Diabetes & Eating Disorders: A Complicated Relationship

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AGE 13

Other reality...
Complete Your Meal With A Mega Jug

Buy A Giant Soda To Help With Diabetes Research

And KFC Will Donate $1.00 To

JDRF
Help Us Find A Cure!

for only $2.99

"Make sure you pour some out for your dead homies." — Greg Glassman #CrossFit
#Sugarkills @CrossFitCEO

open diabetes™
White House says diabetics don’t deserve health insurance

Mazzara wants to leave the 20 million Americans living with diabetes out in the cold, because he doesn’t deem them worthy of treatment.
Veronica M. Landry

I'm prepping for my first figure competition at age 45 on keto! I have done a lot of research on keto. It is very safe and effective. I have major health conditions and this has literally saved me, along with good supplementation and essential oils. It kills inflammation, which is key to fighting heart disease, diabetes, etc. Do yourself a favor and try keto!

1 hour ago · Edited · Like · Reply

Jeanette Chapman Hulett

Is it something you do constantly or do you get a "cheat" meal every so often?

1 hour ago · Like · Reply

Chandra Sommerfeldt

Write a comment...

Kelly McConkey

It was a very controversial film and with those I often believe half...
Consequences of Poor Diabetes Management

Diabetes is leading cause of new cases of blindness for 20-74

Stroke and heart attack – 38%
Blood pressure – 75%

ESRD – 44% of new cases are with diabetes

Loss of sensation in hand and foot – 60-70%

12-15% with diabetic foot ulcer

This is diabetes.

This is NOT.
What is ED-DMT1?

- The dual diagnosis of an eating disorder and type 1 diabetes is often referred to as “diabulimia,” however this is not a medically recognized term and it is not an accurate description.
- “Among some academics, the nomenclature eating disorders in diabetes mellitus type 1 (ED-DMT1) is used to denote the spectrum of disturbed eating behavior found within this specific demographic.”
  
  –Jacqueline Allen, Birkbeck University

Prevalence of Eating Disorders

- 75% of American women are dissatisfied with their appearance.
- 50% of 9 year old girls and 80% of 10 year old girls have dieted.
- At least 4% of teenage girls and college-age women become anorexic or bulimic.

Eating Disorders + Diabetes

- ED behaviors seen in 8% of T1DM vs 1% of peers without DM.
- Increased risk of disturbed eating behavior in girls with T1DM as young as 9.
- 32.4% of females with type 1 diabetes have some form of disordered eating or weight control behavior.
- 36% reported intentional omission of insulin.
- Strong association between type 2 diabetes and clinically significant binge eating.

Peveler RC. Type 1 Diabetes & Eating Disorders, Diabetes Care 2005
Colton P. et al, Disturbed eating behavior and eating disorders in preteen and early teenage girls with type 1 diabetes; a case-controlled study Diabetes Care 27:1654-1659, 2004
Udo et al. Menopause and metabolic syndrome in obese individuals with binge eating disorder. Eat Behav 2014:15

Why higher risk?

Feels betrayed by body with diagnosis of diabetes.

Emphasis on food and dietary restraint.

Society setting “food rules” for people with diabetes.

Diabetes management focuses on numbers.

Belief that you “ate your way into diabetes”.

Weight gain/higher BMI, result from intensive insulin therapy.

Temptation factor

- Easy availability of deliberate insulin omission to control weight.

Effect of diabetes on self-concept, body image, and family interactions.

Family dynamics involving autonomy and independence concerning diabetes self-management.

ED Screening Tools for Diabetes Patients

Diabetes and Eating Problem Survey – Revised (DEPS-R)

SCOFF

DEPS-R

16 questions 0-5 Likert scale, can complete in <10 min

Some examples of questions specifically related to diabetes:

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel fat when I take all of my insulin.</td>
<td>0-5</td>
</tr>
<tr>
<td>Other people tell me to take better care of my diabetes.</td>
<td>0-5</td>
</tr>
<tr>
<td>After I overeat, I skip my next insulin dose.</td>
<td>0-5</td>
</tr>
</tbody>
</table>

*ADD the total score = greater than 20 is clinically significant.

SCOFF

Do you make yourself sick because you feel uncomfortably full?

Do you worry you have lost control over how much you eat?

Have you recently lost more than one stone (7.7 kg, about 15 lbs) in a 3 month period?

Do you believe yourself to be fat when others say you are too thin?

Would you say that food dominates your life?

*One point for every “yes;” a score of ≥2 indicates a likely case of anorexia nervosa or bulimia

PURPOSE/METHODS

- Reviewed charts of the past 27 patients with type 1 diabetes who have been admitted into 24-hour care at Center for Change.
- Analyze Diabetes and Eating Problem Survey -Revised (DEPS-R) scores to determine frequency of insulin omission.
- Analyze HbA1c levels according to reports of insulin omission. This analysis will help determine percentage of patients with diabetes and eating disorders who omit insulin for weight loss.
- There in theory may be many patients with diabetes and eating disorders who go unrecognized since they do not omit insulin for weight loss or have a high HbA1c.
“Owning our story can be hard but not nearly as difficult as spending our lives running from it. Embracing our vulnerabilities is risky but not nearly as dangerous as giving up on love and belonging and joy—the experiences that make us the most vulnerable. Only when we are brave enough to explore the darkness will we discover the infinite power of our light.”

