



Disordered Eating & Diabetes

Abbie Lambert, MS, RD, LN

Clinical Registered Dietitian

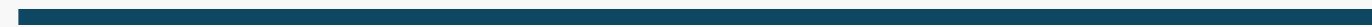
Monument Health Diabetes
Symposium 2024

button
poetry



Disclosures

No Financial Disclosures



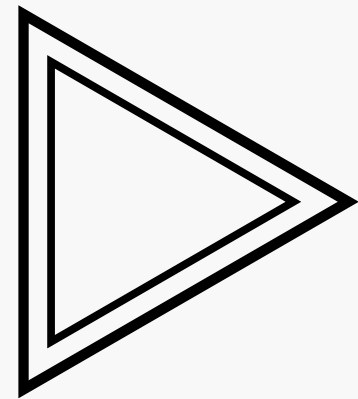
Learning Objectives

1. Interpret findings of disordered eating and diabetes research.
2. Identify risk factors and warning signs of disordered eating and eating disorders.
3. Describe screening tools and importance of a treatment team approach for individuals with disordered eating and diabetes.
4. Discuss prevention strategies to prevent development of disordered eating in individuals with diabetes.

*What we know: disordered eating,
eating disorders, and diabetes*



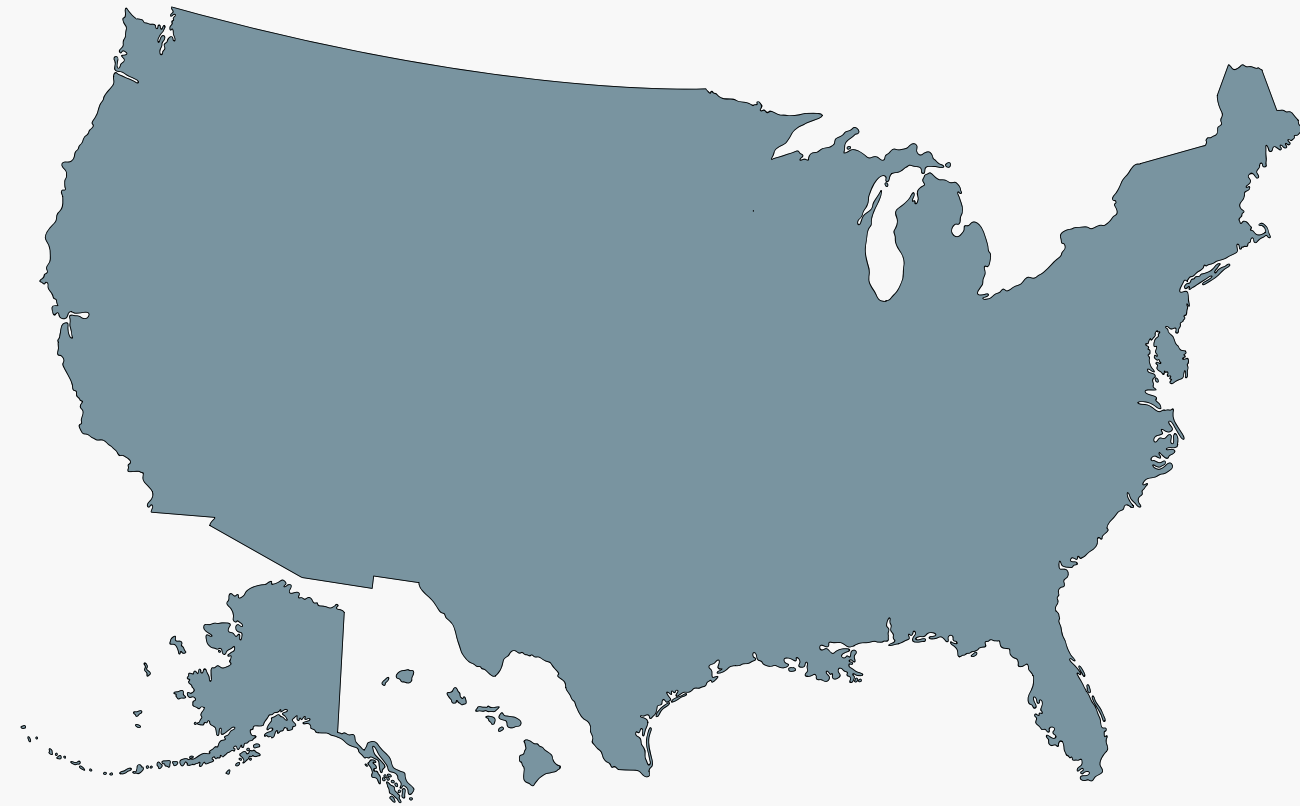
*Identifying
Treating
Preventing*



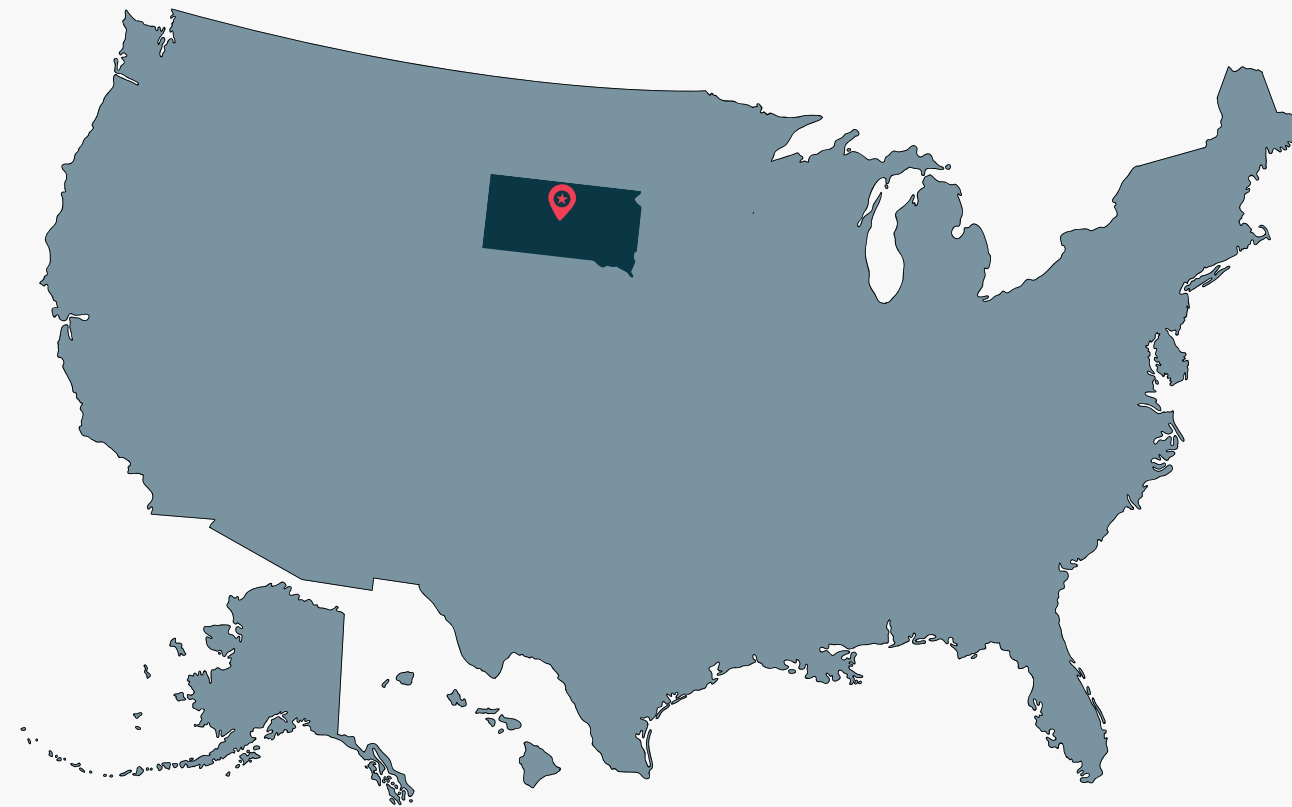
*disordered eating
& eating disorders
in those with diabetes*



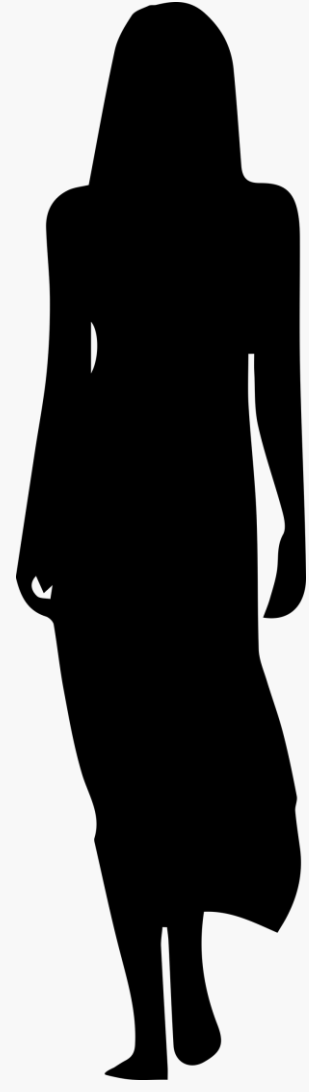
1 in 10 people in the U.S.⁴



1 in 10 people in the U.S.⁴



77,661 South Dakotans⁴





Less than **6% living with ED** are considered as
“underweight.”⁷

1 in 3 men are affected⁴

Diabetes and Eating Disorders

- Increased risk of developing disordered eating behaviors and an eating disorder ^{12, 16, 17}
- 2x more likely to have an ED ¹¹
- Type 1 diabetes and eating disorder: ^{2, 9}
 - Threefold increased risk for DKA
 - Six fold increased risk of death
- Diabetes and eating disorder development ⁵

