


CHALLENGES AND TREATMENT STRATEGIES FOR THE TOTAL DIET APPROACH

Challenges	»	Treatment Strategies
INSULIN OMISSION can be undetected; patients can take enough insulin to prevent DKA or can restrict carbohydrate intake to minimize insulin needs	»	<ul style="list-style-type: none"> 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	»	<ul style="list-style-type: none"> 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 	»	<ul style="list-style-type: none"> 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
GASTROPARESIS IS A COMPLICATION that may result from prolonged hyperglycemia. Symptoms include nausea, vomiting, bloating, and pain. Traditional treatments include low-fat, low fiber diets to minimize symptomology	»	<ul style="list-style-type: none"> 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 post-meal to delayed gastric emptying
TREATING HYPOGLYCEMIA can be triggering resulting in binge behavior	»	<ul style="list-style-type: none"> Encourage portion-controlled treatments that may be less desirable for a binge. (i.e. glucose tabs/gels)

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.



REFERENCES

- Criego et al. From Research to Practice / Eating Disorders and Diabetes. Diabetes Spectrm. 2009;22(3):135-162.
- Munsch, S and Herpertz, S. Eating Disorders associated with obesity and diabetes. Nervenarzt. 2011 Sept;82(9):1125-32.

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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.