



# Diabetes & Eating Disorders: A Complicated Relationship

Quinn Nystrom, M.S.

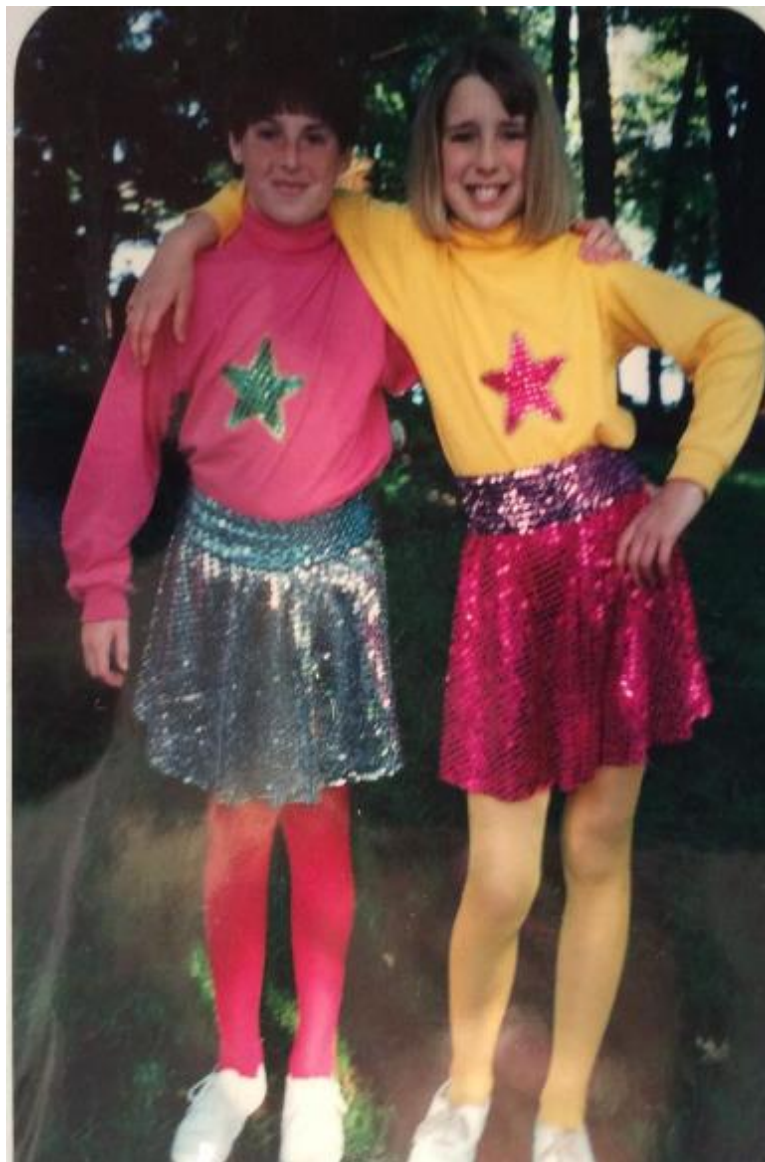
Speaker, Author & Diabetes Advocate

National Diabetes Ambassador – Center for Change

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# AGE 13

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- -Blood glucose meter
- -Blood glucose test strips
- -Ketone strips
- -Lancing device
- -Lancets
- -Continuous Glucose Monitor & Sensor
- -Alcohol swabs
- -Syringes
- -Insulin pump supplies
- -Batteries
- -Glucose tablets
- -Glucagon kit
- -Waterproof tape
- -Adhesive remover
- -Frio cooling wallet
- -Snacks