10-25-55% Type 1 ^{1, 3, 5, 13, 16}

10-40% Type 2 ^{8, 19}



DM, ED, and Provider's Comfortability

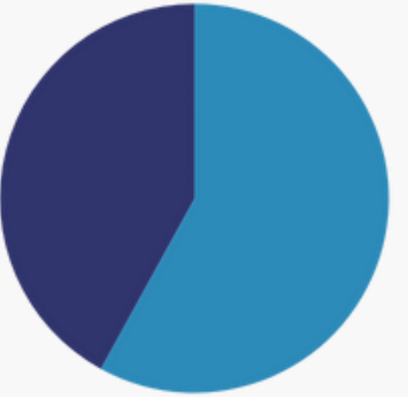


60% Low confidence in identifying and treating



78% No screening tool ²/₀

No education on how to identify or assess **58%**

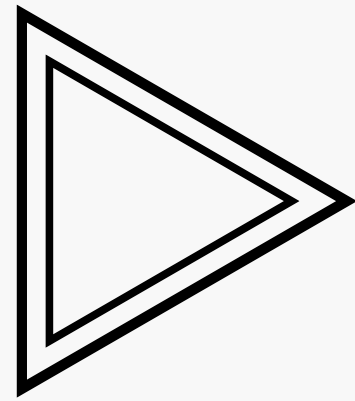


Tools or resources unavailable to assist **68%**



²/₂

Identifying
Treating
Preventing

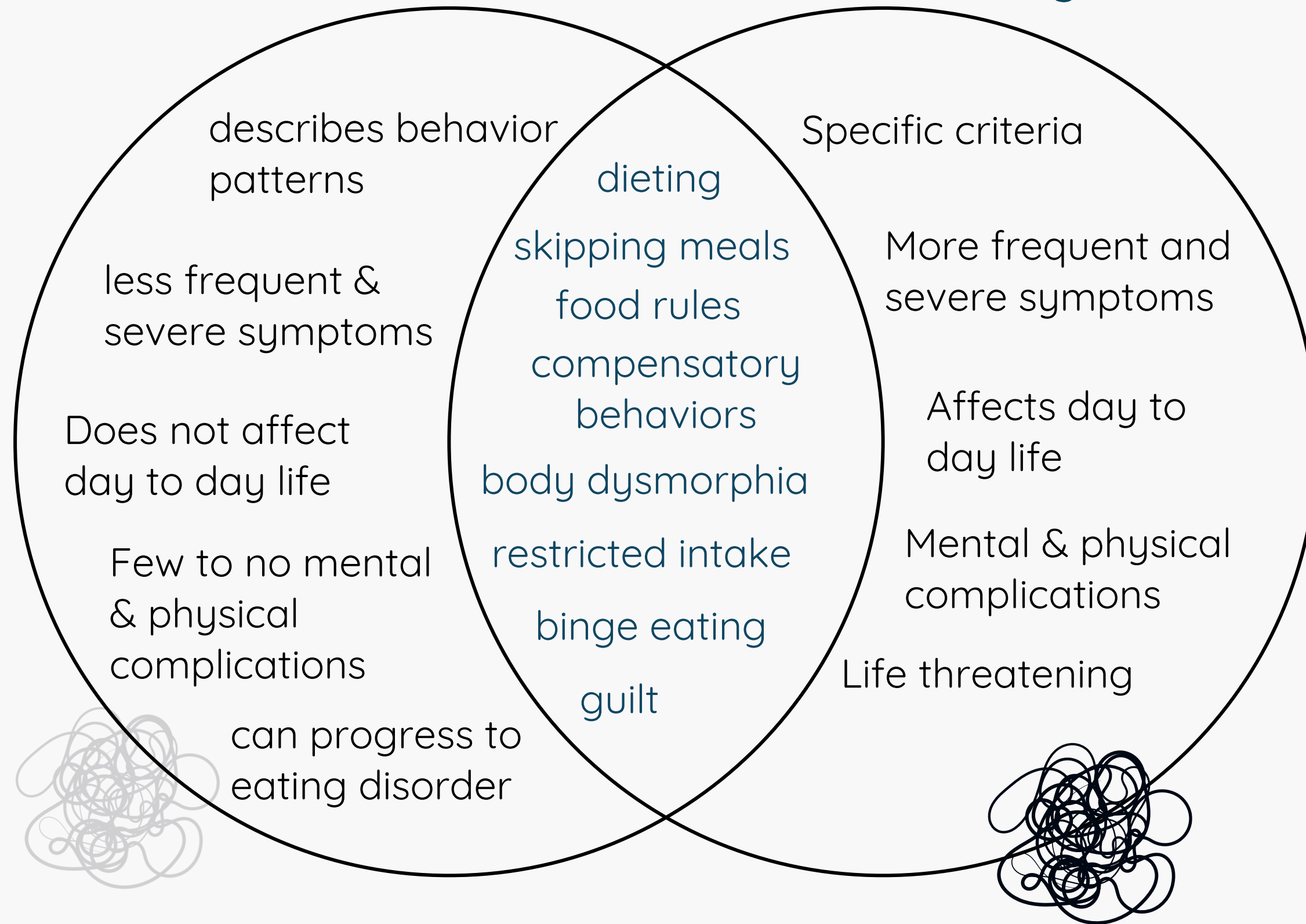


disordered eating
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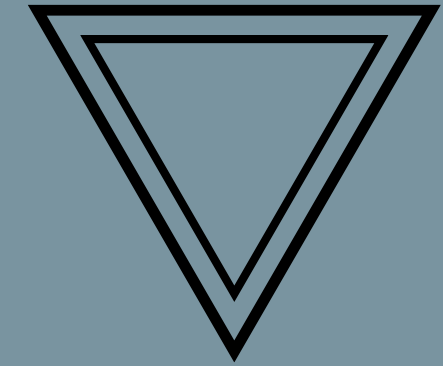


Disordered Eating

Eating Disorders



Identifying



disordered eating & eating disorders

in those with diabetes

Identifying *disordered eating & eating disorders in those with diabetes*

Risk factors



- Fear of gaining weight
 - Living in a larger body
 - Weight gain (insulin treatment)
 - Negative body image
 - Emphasis on food and weight in diabetes management
 - Difficulty coping with long-term condition of diabetes
- Feeling of lack of control over body
 - Transition from parental management to self-management (young individuals)

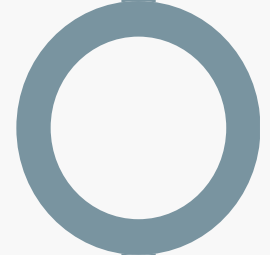
Identifying *disordered eating & eating disorders in those with diabetes*

Warning signs

- Lessening attention to diabetes management
- Increased secrecy about diabetes management
- Unexplained weight fluctuations
- Fluctuations in blood glucose levels
- High or low hemoglobin A1c on continuous basis
- Impact of insulin on body weight
- Restricting certain food or food groups
- Frequent diabetic ketoacidosis admissions

Types of Eating Disorders

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Avoidant/Restrictive Food Intake Disorder (ARFID)
- Unspecified Feeding or Eating Disorder
- Other Specified Feeding or Eating Disorder
 - **Atypical anorexia nervosa**
 - **Low frequency or limited duration**
 - **Night eating syndrome**





Eating Disorders & Diabetes



Binge eating disorder

Most common in type 2 diabetes¹⁹

Bulimia nervosa

Most common in type 1 diabetes¹⁹

Diabulimia

Insulin manipulation

Atypical anorexia nervosa

Identifying  *disordered eating & eating disorders in those with diabetes*

Ask open ended questions and listen.