-Brene Brown
Treatment and Recovery: it’s a process

MULTIDISCIPLINARY TEAM
DIABETES INFORMED TREATMENT COMBINED WITH
STANDARD ED TREATMENT TECHNIQUES/THERAPIES
PERFECTIONISM – ATTAINABLE GLUCOSE TARGET GOALS


Social Media Resource

bodyposibetes
71 posts 1,641 followers 323 following
Body Posi Betes
Diabetes and body positivity - do they go together? Hell yeah! Just because your pancreas hates you doesn’t mean you have to hate yourself too❤️
Followed by heyffitnyroe, thediabeticsphinx, pureppezl + 7 more

Diabetes  BPB  Resources  Quotes  LOL  Representa...
Why beat yourself up because your sugar cravings put you over your arbitrary calorie/carb/sugar allowance? Your body is telling you it needs sugar, just like it needs insulin, and your first priority is to listen to it. It would be ridiculous if somebody walked into the pharmacy requesting “low calorie” penicillin or throat lozenges – you need to treat it with sugar, so do that. Hypo suck - I get it. I hate the feeling of coming back up from a nasty low where I've eaten my weight in jelly beans and I know I'll be rebounding. But give yourself a break - your body is doing the best it can in that moment. Stop feeling guilty about hypo, or freaking out about weight gain. Your body will settle where it needs to be, and with your help it will settle back to normal blood glucose levels. If hypo treatment isn't something to feel guilty about, it's a lifesaver.

Recovery from an eating disorder cannot be achieved through more dieting or restriction.
Diabetes Daze: How Adolescent Patients are Affected by Messaging
- Illness Perception
- Social Learning Theory
- Peer, Media, Medical Professional & Parental Messages

Results

- 75% told of a person having misinformation.
- 40.6% reported that they had a negative experience where they were called overweight.
- 71% say a motivating factor in improving self-management is curability/controllability.
Women with an Eating disorder

Most Helpful Communication Practice & Least Helpful Communication Practice by a Healthcare Professional

J.V. (T1D)

• Most helpful: Since I was in such denial of how sick I was it was important for my providers to have **clear communication** about my ED diagnosis as well as how they **recognized the ED** taking away my energy, joy, and personality. I will always be grateful for the honesty of my therapist who told me "well your diagnosis is anorexia, don't you know that?" I had no clue! The words and **direct approach** and **challenges** to my thoughts were what helped my realize where I needed to be to be in recovery.

• Least helpful: When they questioned if I was a type 1 diabetic since I was diagnosed at 27. As someone who was struggling with an ED at the time it was the worst thing someone could ask. It's like they were saying I'm fat by asking if I'm sure I am a type 1.
**E.S. (T1D)**

- **Most Helpful:** Helped me explore the functions that the eating disorder served in my life and helped me find healthier ways to address those same needs without using the eating disorder to do so. Helped me learn to trust my intuition and validate my own feelings.

- **Least Helpful:** Being treated as though I am not the expert on myself. Of course the professionals are going to know more about the medical and technical aspects of the disease. But I am the only one who knows what it feels like to live in my body with my brain. It's important to allow the patient to be the expert on themselves, because without learning to trust themselves, they will not achieve true recovery. Doing the behaviors of a healthy, recovered person is only half the battle.

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**E.C. (T1D)**

- **Most Helpful:** Listening and not judging! I know I can go to an appointment and my provider will let me talk and kindly direct me back on topic if necessary. She celebrates my successes and encourages me to do my best.

- **Least Helpful:** Being too quiet or talking at me. I know it is their job to listen and give me information to help my recovery journey, but there is a fine line of appearing like they are uninterested when we are discussing the same topic or goal every visit.
LEAST HELPFUL

- INVALIDATION
- IGNORANT
- NOT VIEWING PATIENT AS EXPERT
- QUIET
- TALKING AT PATIENT
- UNINTERESTED
- JUDGING
- NOT SEPARATING PERSON FROM ID

MOST HELPFUL

- Strengthening Voice
- Clearly Communicate
- Validate
- Trust Intuition
- Listen
- Understand
- Non-Judgmental
- Celebrate Successes
- Encourage
- Empathetic
For Mental Health Providers
Practical Applications

Gather
- Gather diabetes history
  - Diagnosis, family’s response, relationship with providers
  - Expectations, targets for glucose and approach to food.

Adapt
- Adapt your standard approach to eating disorders
  - Diabetes specific concerns need to be integrated into treatment
  - Perfectionism: diabetes management, food, weight

Comfort
- Comfort level - burnout
• Create a nonjudgmental treatment relationship.

Language:
• Management vs. control
• check/value vs. test (glucose or A1c)
  • Like a compass not a report card
• High/low or in target vs. good/bad
• Avoid labeling food as good or bad
• Avoid suggestions or comments that diminish the complexity and difficulty of having both DM and ED
  • “just eat”
  • “Just take your insulin”
• Avoid labels “non-compliant”

Take the fear of weight gain seriously
Help cope with edema
Teach symptoms of DKA
Gradual decreases in A1c
Focus on when the patient feels ready
For Family and Friends  
Practical Applications

- KNOW WARNING SIGNS OF ED AND SYMPTOMS OF DKA
- REFRAIN FROM FEAR TACTICS OR SHAMING
- END “BODY TALK”
- ENCOURAGE FLEXIBLE EATING

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