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# 42

## Factors That Affect BG

Food	Biological
<ul style="list-style-type: none"> <li>↑↑ 1. Carbohydrate quantity</li> <li>→↑ 2. Carbohydrate type</li> <li>→↑ 3. Fat</li> <li>→↑ 4. Protein</li> <li>→↑ 5. Caffeine</li> <li>↓↑ 6. Alcohol</li> <li>↓↑ 7. Meal timing</li> <li>↑ 8. Dehydration</li> <li>? 9. Personal microbiome</li> </ul>	<ul style="list-style-type: none"> <li>↑ 20. Insufficient sleep</li> <li>↑ 21. Stress and illness</li> <li>↓ 22. Recent hypoglycemia</li> <li>→↑ 23. During-sleep blood sugars</li> <li>↑ 24. Dawn phenomenon</li> <li>↑ 25. Infusion set issues</li> <li>↑ 26. Scar tissue and lipodystrophy</li> <li>↓↓ 27. Intramuscular insulin delivery</li> <li>↑ 28. Allergies</li> <li>↑ 29. A higher glucose level</li> <li>↓↑ 30. Periods (menstruation)</li> <li>↑↑ 31. Puberty</li> <li>↓ 32. Celiac disease</li> <li>↑ 33. Smoking</li> </ul>
Medication	Environmental
<ul style="list-style-type: none"> <li>→↓ 10. Medication dose</li> <li>↓↑ 11. Medication timing</li> <li>↓↑ 12. Medication interactions</li> <li>↑↑ 13. Steroid administration</li> <li>↑ 14. Niacin (Vitamin B3)</li> </ul>	<ul style="list-style-type: none"> <li>↑ 34. Expired insulin</li> <li>↑ 35. Inaccurate BG reading</li> <li>↓↑ 36. Outside temperature</li> <li>↑ 37. Sunburn</li> <li>? 38. Altitude</li> </ul>
Activity	Behavioral & Decision Making
<ul style="list-style-type: none"> <li>→↓ 15. Light exercise</li> <li>↓↑ 16. High-intensity and moderate exercise</li> <li>→↓ 17. Level of fitness/training</li> <li>↓↑ 18. Time of day</li> <li>↓↑ 19. Food and insulin timing</li> </ul>	<ul style="list-style-type: none"> <li>↓ 39. Frequency of glucose checks</li> <li>↓↑ 40. Default options and choices</li> <li>↓↑ 41. Decision-making biases</li> <li>↓↑ 42. Family relationships and social pressures</li> </ul>

diaTribe®



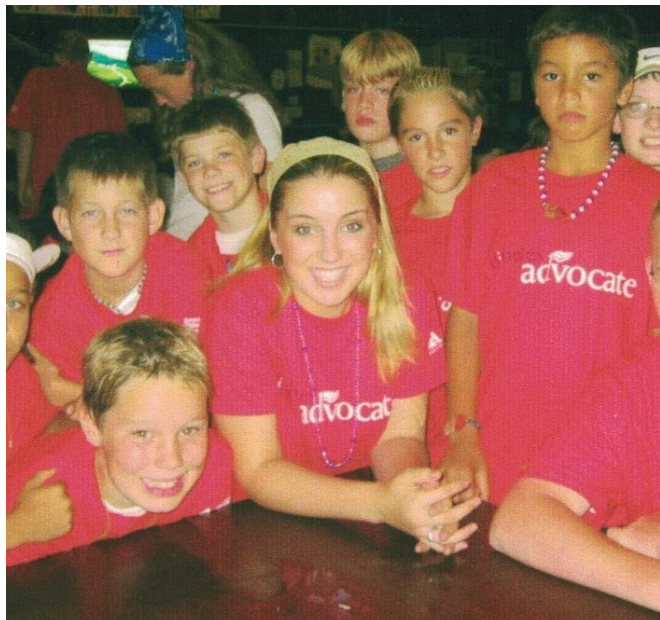
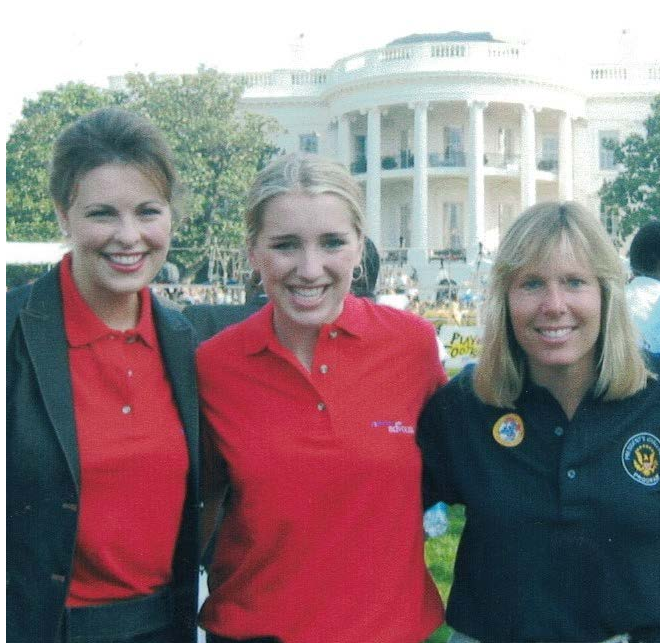
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# Camp Needlepoint