Identifying disordered eating & eating disorders in those with diabetes

How often this is true for you during the past month...
Losing weight is an important goal to me
I skip meals and/or snacks
Other people have told me that my eating is out of control
When I overeat, I don't take enough insulin to cover the food
I eat more when I am alone than when I am with others
I feel that it's difficult to lose weight and control my diabetes at the same time
I avoid checking my blood sugar when I feel like it is out of range
I make myself vomit

Diabetes Eating Problem Survey - Revised (DEPS-R)

I try to keep my blood sugar high so that I will lose weight
I eat in a way to get ketones
I feel fat when I take all of my insulin
Other people tell me to take better care of my diabetes
After I overeat, I skip my next insulin dose
I feel that my eating is out of control
I alternate between eating very little and eating huge amounts
I would rather be thin than to have good control of my diabetes

Treating *disordered eating & eating disorders in those with diabetes*

- Express concern regarding behaviors
- Acknowledge focus on food and weight in diabetes management
- Ask for patient reflection
- Advise that untreated disordered eating negatively impacts health
- Connect to disordered eating informed team members
- Offer opportunities to ask questions

Denial and reluctance
is common.

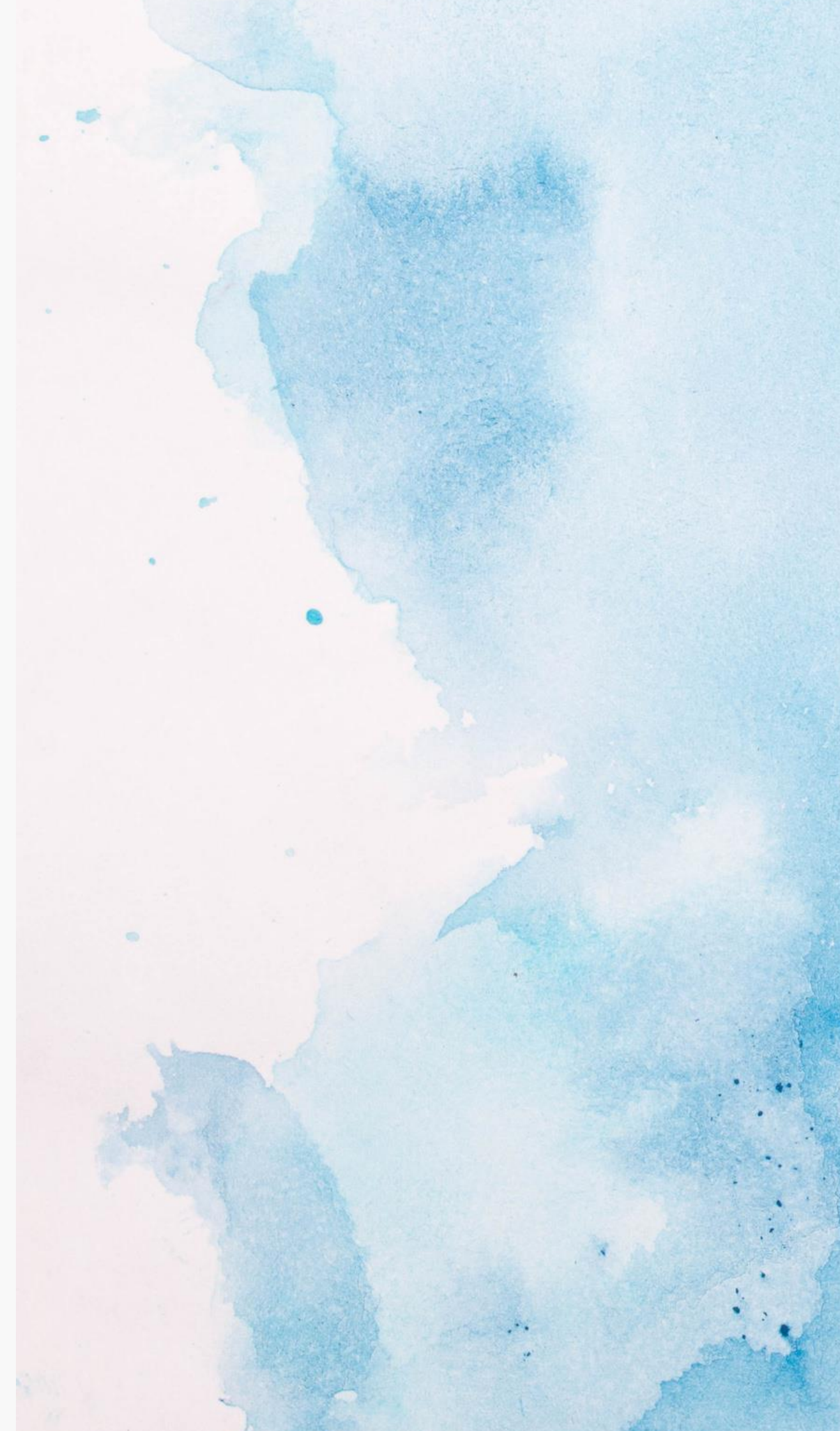


Treating *disordered eating & eating disorders in those with diabetes*

- Requires a team approach
- Each specialty is important
- Communication and collaboration

Monument Health Eating Disorder Steering Team

- Create a network of eating disorder informed providers
- Improve provider confidence
- Foster relationships with higher levels of care
- Increase public awareness and prevention measures



