

# Awareness and Management of Disordered Eating

## In People with Diabetes

### Things to look for:

- Multiple episodes of DKA
- Poor body image or self-esteem
- Significant weight loss or gain
- Depressive symptoms
- Perfectionism or all/nothing thinking
- Abuse of insulin or other medications
- Avoidance of appointments or lying
- Being at a “normal weight” does not disqualify someone from having an eating disorder

### Effective communication techniques:

- Be non-judgmental
- Recognize progress and success
- Normalize & validate struggles
- Approach situation with curiosity
- Avoid labeling language
  - In target vs. good/bad
  - Management vs. control
  - Check vs. test
  - Non-compliant
- Recognize & praise effort, honesty, accountability
- Avoid diminutive comments/suggestions
- Meet them where they're at
- Include patient in discussion & goal setting



### Assessment Tools

- Diabetes and Eating Problem Survey Revised (DEPS-R)
- SCOFF (concern if  $\geq 2$ )
  - Overfull & sick
  - No control w/ food
  - Lost > one stone in 3 mo
  - Feel fat when not
  - Food dominates life
- Eating Attitudes Test (EAT-26)
- Problem Areas in Diabetes (PAID)
- Clinical judgment

*“A number, whether it be weight or A1C, does not determine my value or worth as a person” - Client S*