accept
- Surrender
- Embrace

Learning from the experts

- Interviewed 25 recovered women (over age 18)
- Recruited from FB page “Diabulimia Awareness”
- T1DM min 1 yr, ED min 1 yr, Recovered min 1 yr
- All received healthcare in the US

Defining Recovery:

- 1) Consistently taking appropriate insulin
- 2) Not engaging in rigid dieting or over-exercise
- 3) Not intentionally running BG's high
- 4) Eating flexibly most of the time
- 5) Not acting on ED thoughts or feelings

Getting motivation

Robbed of energy and health

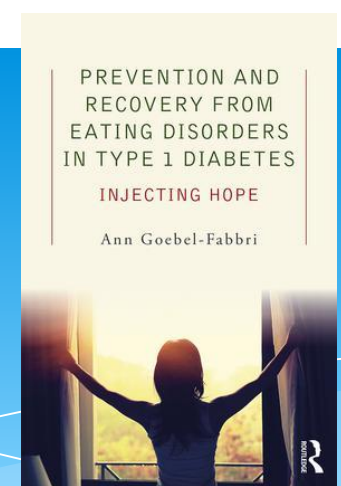
I remember being in the subway in [name of city removed] and going up 2 flights of stairs and thinking, "Oh my god, I can't do this." Caroline

Damaged relationships

My husband was just like, "I'm not raising my child with a person who's like this ... you'll lose everything to this." And the end of our marriage was when I sought recovery. Carrie

Fear

I could already foresee the future. I was like, "I'm going to be 32 one day ... And I'm not going to have legs. I'll be blind because of what I'm doing right now. Anna



Challenges to Recovery

PREVENTION AND
RECOVERY FROM
EATING DISORDERS
IN TYPE 1 DIABETES

INJECTING HOPE

Ann Goebel-Fabbri



Fear of Fat

The weight gain ... feeling like your skin is literally stretching to accommodate the water. I mean it's awful ... and nothing fit ... Every woman who has a weight issue ... it's their worst nightmare. Julia

Finding the Right Treatment

Nobody understands type 1 diabetes ... I tried person after person after person. I went to this big, huge eating disorder center nearby ... they didn't know anything about type 1 diabetes, and it just made me feel worse. Janine

Treatment

PREVENTION AND
RECOVERY FROM
EATING DISORDERS
IN TYPE 1 DIABETES

INJECTING HOPE

Ann Goebel-Fabbri



The Importance of “Diabetes-informed” Treatment

I couldn't get away with anything because they knew absolutely everything ... I feel like this eating disorder is particularly isolating ... Talking with someone who understands exactly what you've gone through is ... it was priceless. Julia

Need Gradual Improvements

What I didn't realize then is that they were gradually bringing my blood sugar down over time, so that I would be safe ... But as soon as I was left to my own devices, I would keep my blood sugar in the low 100's or under 100 ... Everything hurt. It wasn't just my legs ... Here I was destroying myself ... I finally go and get healthy, and then my body is rebelling against me for doing the one thing that I hadn't been doing in the past. Abby

Gifts of Recovery



- Healthy Relationship with Food
- Diabetes Acceptance

Gifts of Recovery



Functioning brain

Rediscovering ME

We Are Diabetes



www.wearediabetes.org

- * Referrals to credible providers and treatment centers across the United States.
- * Guidance through the recovery process.
- * Support for family and loved ones.
- * Unique resources designed specifically for the ED-DMT1 population.
- * Education for healthcare professionals.
- * Recovery Coaching