Friendly Reminders

- Today's presentation will be available for download at the end of the webinar and on archives website (link to archives is sent in monthly registration emails).
- Q&A box on the right
- **<u>Post-Test AND Certificate by November 7th, 2018</u>**
  - Please use the same link you accessed the pre-test and webinar with.
  - After November 7th, you will not be able to access the post-test or certificate.

Disclosures

Diabetes, Disordered Eating, and Eating Disorders
October 17th, 2018

- The Western Multi-State Division is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
- Participants must complete the pre-test, attend the entire live event, and complete the post-test with a score of 80% or greater to earn one and a half contact hours.
- No conflicts of interest are involved in this series. This includes no content relevant to commercial interest and no presence of commercial support.
- Please note that due to reporting guidelines, you will have three weeks after the live webinar to complete your post-test and print your certificate. You will NOT be able to access or earn continuing education credits after the three week time frame.

Diabetes, Disordered Eating, and Eating Disorders

Kendra Manwill, RD, CD

October 2018

Part of the Diabetes Webinar Series through the EPICC program of the Utah Department of Health

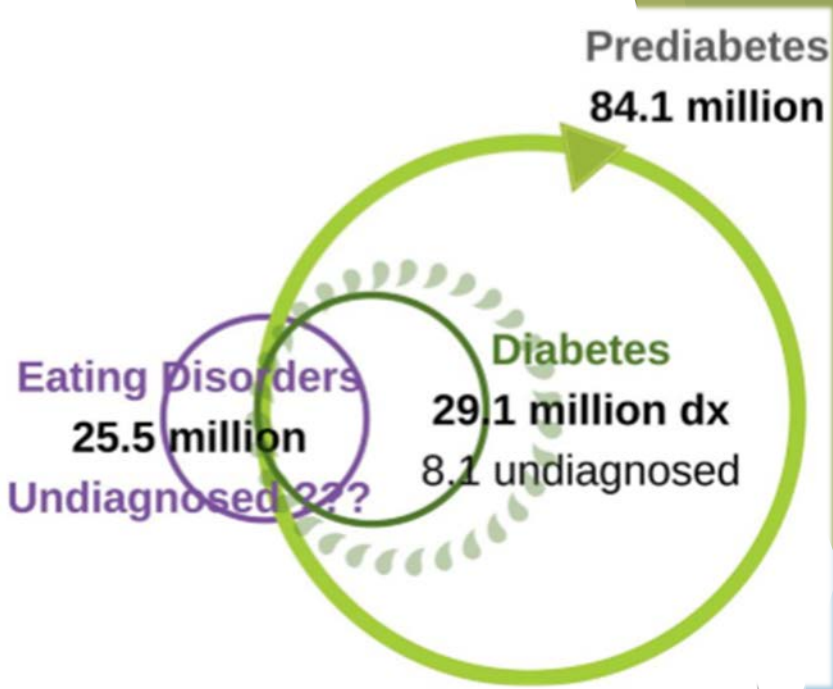
Objectives/Outcomes

1. Recap basics of eating disorders and diabetes
2. Recognize why people with diabetes are more likely to develop an eating disorder than the general population
3. Identify effective tools for assessing likelihood of developing an eating disorder and current presence of an eating disorder
4. Identify ways to adjust current treatment modalities to decrease risk of developing or exacerbating an eating disorder

Eating Disorders- Brief Overview

- Anorexia Nervosa
  - DM influence: weight, self-perception, hyper-vigilance
- Bulimia Nervosa
  - DM influence: insulin omission to purge, burnout
- Binge Eating Disorder
  - DM influence: associated with DMT2
- Other Specified Feeding or Eating Disorder
  - DM influence: insulin omission w/o binging, etc.
- ED-DMT1 vs “Diabulimia”