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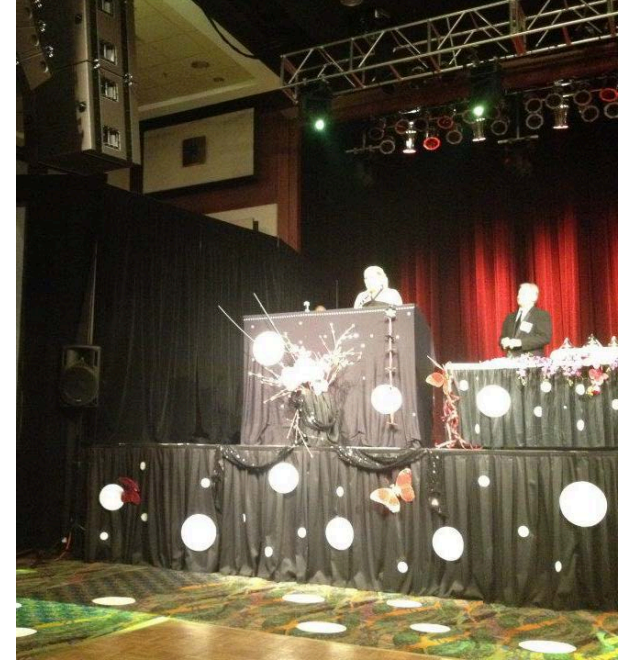
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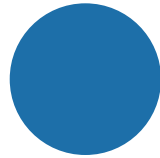
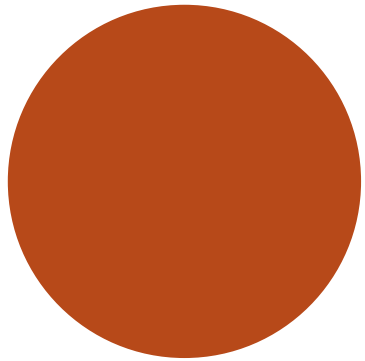
# National Youth Advocate

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# Other reality...



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With A Mega Jug**

Buy A Giant Soda To Help With Diabetes Research



for only  
**\$2.99**

**And KFC Will Donate \$100 To**

**JDRF** Juvenile Diabetes Research Foundation International

**Help Us Find A Cure!**

insulinnation.com



**NEW THIS MORNING**

**SUGAR TAX**  
Sugary drinks increase diabetes risk irrespective of weight

PHILIPPINES: 2 DEAD IN 6.5 MAGNITUDE EARTHQUAKE ADE 15 6.47

sunrise



CrossFit @CrossFit · Jun 29

"Make sure you pour some out for your dead homies." — Greg Glassman #CrossFit #Sugarkills @CrossFitCEO



open diabetes™

TWITTER



**TopFit LifeStyle**

Jan 22 at 2:03am · 🌐

Believe It Or Not, Use Frozen Lemons And Say Goodbye To Diabetes, Tumors, Overweight



Believe It Or Not, Use Frozen Lemons And Say Goodbye To Diabetes, Tumors,...

