



25.8 million children and adults in the United States have been diagnosed with diabetes. This statistic makes up an astounding 8.3% of the U.S. population.
-www.diabetes.org

# DUAL DIAGNOSIS: EATING DISORDERS AND DIABETES

The close attention to the connection between food intake, blood glucose levels, and insulin dosages as well as the restoration of weight upon diagnosis may contribute to the increased risk for eating disorders. Women with type 1 diabetes (T1DM) are almost 2.5 times as likely to develop an eating disorder than those without diabetes. Correlations with binge eating disorder and type 2 diabetes (T2DM) also exist.

The demands of diabetes management are further compromised for those also struggling with an eating disorder. The decreased self care and high nutritional risk associated with an eating disorder is only compounded by the medical risk associated with longstanding exposure to hyperglycemia. In addition, patients may engage in insulin omission, a highly powerful, yet dangerous and potentially lethal symptom of calorie purging.

Enlisting the support of a multidisciplinary team that encompasses at a minimum an endocrinologist, therapist and registered dietitian that are familiar with both conditions is essential. Other team members that may be of support include psychiatrist, registered nurse, and primary care physician. The value of having a team that can manage this dual diagnosis is likely to improve outcomes and allow for optimal diabetes management while supporting recovery from the eating disorder.

### TOTAL DIET APPROACH

The total diet or overall pattern of food eaten is the most important focus of healthy eating. All foods can fit within this pattern if consumed in moderation with appropriate portion size and combined with physical activity. (Source: Total Diet Position Paper)

- Individualization is key but structured meal plans including snacks are often a useful tool in treatment
- Estimating portions and moving away from carbohydrate and calorie counting may be a more effective approach, allowing a variety of foods to be consumed and a decreased focus on one food group
- Diet food options, such as diet beverages, may be appropriate in some cases with moderate use
- Focusing on the ability to manage medication and insulin around the food/nutritional intake that is appropriate for a healthy body can be helpful

Challenges and Treatment Strategies for the Total Diet Approach on the following page. 

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#### KEY TIPS

#### . OUTPATIENT TREATMENT

To continue in outpatient treatment, patients must be able to commit to routinely taking basal insulin to avoid diabetic ketoacidosis. If this cannot be maintained, they should be referred to a higher level of care until outpatient treatment can safely occur.

#### 2. GET THE SUPPORT YOU NEED

Enlist support of a multidisciplinary team that understands diabetes and eating disorders.

#### 3. MEAL PLANNING - NO DIETS

Engage in a flexible, nondiet approach to meal planning with the help of a registered dietitian.

#### 4. FIND HEALTHY SOLUTIONS

Work with a team to anticipate problems and find realistic solutions with an individualized approach with regard to eating disorder symptoms. For patient safety, the treatment team must all agree – as should the patient – to aim for a gradual lowering of glucose ranges over a period of several months.



Contact SCAN www.scandpg.org 800.249.2875

# CHALLENGES AND TREATMENT STRATEGIES FOR THE TOTAL DIET APPROACH

# Challenges

# » Treatment Strategies

<u>undetected</u>; patients can take enough insulin to prevent DKA or can restrict carbohydrate intake to minimize insulin needs

- Engage in comprehensive discussions about insulin use that are free from blame
- Optimize insulin dosing schedules to match patients needs and minimize triggers (i.e. may use fixed dosing to minimize association of insulin to food that is characteristic of insulin to carb ratios)

weight GAIN can occur as blood glucose ranges improve. If they improve too rapidly, onset or worsening of retinopathy, neuropathic pain, and other complications may result

 Gradual reduction in blood glucose ranges over months decreases severity of eye disease, gastrointestinal issues, peripheral nerve damage and may even decrease the incidence and severity of edema

edema can occur as a result of improved diabetes self-care if insulin omission and dehydration were present

- Fluid retention is temporary, but duration is not predictable
- Ensuring adequate fluid intake and reducing sodium may be helpful
- Consider a low-dose, strictly time-limited diuretic if the edema is profound

result from prolonged
hyperglycemia. Symptoms
include nausea, vomiting,
bloating, and pain. Traditional
treatments include low-fat,

low fiber diets to minimize

symptomology

GASTROPARESIS IS A

- Ensure patient is followed by a gastroenterologist to rule out other causes and provide treatments
- Resolve symptoms with traditional diet protocols while ensuring adequate intake, meal timing, and insulin dosing
- Smaller, more frequent meals may be helpful
- If symptoms resolve, can slowly incorporate other foods into diet as tolerated
- May need to move insulin postmeal to delayed gastric emptying

treating hypoglycemia can be triggering resulting in binge behavior

 Encourage portion-controlled treatments that may be less desirable for a binge.
 (i,e. glucose tabs/gels)

Written by SCAN registered dietitians (RDs) to provide nutrition guidance. The key to optimal meal planning is individualization. Contact a SCAN RD for personalized nutrition plans. Access "Find a SCAN RD" at www.scandpg.org or by phone at 800.249.2875.

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#### REFERENCES

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