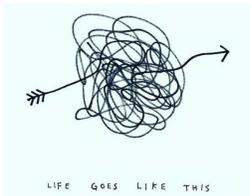


## DANGER: Eating Disorders in Type 1 Diabetes

ED-DMT1

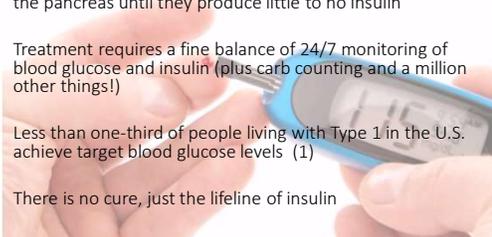


LIFE GOES LIKE THIS

Susan Weiner, MS, RDN, CDE, CDN

## What is Type 1 Diabetes?

- An auto-immune disease in which the immune system attacks itself, destroying the insulin secreting beta cells of the pancreas until they produce little to no insulin
- Treatment requires a fine balance of 24/7 monitoring of blood glucose and insulin (plus carb counting and a million other things!)
- Less than one-third of people living with Type 1 in the U.S. achieve target blood glucose levels (1)
- There is no cure, just the lifeline of insulin



## What Happens Without Insulin?

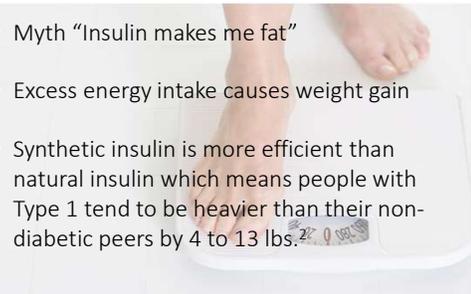
DKA— diabetic ketoacidosis

- Without insulin, cells cannot properly use glucose for fuel, and begins to break down fat and muscle for energy.
- As fat is broken down, ketones are produced in the blood and urine
- High levels of ketones are poisonous and can lead to metabolic acidosis, coma or death



## Does Insulin Cause Weight Gain?

- Myth “Insulin makes me fat”
- Excess energy intake causes weight gain
- Synthetic insulin is more efficient than natural insulin which means people with Type 1 tend to be heavier than their non-diabetic peers by 4 to 13 lbs.



## Eating Disorders

- Anorexia Nervosa – Severe restriction of energy intake leading to excessive weight loss; **fear of insulin** can cause a person to limit or reduce eating to avoid needing insulin.
- Bulimia Nervosa - Recurrent episodes of binge eating with inappropriate compensatory behavior such as vomiting, excessive exercise and **insulin omission**.
- Binge Eating Disorder - Recurrent episodes of binge eating; though less common some will **intentionally overdose insulin** to justify binge eating.
- Purging Disorder – Normal eating patterns with recurrent inappropriate compensatory behavior, including **insulin omission**.

## Asha

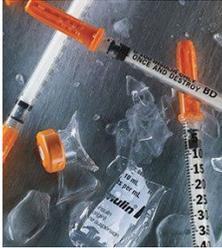


### What's the Secret?

- Studies show 30-40% of Type 1 young women engage in this life threatening behavior, as high as 50%<sup>3</sup>
- You may have innocently/accidentally discovered it for yourself and never recognized it for what it is
- It can happen to anyone
- It **will** kill you



### ED- DMT1 Eating Disorder- Diabetes Mellitus Type 1



- Restricting insulin for weight loss
- A complex eating disorder not currently listed in the bible of psychiatric disorders, DSM-5
- Requires immediate medical attention and intervention
- Rather than being a transient problem of type 1 youth, insulin restriction for weight loss is likely to persist and reoccur<sup>4</sup>

### Possible Triggers



- Not checking your blood sugar, injecting or bolusing can make a person feel more "normal"
- Diabetes burnout
- Media influence to look or behave a certain way. "Thin is in" and "Lean is mean."
- Peer influence
- Feeling "pressure" to impress: dating, friends, co-workers

### Contributing Factors



- Biology - genetics, metabolic disruption, neurochemical imbalance
- Psychology – depression, anxiety, low self-esteem, lack of control, perfectionism, anger at diabetes, attitude towards insulin, co-morbid mental health disorders
- Social – trauma, social pressure, troubled relationships, media, diabetes history and education

### Insulin and Attitude

- I** Increased attention to numbers: Carb counting, blood glucose levels
- N** Not following dietitian, CDE or physician recommendations
- S** Satiety cues compromised
- U** Understanding hunger cues
- L** Label reading, menu planning, feeling deprived
- I** Insulin attitude
- N** Not doing the right thing! Judgment from health care professionals

### People With Type 1 Diabetes Are at Higher Risk For Developing an Eating Disorder

- Women with Type 1 diabetes are 2.4 times more likely to develop an eating disorder than their non-diabetic peers<sup>5</sup>
- 2.4-3.5 times more prone to complication and hospitalization<sup>6</sup>

### Ask the Right Questions

- Do you have rules about food that you follow rigorously?
- Do you eat on a timetable instead of when you're hungry?
- Have you binged and felt like you couldn't stop? (outside of a low BS)
- Do you feel guilty after eating?
- Do you exercise strenuously to control your weight?
- Do you give too much time and thought to food?
- Do you feel like food controls your life?