Diabetes- Brief Overview



- 29.1 million Americans have diabetes
  - 5% of these have Type 1
- Type 1 Diabetes
  - Body kills off insulin producing cells (immune response)
  - Body doesn't make insulin, but cells can usually receive it well
- Type 2 Diabetes
  - Cells become resistant to insulin
  - Pancreas doesn't produce enough insulin (not immune response)

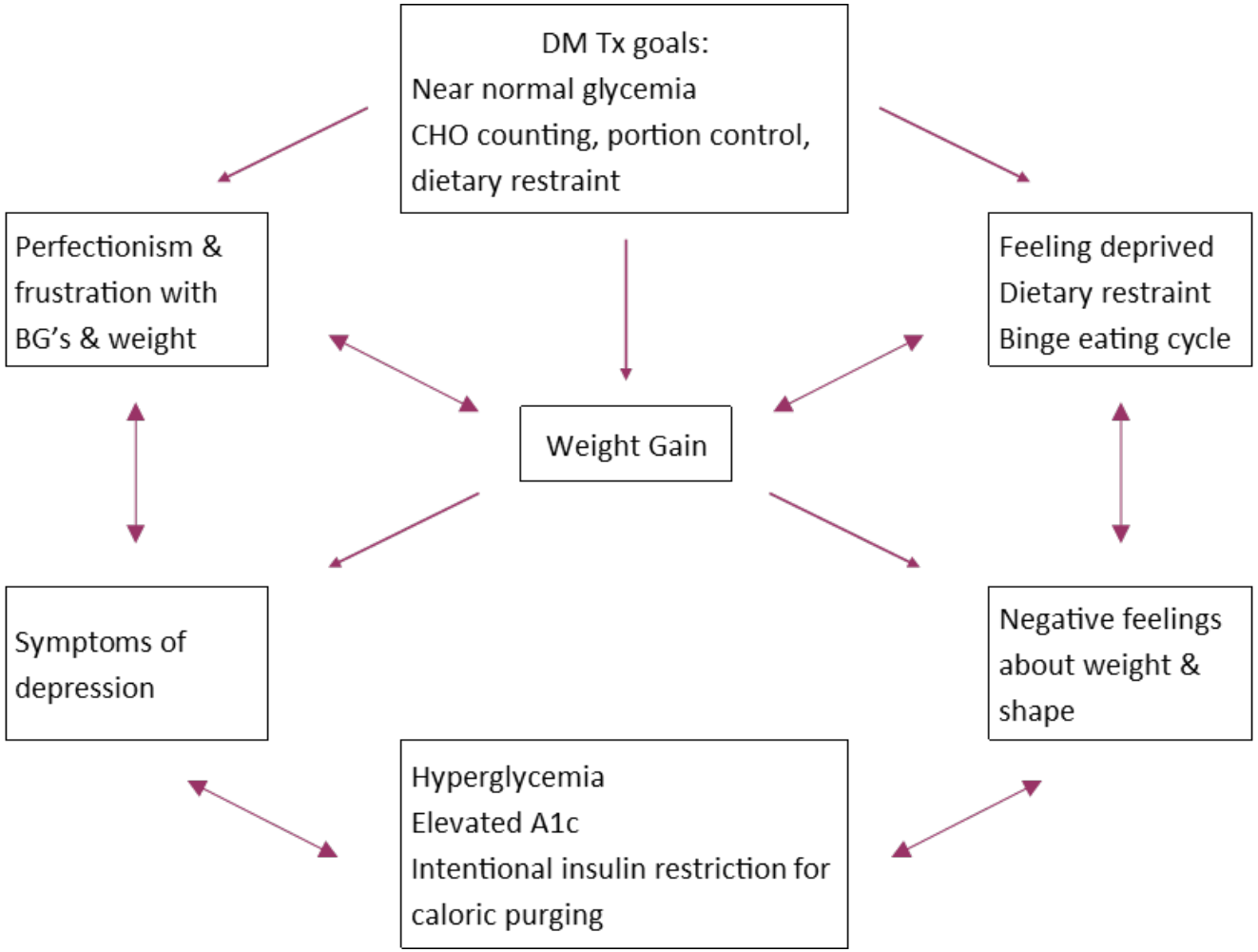
National Diabetes Statistics Report 2014
Beagley, J., & Smith, M. (2016). *Diabetes & Eating Disorders: A Complicated Dual Diagnosis*. Presentation, Center for Change.
Brooks, S., Fletcher, M. (2018). *How to Teach Clients About Prediabetes and Diabetes Without Triggering Disordered Eating*. Presentation, Annual Conference by American Association of Diabetes Educators (AADE).