Preventing *disordered eating & eating disorders in those with diabetes*

Weight Centric Approach

Health is **dependent** on weight
Weight loss and health behaviors

- Contributes to weight stigma¹⁸
 - Increase maladaptive coping skills
 - Worsen health and diabetes management
- Short term improvement of health outcomes $\frac{2}{3}$

Weight Inclusive Approach

Health is **independent** of weight
Health behaviors

- Can achieve healthful $\frac{2}{3}$ behaviors and goals without unintended consequences
- Sustained improvement of health outcomes $\frac{2}{3}$

Preventing disordered eating & eating disorders in those with diabetes

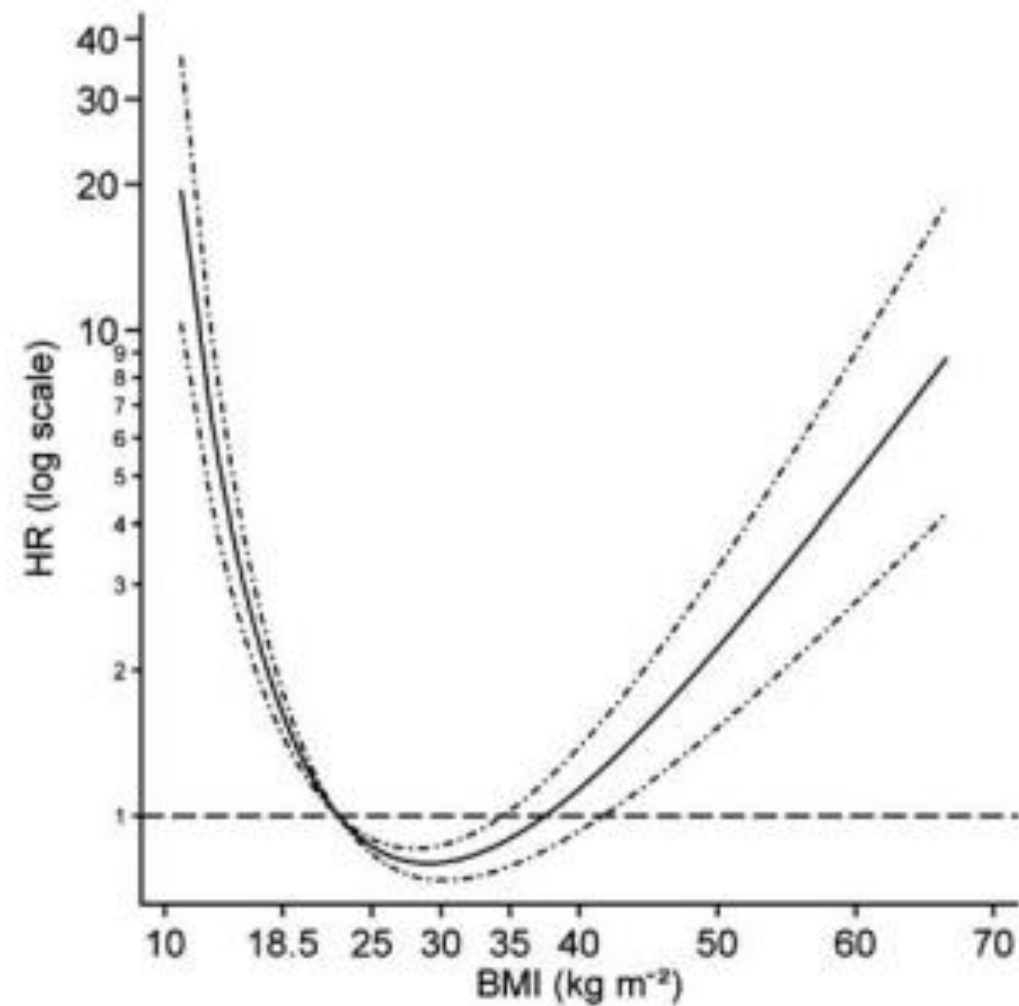
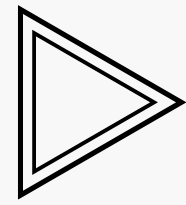


Figure 1 Functional form of the association of BMI with the relative hazard of death estimated in a Cox proportional hazards model adjusted for age, gender, smoking, alcohol consumption and survey year. The function was fitted using two-term fractional polynomial functions with powers (log, log). The function was standardized such that the HR was 1 at the mean of the desirable weight category for BMI ($18.5 < \text{BMI} < 25 \text{ kg m}^{-2}$) = 22.57 kg m^{-2} . Dot-dash lines indicate the 95% confidence interval.

Associations Between Weight and Health¹

- Association between BMI and death
- BMI 25-35 = lowest incidence of early death
 - BMI > 25 | “overweight”
 - BMI > 30 | “obese”