### Recognizing Signs in a Loved One

- Not wanting to eat out or not wanting to eat with the family.
- Eating in secrecy - finding empty bottles, wrappers, containers stashed or thrown away
- Noticeable change in how much a person is eating
- Eating a lot of junk food or food high in sugar
- Increased or new secrecy around their diabetes management
- Increased or new concern over their body size, shape or weight
- Excessive exercising, severe anxiety/panic if they cannot exercise
- Increased moodiness/depression

### Recognizing Signs in a Loved One

- Diabetes supplies are lasting too long/finding hidden unused supplies, especially insulin
- Increase in A1c since the last appointment or steady increase in A1c over several appointments
- Discrepancy between meter log/download and A1c
- Multiple missed doctor appointments
- Forgetting to bring their meter, especially twice in a row
- Missing data on the meter or pump without a good explanation
- Multiple infections – Urinary tract infection, yeast, skin
- Dry, brittle hair; flaky skin

### Eating Disorder Recovery: Type 1 Diabetes

- It takes a village— endocrinologist, registered nurse, registered dietitian – nutritionist, certified diabetes educator with eating disorder/diabetes training, and a psychologist or social worker
- The treatment team **must** be non-judgmental and willing to set small, incremental goals
- Anticipate hurdles and problem solve ahead of time— new or worsening complications, hypoglycemia (real and false)
- Bring down blood glucose levels slowly



### Assessment Tools

- T** Talk less, listen more. No judgment!
- O** Only food related? Insulin related? Both?
- O** One form to another- changes in eating disorders
- L** Look into metabolic testing
- S** Standard Eating Disorder Assessment Tool: Diabetes Eating Problem Survey

### Dietitian's Role

- Listening to a person's diabetes story is as important as the rest of their medical and nutrition history.
- Clients may come to you wanting to recover from diabulimia, but not gain any weight – Recovery must come first.
- An eating disorder meal plan and diabetes meal plan are often contradictory.
- Explore intuitive eating approach.

### Unlike Typical Eating Disorder Recovery

- You still have to read labels to count carbs
- FACT: while you're in eating disorder recovery, you still have diabetes
- Recovery means becoming "abnormal" again
  - check your blood glucose, injecting insulin, etc.
- While eating disorder providers talk about how wonderful your body is, with Type 1, your body IS broken and you may feel betrayed by it
- Your body does still do a lot of other wonderful things, but providers need to acknowledge the physical and emotional challenges of living with a 24/7 chronic illness

### Help and Support

- Providing Help
  - It's hard regulating blood glucose and maintaining good eating habits, especially on top of trying to recover from an eating disorder
- Inpatient/Residential
  - May be essential for nursing staff to take over diabetes management- both for medical stability and to allow the patient to focus on mental health aspects
- Outpatient
  - in extreme cases, a family member may temporarily take over diabetes management to ease anxiety and stress
  - For less extreme cases, having a trusted friend or family member available for support during times of daily insulin management.

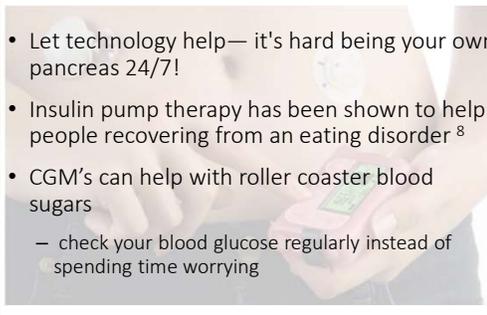


### We Are Diabetes [www.wearediabetes.org](http://www.wearediabetes.org)

501©3 Nonprofit devoted to supporting people with type 1 diabetes and eating disorders

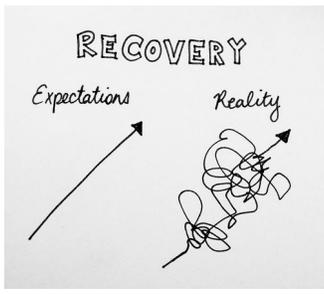
- Referrals to credible providers and treatment centers across the United States
- One-on-one mentorship and guidance through the recovery process
- Support for both the individual who is struggling and their loved ones
- Unique resources designed specifically for the ED-DT1 population
- Monthly online support groups
- Education for Healthcare professionals

### Don't Fear The Gear!



- Let technology help— it's hard being your own pancreas 24/7!
- Insulin pump therapy has been shown to help people recovering from an eating disorder <sup>8</sup>
- CGM's can help with roller coaster blood sugars
  - check your blood glucose regularly instead of spending time worrying

### Recovery expectations, reality



### QUESTIONS & ANSWERS



## Resources

- Diabulimia Helpline
  - <http://www.diabulimiahelpline.org>
- We Are Diabetes
  - <http://www.wearediabetes.org>
- National Eating Disorder Association
  - <http://www.nationaleatingdisorders.org>
- Susan Weiner Nutrition
  - <http://susanweinernutrition.com>
- Diabetics With Eating Disorders
  - <http://www.dwed.org.uk>
- Behavioral Diabetes Institute
  - <http://behavioraldiabetes.org>

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NUTRITION



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AADE Diabetes Educator of the Year