Why does Diabetes increase the likelihood of an Eating Disorder?

- Adolescent girls with T1D are 2.4x more likely to have an ED
- Young people with chronic conditions are more likely to struggle with:
  - Emotional problems
  - Psychiatric and behavioral disorders
  - More likely to be depressed or have low self-esteem
- Emphasis on food restraint
- Obvious effect of insulin (administration or omission) on weight
- Effect of diabetes on view of self and others
- Effect of diabetes on social interactions

Jones JM, Lawson ML, Daneman D, Olmsted MP, Rodin G**.** Eating disorders in adolescent females with and without type 1 diabetes: cross sectional study. BMJ. 2000;320(7249):1563-6.
Rawlins, B. (2017). *Teens with Diabetes: Crazy or Controlled?* Presentation, Utah Annual Diabetes Conference, AADE.
Colton, P., Rodin, G., Bergenstal, R., & Parkin, C. (2009). Eating Disorders and Diabetes: Introduction and Overview. *Diabetes Spectrum, 22*(3), 138-142. Retrieved September 4, 2018, from http://spectrum.diabetesjournals.org/content/22/3/138

Eating Disorders and Diabetes Model



Goebel-Fabbri, A. E., Fikkan, J., Connell, A., Vangsness, L., & Anderson, B. J. (2002). Identification and treatment of eating disorders in women with type 1 diabetes mellitus. *Treatments in Endocrinology, 1*(3), 155-162. Retrieved September 4, 2018.
Beagley, J., & Smith, M. (2016). *Diabetes & Eating Disorders: A Complicated Dual Diagnosis*. Presentation, Center for Change.

Understanding Orthorexia --- How can healthy eating be bad?

An interest in health becomes a danger when it crowds out other areas of life or masks worries that can't be solved by food.

When nutrition is positive, it expands your horizons and accentuates the joy in life.

When nutrition is pathological, it isolates you and drags you down.

Nutrition is one part of a happy and balanced life.

When thoughts about eating control your time and attention, it's time to ask for help. Find a dietitian in your area at IFEDD.com.

Complications of Combined Eating Disorder and Diabetes Diagnoses

Most ED complications are the same

- Cardiovascular
- Gastrointestinal
- Endocrine and Metabolic
- Hematologic
- Neurologic
- ENT
- Pulmonary
- Dermatologic

Most diabetes complications are exacerbated or accelerated

- Retinopathy
- Neuropathy
- Metabolic control
- DKA
- Shorter lifespan (45 vs 58 years)
- Increased mortality (3x risk of death)
- Hospitalizations
- Weight gain/loss
- Deterioration in psychosocial fx
- Depressive symptoms

Resources for Complications

- Mehler, M. S., & Andersen, A. E. (2010). *Eating Disorders: A Guide to Medical Care and Complications* (2nd ed.). Baltimore, Maryland: The Johns Hopkins University Press.
- Mehler, P. S., & Rylander, M. (2015). Bulimia Nervosa- Medical Complications. *Journal of Eating Disorders, 3*(12). Retrieved September 4, 2018, from https://jeatdisord.biomedcentral.com/articles/10.1186/s40337-015-0044-4.
- Mehler, P. S., & Rylander, M. (2015). Anorexia Nervosa- Medical Complications. *Journal of Eating Disorders, 3*(11). Retrieved September 4, 2018, from https://jeatdisord.biomedcentral.com/articles/10.1186/s40337-015-0040-8.
- Rydall AC et al: Disordered eating behavior and microvascular complications in young women with insulin dependent diabetes mellitus. N Engl J Med 336:1849-1854, 1997
- *Goebel-Fabri*, A. et al. Insulin restriction and associated morbidity and mortality in women with type 1 diabetes. Diabetes Care, 31(3), 2008
- Colton, P., Rodin, G., Bergenstal, R., & Parkin, C. (2009). Eating Disorders and Diabetes: Introduction and Overview. *Diabetes Spectrum, 22*(3), 138-142. Retrieved September 4, 2018, from http://spectrum.diabetesjournals.org/content/22/3/138