Preventing



disordered eating & eating disorders in those with diabetes

Weight Inclusive Approach

Focus on behaviors, rather than weight

Flexible eating

Balanced diet with protein, carbohydrates, fruits, vegetables, and dairy



Consistency of intake

Consistent meals and snacks throughout the day with consistent carbohydrates

Joyous Movement

Encourage activities that client enjoy

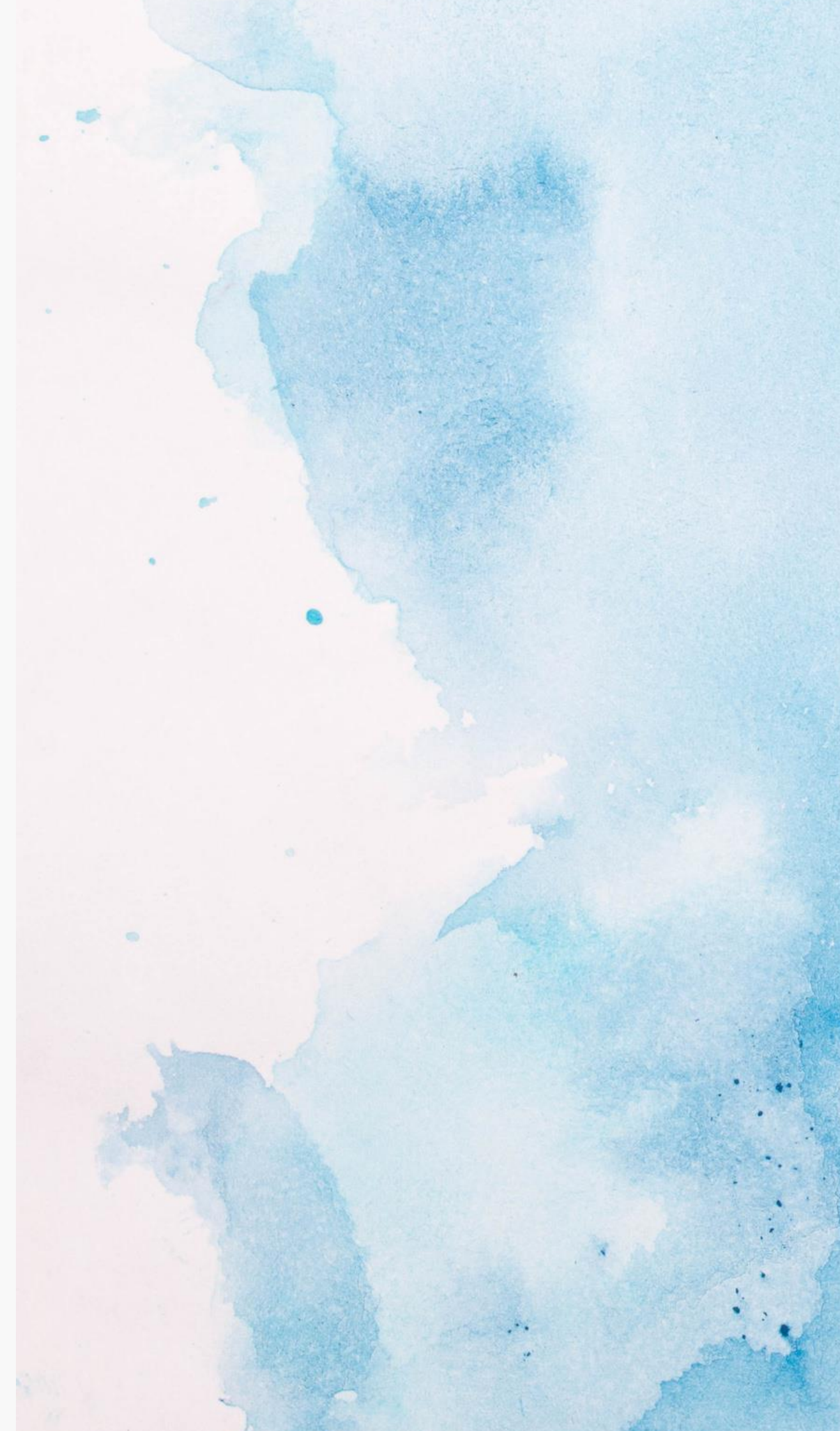
Get Curious

Ask questions - don't assume



Disordered Eating & Diabetes

- **Increased risk of developing disordered eating behaviors and an eating disorder**
- **Know risk factors and warning signs**
Get curious
- **Connect with additional care team members**
- **Prevention is key**
Weight inclusive approach
Consistency of nutrition intake
Balanced, flexible eating
Joyous movement