[topfitthealthy.com](http://topfitthealthy.com)



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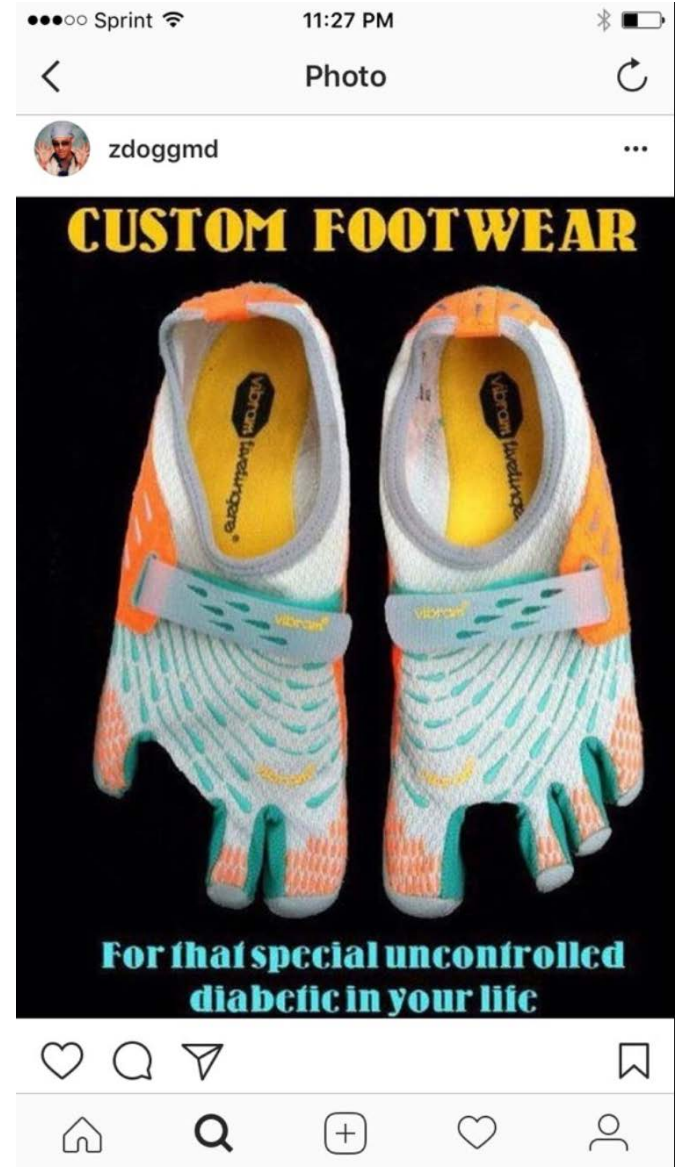
Write a comment...





## White House says diabetics don't deserve health insurance

Mulvaney wants to leave the 29 million Americans living with diabetes out in the cold, because he doesn't deem them worthy of treatment.



# VALENTINE'S DAY CARB CHART

SERVING SIZE	TREAT	CARBS (G)	CALORIES
CONVERSATION HEARTS	10 PIECES	24	120
DOVE DARK CHOCOLATE HEARTS	6 PIECES	25	220
GODIVA CHOCOLATES	3 PIECES	24	220
HERSHEY'S KISSES	5 PIECES	14	112
HERSHEY'S HUGS	5 PIECES	13	116
PEEPS MARSHMALLOW HEART	3 PIECES	28	110
VALENTINE'S M&M'S	20 PIECES	10	68
TIRAMISU	1 SLICE	43	492
CHOCOLATE LAVA CAKE	1 CUP	114	640
RED VELVET CUPCAKE WITH FROSTING	1 CUPCAKE	62	497
CHOCOLATE DIPPED STRAWBERRIES	1 STRAWBERRY	9	73
FUDGE BROWNIE	1 BROWNIE	76	570
CHOCOLATE CAKE	1 SLICE	75	506
REECE'S PEANUT BUTTER HEART	1 HEART	18	170
FERRO ROCHER	2 BALLS	11	140