Assessment Tools

- Diabetes and Eating Problem Survey- Revised (DEPS-R)
- SCOFF
- Eating Attitudes Test (EAT-26)
- Problem Areas in Diabetes (PAID)

- Methods of insulin manipulation

Markowitz, J., Butler, D.,Volkening, L., Antisdel, J., Anderson, B., Laffel, L., Brief screening tool for disordered eating in diabetes. Diabetes Care, vol. 33, number 3, MARCH 2010
Polonsky, W.H., Anderson, B.J., Lohrer, P.A., Welch, G., Jacobson, A.M., Aponte, J.E., Schwartz, C.E. (1995). Assessment of diabetes-related distress. *Diabetes Care*, 18(6),754-760.

DEPS-R

1. Losing weight is an important goal for me.
2. I skip meals and/or snacks
3. Other people have told me that my eating is out of control.
4. When I overeat, I don’t take enough insulin to cover the food.
5. I eat more when I am alone than when I am with others.
6. I feel that it’s difficult to lose weight and control my diabetes at the same time.
7. I avoid checking my blood sugar when I feel like it is out of range.
8. I make myself vomit.
9. I try to keep my blood sugar high so that I will lose weight.
10. I try to eat to the point of spilling ketones in my urine.
11. I feel fat when I take all of my insulin.
12. Other people tell me to take better care of my diabetes.
13. After I overeat, I skip my next insulin dose.
14. I feel that my eating is out of control.
15. I alternate between eating very little and eating huge amounts.
16. I would rather be thin than to have good control of my diabetes.

Prevention and Intervention of ED

Signs of an ED to watch for

- Multiple episodes of DKA
- Insulin tampering
- Decrease in psychosocial fx
- Significant wt. loss or gain
- Poor body image/ self esteem
- Depressive symptoms
- Increased concerns around food
- Neglect of DM management
- Abuse of laxatives, diuretics, medications, wt. loss pills, etc.