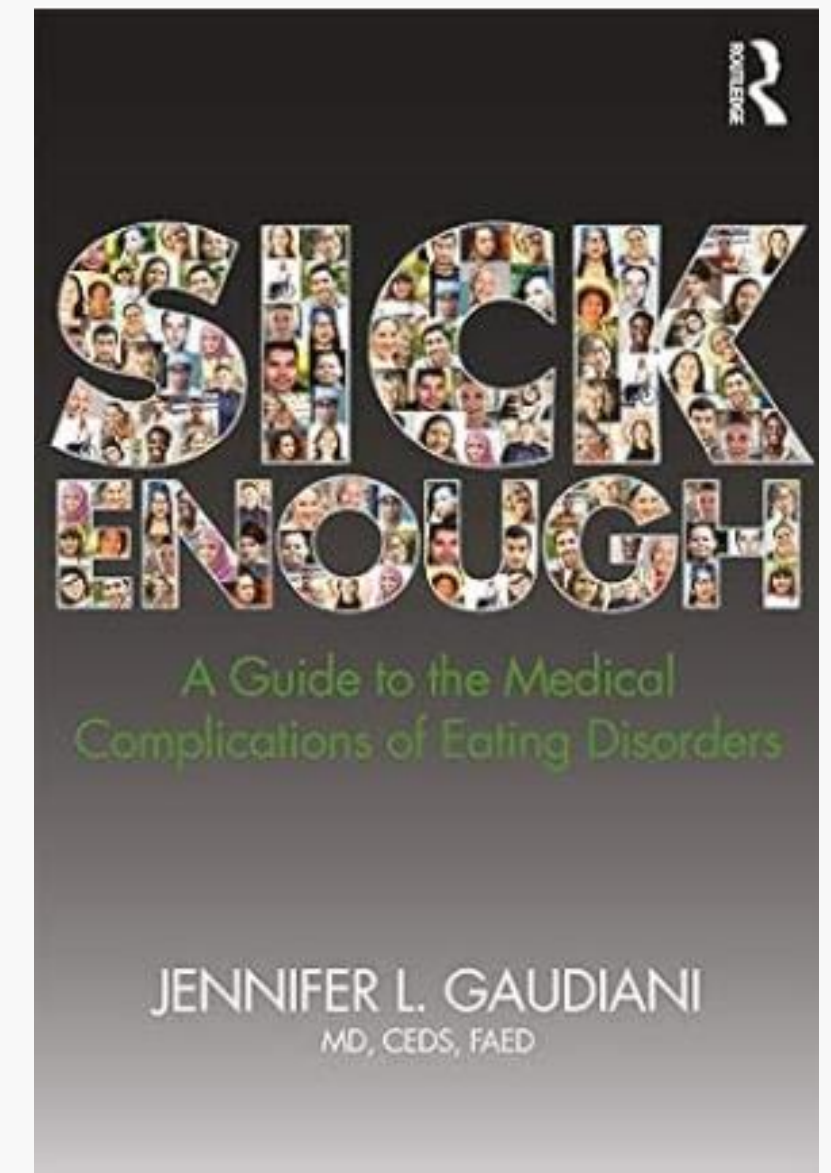
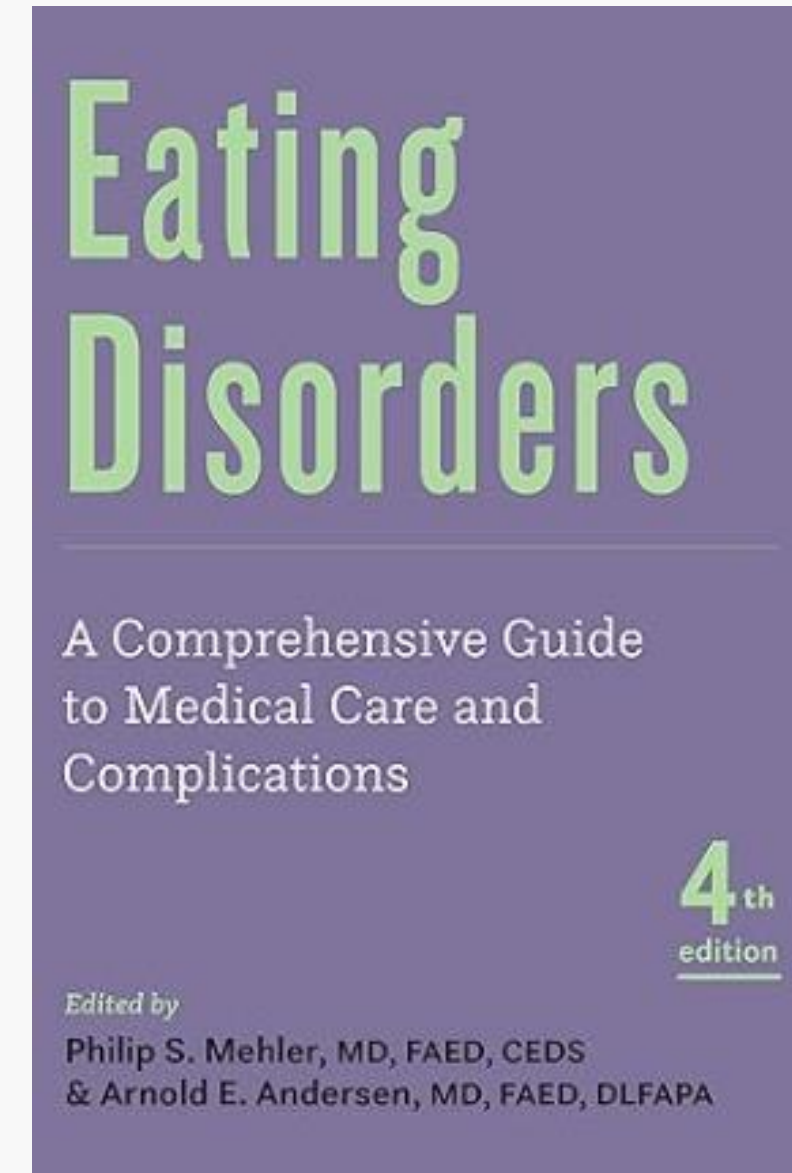
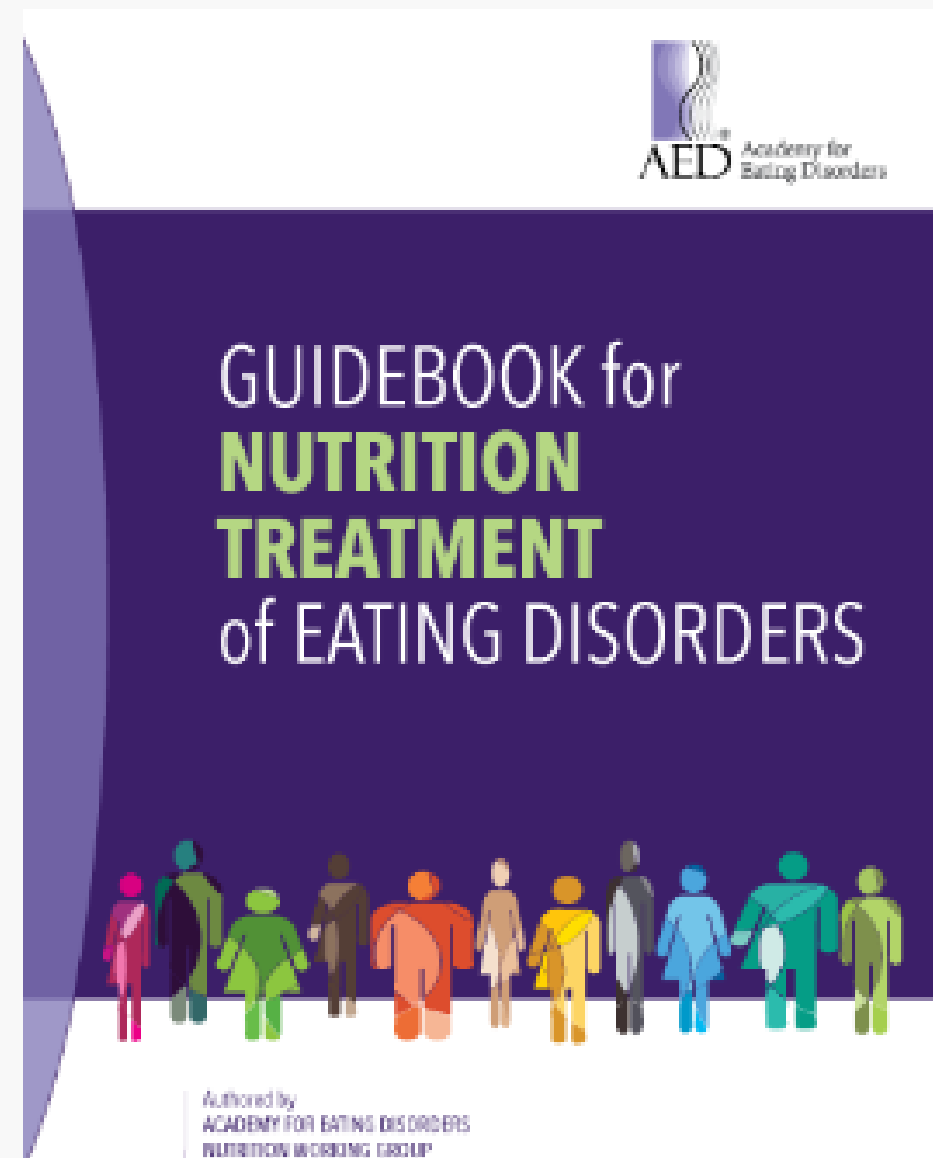
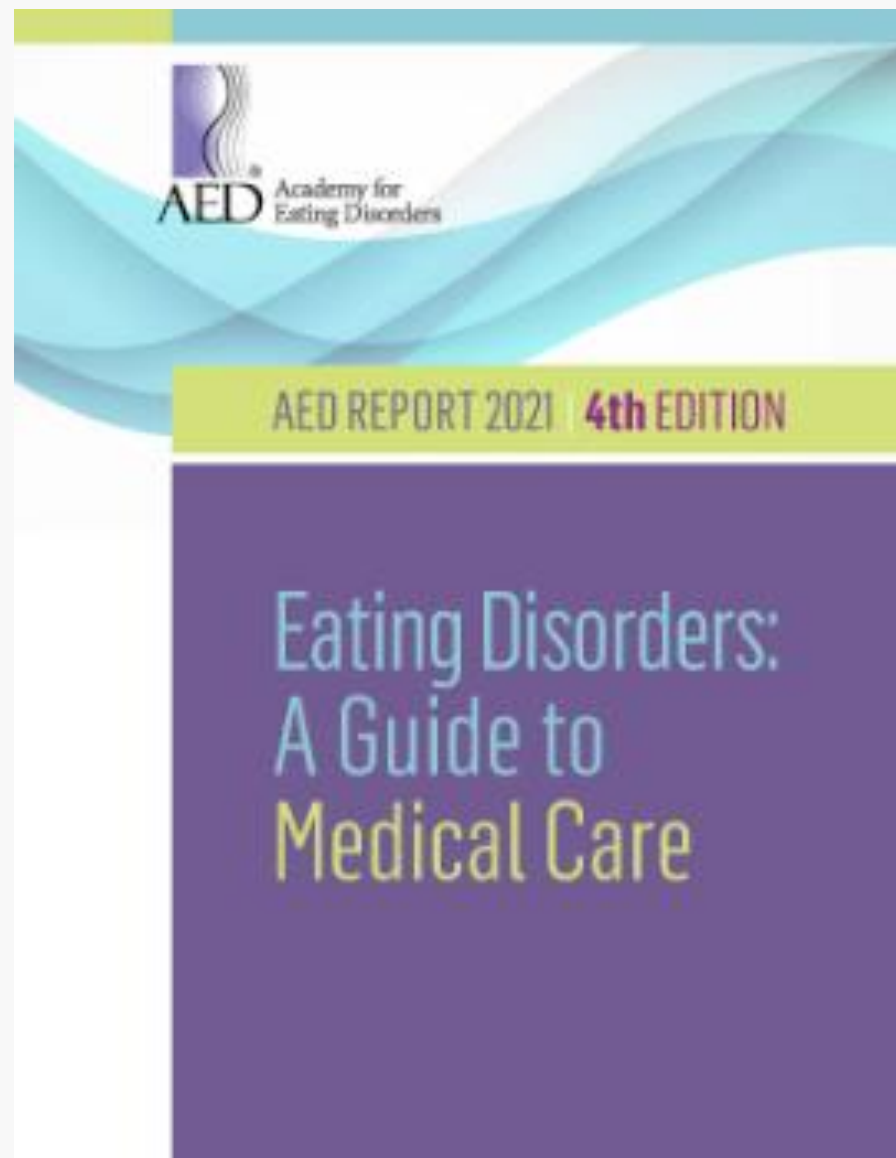


Thank you

Abbie Lambert, MS, RD, LN

alambert1@monument.health

Direct line: 605-755-1312



Eating Recovery Center **More**
Centers for Change
AskMayoExpert - Eating Disorder Care
Process

Resources

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Resources continued

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Resources continued

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