

EATING DISORDERS

Eating disorders and disordered eating behaviors are relatively common among women living with diabetes, with up to 40% of women with type 1 also reporting some type of eating disorder. Many diabetes behaviors such as monitoring numbers and weight and making choices about food and exercise can develop into disordered eating behaviors.

Disordered eating behaviors can serve as a coping mechanism and a dangerous way to try to regain a sense of control. Eating disorders have the highest mortality rate of any mental health disorder. When not treated swiftly and appropriately, the combination of diabetes with an eating disorder increases the risk of long-term complications.

Diabulimia (ED-DMT1) is when someone with type 1 diabetes attempts to lose and/or control weight by intentionally administering less insulin than needed. Symptoms can include high BG (exhaustion, confusion, frequent urination, extreme thirst) and DKA; much higher HbA1c value than expected; unusual eating changes/patterns; losing weight while eating more; binge eating (especially carbs); under-dosing or not giving insulin; decreased or not checking BG; increased desire for privacy with diabetes management; skipping or avoiding meeting with health care providers. Health consequences can be severe and include early onset or rapid progression of blurry vision, neuropathy, irregular/absent menses, gastroparesis, gum disease, heart attack, infertility, or death.

Binge Eating Disorder (BED) affects women slightly more than men, and most who experience it have normal or heavier than average weight. BED involves frequent consumption of large amounts of food; feelings of loss of control, overwhelming shame or guilt while and about consuming the food; eating when not hungry/to discomfort/secretively/alone. Health consequences of BED can vary and are linked to weight gain, including high blood pressure, high cholesterol levels, heart disease, and type 2 diabetes.

Orthorexia Nervosa (Orthorexia) – Obsessive behaviors including only eating foods one considers pure/healthy, and systematically avoiding specific foods and food groups one believes are harmful/unpure. Obsessive association between dietary and moral perfection, focused on purity and achieving a “perfect” diet rather than weight loss. Even in less severe cases, diet fixation can obstruct one’s ability to engage in previously normal life activities such as eating in restaurants and socializing. Malnutrition can result and in some cases, cardiac complications or death.