Questions to ask

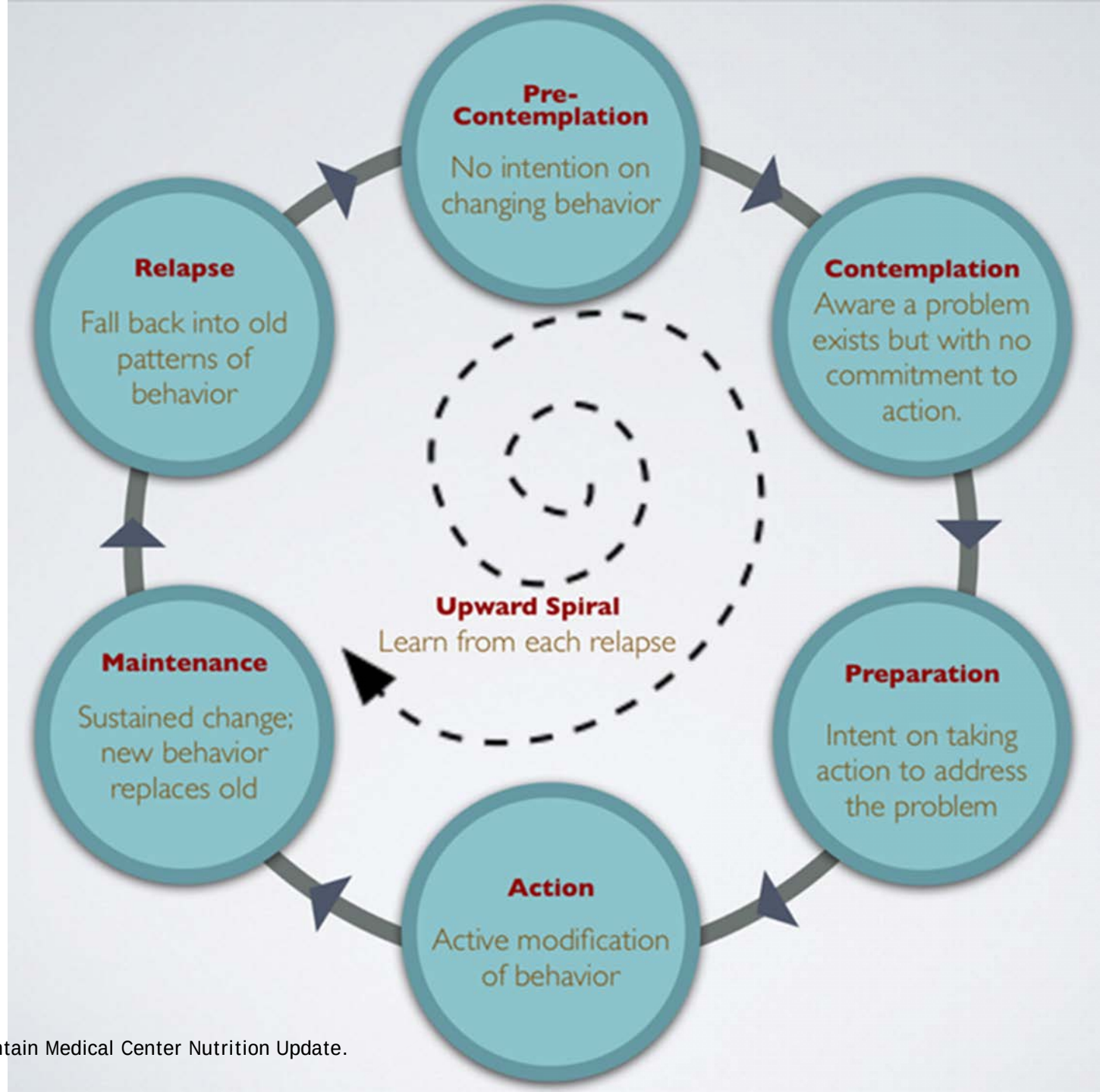
- What does eating look like when no one is watching?
- Is there anything about your eating or exercise habits that concerns you?
- Is there anything about your eating or exercise habits that concerns loved ones?
- How often do you think about food/body?
- Do you feel your worth changes depending on how much/what you eat?
- Do you feel your worth changes depending on how much insulin you give?
- DEPS-R

Gill, J. (2018). *Counseling & Motivational Techniques*. Presentation, Intermountain Medical Center Nutrition Update.
Beagley, J., & Smith, M. (2016). *Diabetes & Eating Disorders: A Complicated Dual Diagnosis*. Presentation, Center for Change.
Brown, A., Marasso, N., (2017). *Type 1 Diabetes & Eating Disorders*. Presentation, Castlewood.