BEYOND TYPE 1

## Carb Counts for Valentine's Candy

### Conversation Hearts

Brach's Classic  
10 pieces = 12 g  
Brach's Large  
5 pieces = 12 g  
Necco Sweethearts  
1 oz box = 28 g  
Smarties Love Hearts  
1 roll = 14 g

### Hard Candies

Blow Pop  
1 = 14 g  
Tootsie Pops  
1 = 15 g  
Jolly Ranchers  
3 pieces = 14 g  
Ring Pop  
1 = 14 g  
Classic Safe-T type  
lollipop  
1 = 11 g  
Dum Dums  
2 pops = 13 g

### Chocolate

Dove Hearts  
6 pieces = 25 g  
Dove Truffle Hearts  
3 pieces = 19 g  
Lindor Truffles  
3 = 15 g  
Hershey Kisses  
1 = 2.8 g  
Hershey Hugs  
1 = 2.6 g

### SWAG (scientific wild \*\*\* guess)



### SWAK Sealed with a kiss!

## Life is Like A Box of Chocolates...

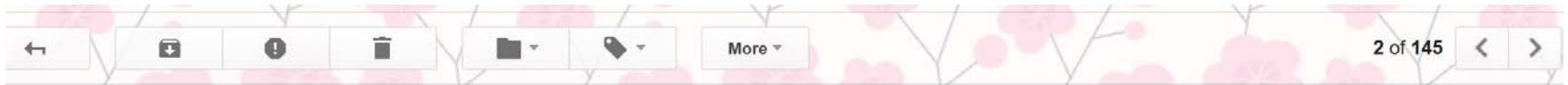
Russel Stover (assorted) 2 pieces = 23 g



See's (assorted) 2 pieces = 20 g  
(soft centers) 2 pieces = 25 g

Whitmans (assorted) 2 pieces = 21 g


Sources:  
<http://www.dietaryguidelines.gov/pdfs/754714020196102.pdf>  
<http://blog.celebritycandy.com/2012/02/celebritycandy-guide-to-valentine-day-candy/>

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February 15, 2018

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**Typeonegrit**

Yesterday at 11:10 PM • 🌐



The more carb, the higher and more unstable the blood sugars. High blood sugars are not without consequences.





**Judy Simmons Oslapas**

It isn't a human right to expect others to take care of you when you've knowingly lived an unhealthy life. For most people diabetes can be reversed but it does take effort and a medical system that is interested in doing so instead of just writing scripts

12h Like Reply



**Sandhiran Sundrasan**

Change your life style and free from diabetes .. naturopathic and yoga only way..

12h Like Reply



**Woden Padgett**

Losing weight and eating better will help.

