Eating Disorders Common in Type 1 Diabetics

BY BRUCE JANCIN
Denver Bureau

KEYSTONE, COLO. — A high index of suspicion for eating disorders is warranted in adolescents and young adults with type 1 diabetes, Stephanie H. Gerken said at a conference on the management of diabetes in youth.

The largest studies suggest the prevalence of eating disorders (EDs) meeting Diagnostic and Statistical Manual, Fourth Edition, criteria is about 10% in adolescent girls with type 1 diabetes. Another 14% have subthreshold variants. Both rates are roughly twice those found in nondiabetic adolescent girls.

The most common unhealthy weight-control practice among diabetic teens is intentional omission of insulin to lose weight. Many diabetic patients with weight concerns quickly figure out that skipping insulin injections is an easier way to drop pounds than restricting food intake or bingeing and purging, explained Ms. Gerken, who is a diabetes educator and registered dietician at the International Diabetes Center, Park Nicollet Clinics, Minneapolis.

The elevated risk of eating disorders in association with type 1 diabetes is not limited to adolescents.

"We've been surprised at how many adults we see in their 30s and 40s who've been struggling for over 10 years with this and are finally wanting and accepting help," Ms. Gerken observed at the conference sponsored by the University of Colorado and the Children's Diabetes Foundation, Denver.

She is part of a joint team composed of staff at the diabetes center and at the Park Nicollet Eating Disorders Institute—Minnesota's sole inpatient ED treatment facility. The unusual multidisciplinary program was created in recognition that this is a particularly challenging group of patients adept at exploiting the often conflicting management goals for the two diseases.

Patients with combined ED and type 1 diabetes experience poor metabolic control, with serious long-term consequences. British investigators who followed 87 type 1 diabetic females aged 11-25 years for 8-12 years found that 26% had a clinical ED or evidence of bingeing and purging at baseline and/or follow-up. Also, 36% admitted to misusing insulin for weight control. The group with disordered eating had a high rate of microvascular complications at follow-up in addition to two deaths because of renal disease, one from cardiovascular disease, and one suicide (Diabetes Care 2005;28:84-8).

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MS. GERKEN

Personality characteristics that have been associated with EDs in adolescent girls with type 1 diabetes include perfectionism, negative and avoidant coping skills such as self-blame and wishful thinking, and borderline personality characteristics.

Family factors also figure prominently in girls with type 1 diabetes and an ED. These patients tend to come from families who seldom eat together. The parents have a high level of weight-related concerns, are often dieting, and make negative comments about eating or weight.

"Every patient I work with has some kind of issues with the family," Ms. Gerken observed.

Eating disorders are notoriously tough to diagnose. Affected individuals will hide the evidence because of shame, denial, and a powerful desire to keep losing weight.

Red flags that a diabetic patient may have an ED include frequent low blood sugar levels, anxiety about getting on the scale, an increase in glycosylated hemoglobin together with weight loss, repeated hospitalizations for diabetic ketoacidosis, a drop in self-monitoring of blood glucose, and frequent "forgetting" to bring the blood glucose monitor or records to office visits.

Other warning signs include withdrawal from friends and family, irritability, bodily dissatisfaction, delayed puberty, unexplained menstrual or fertility problems, deteriorating school performance, compulsive exercise, and food stealing. ■

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