Intervention

Counseling Techniques

- Meet them where they're at
- Non-judgmental (poker face)
- Empathy (Brené Brown video)
- Behavioral chain analysis
- Recognize progress and successes
- Normalize and validate struggles
- Motivational interviewing
- "I'm curious"
- Encourage *action* instead of *reaction*



Gill, J. (2018). *Counseling & Motivational Techniques*. Presentation, Intermountain Medical Center Nutrition Update.
Image from Ignacio Pacheco at socialworktech.com, 2012

CRITERIA FOR HOSPITALIZATION FOR ACUTE MEDICAL STABILIZATION

PRESENCE OF ONE OR MORE OF THE FOLLOWING:

1. ≤ 75% median BMI for age, sex, and height
2. Hypoglycemia
3. Electrolyte disturbance (hypokalemia, hyponatremia, hypophosphatemia and/or metabolic acidosis or alkalosis)
4. ECG abnormalities (e.g., prolonged QTc > 450, bradycardia, other arrhythmias)
5. Hemodynamic instability
   - Bradycardia
   - Hypotension
   - Hypothermia
6. Orthostasis
7. Acute medical complications of malnutrition (e.g., syncope, seizures, cardiac failure, pancreatitis, etc.)
8. Comorbid psychiatric or medical condition that prohibits or limits appropriate outpatient treatment (e.g., severe depression, suicidal ideation, obsessive compulsive disorder, type 1 diabetes mellitus)
9. Uncertainty of the diagnosis of an ED

CRITERIA FOR HOSPITALIZATION FOR ACUTE PSYCHIATRIC STABILIZATION

PRESENCE OF ONE OR MORE OF THE FOLLOWING:

1. Acute food refusal
2. Suicidal thoughts or behaviors
3. Other significant psychiatric comorbidity that interferes with ED treatment (anxiety, depression, obsessive compulsive disorder)

OTHER CONSIDERATIONS REGARDING HOSPITALIZATION:

1. Failure of outpatient treatment
2. Uncontrollable bingeing and/or purging by any means
3. Inadequate social support and/or follow up medical or psychiatric care

Academy for Eating Disorders' Medical Care Standards Committee. (2016). Eating Disorders- A Guide to Medical Care, 3rd Edition. *AED Report 2016*. Available at http://www.nyeatingdisorders.org/pdf/AED%20Medical%20Management%20Guide%203rd%20Edition.pdf

Prevention and Intervention of ED

Watch Language and Implicit Messages

- Food/body judgment
  - Weight is not a behavior
  - Restrictive dieting -> diet cycle
- Dismissive or minimizing
- Weight stigma (edrdpro.com/freevideo)
- Work off assumption they're doing they're best (Brené Brown)
- Consider the whole person & whole situation
  - Other diagnoses
  - Emotions
- Honesty and inclusive discussion

Brooks, S., Fletcher, M. (2018). *How to Teach Clients About Prediabetes and Diabetes Without Triggering Disordered Eating*. Presentation, Annual Conference by American Association of Diabetes Educators (AADE).

Prevention and Intervention of ED

(More) Effective Tools

- Illness perception- perceived ability of a “normal” life is very important
- Focus on self-directed care (all ages)
- Adolescents trusted info from diabetes medical professionals most
- 71% of adolescents were motivated by curability/controllability
- Ineffective techniques:
  - Scare tactics, blame, shame, good/bad language, narrow focus
- Effective techniques:
  - Listen, no judgment, motivate, use humor, coach
- Accept, surrender, embrace recovery

E. D. Hale, G. J. Treharne, G. D. Kitas; The Common-Sense Model of self-regulation of health and illness: how can we use it to understand and respond to our patients’ needs?, *Rheumatology*, Volume 46, Issue 6, 1 June 2007, Pages 904–906, https://doi.org/10.1093/rheumatology/kem060
Nystrom, Q. (2017). *Diabetes Daze*. Presentation, Utah Annual Diabetes Conference, AADE.
Burke, S. D., Sherr, D., & Lipman, R. D. (2014). Partnering with diabetes educators to improve patient outcomes. *Diabetes, Metabolic Syndrome and Obesity: Targets and Therapy*, *7*, 45–53. http://doi.org/10.2147/DMSO.S40036
Rawlins, B. (2017). *Teens with Diabetes: Crazy or Controlled*? Presentation, Utah Annual Diabetes Conference, AADE.
Brown, A., Marasso, N., (2017). *Type 1 Diabetes & Eating Disorders*. Presentation, Castlewood.

Obstacle Examples	Obstacles- Can't Change	Obstacles- May Change
Genetics	Genetic predisposition to higher weight and/or diabetes	Provider weight bias
Movement	Ability	Relationship to movement and body/ exercise avoidance
Relationship w/ food	Predisposition to eating disorder	Dieting/ restriction advice. Screen for EDs
Medical care	Coverage/ insurance/ access	Prevent healthcare avoidance
Self care/ body respect	Cultural fat phobia	Weight stigma in healthcare
Community & spiritual health	Family/ friends	Refer to groups or social work assistance
Sleep	Time available to rest	Treatment for poor sleep
Mental health	Trauma history, neurobiology	Mental health therapy, medication
Medication	Willingness to try, coverage	Assist with medication compliance
Nutrition	Access to variety of foods/ food security	Restrict/ binge cycle

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Case Study- OSFED (Atypical AN) + DM

30 year old female, medical professional

- Ht: 5’ 4”
- Wt. at admit: 158#
- T1D x 20 years
- A1C 11.0
- Significant electrolyte abnormalities, many labs out of range
- Numerous hospitalizations for DKA

Co-occurring conditions

- Depression, potentially PTSD
- Additional auto-immune diseases
- Gastroparesis

Case Study

- A1C
  - Admit: 11.0
  - After 1 month: 9.2
  - After 2 months: 8.9
- Weight
  - Admit: 158#
  - After 1 month: 160#
  - After 2 months: 165#, BMI 28.3
- ED thoughts
  - Admit: 80-90%, motivation for recovery 5/10
  - After 2 months: 30%, significantly increased motivation
- Re-admit to 24 hour care 1 month after D/C, 3 month stay
  - Re-admit A1C: 13.5
  - Discharge A1C: 9.2
  - Discharge wt.: 170#
- Relative stability on OP x 6 months

Case Study

What worked:

- Active endocrine team involvement
- Chronic illness support/education group
- Diabetes management transferred from 100% care team, gradually back to client w/ adaptive level of responsibility
- Integrated team approach: therapist, dietitian, doctor, NP, nurse, psych, etc.
- Patience, validation, consistent boundaries/ consequences
- Approach of "radical acceptance"

Challenges:

- Variable motivation
- Insulin/food manipulation
- Minimal client input on food options
- Difficult interpersonal interactions
- Fear, anger, hurt, vulnerability
- Little to no social support
- Coping with change- weight, awareness, responsibility

"The hardest thing for me is accepting that even with treatment and being in recovery from an eating disorder, the diabetes isn't going away."

Obstacle Examples	Obstacles- Can't Change	Obstacles- May Change
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Patient/Provider Resources

- Joint Position Statement Toolkit (DSMES)
  - https://www.diabeteseducator.org/practice/educator-tools/joint-position-statement-toolkit
- Utah Annual Diabetes Update Conference (AADE)
  - Nov 1-2 2018
- Taking Control of Your Diabetes (TCOYD)
  - Professional and patient resources
  - Conferences, retreats, workshops, online resources
- Facebook/social media support groups
- Book: Injecting Hope (Prevention and Recovery from Eating Disorders in Type 1 Diabetes) by Ann Goebel-Fabbri
- Book: If I Kiss You Will I Get Diabetes by Quinn Nystrom
- We Are Diabetes (https://www.wearediabetes.org/)
  - Eating disorders and Type 1 Diabetes
- Diabulimia Helpline (http://www.diabulimiahelpline.org/)
- NEDA (https://www.nationaleatingdisorders.org/diabulimia-5)
- Article: The Diabetes Educator's Role in Managing Eating Disorders and Diabetes (Urbanski et.al., Diabetes Spectrum 22(3) 2009)
- Closed Facebook group for professionals: WN4DC

WEIGHT NEUTRAL 4 DIABETES CARE
WN4DC
A GROUP FOR DIABETES PROFESSIONALS

Questions?

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