13h Like Reply



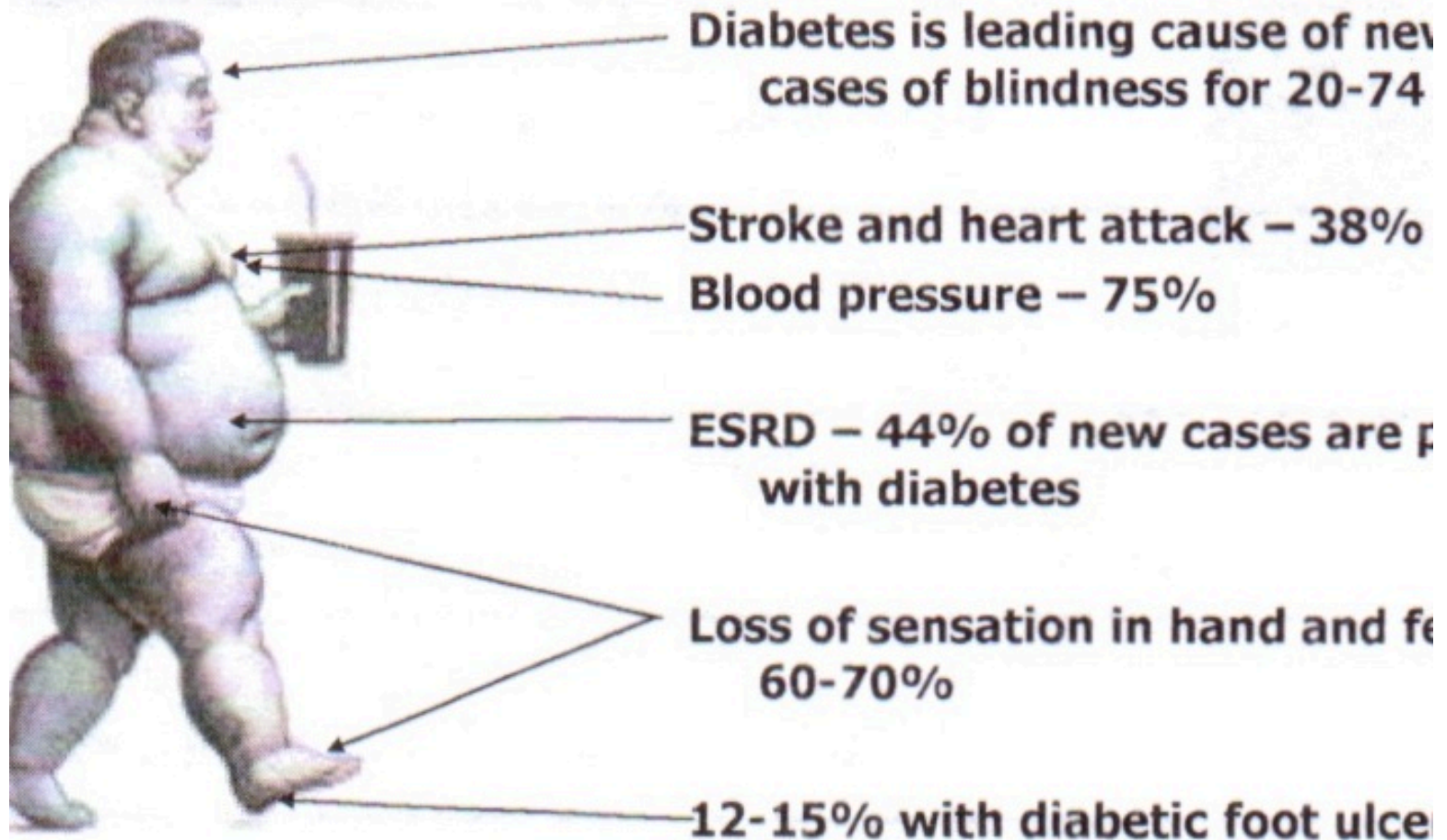
**Delano Sabajo**

Sue the food suppliers contributing to this health problem.

13h Like Reply



# Consequences of Poor Diabetes Management

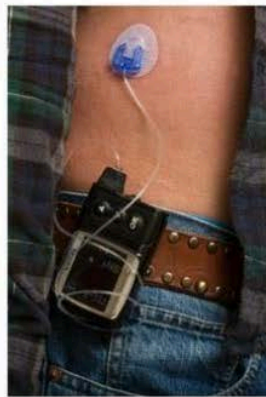




Type 1 Diabetes Support and Information shared The Diabetic Journey's photo.

3 hrs · 🌐

**This *is* diabetes.**



The Diabetic Journey

**This is *NOT*.**



# What is ED-DMT1?

- The dual diagnosis of an eating disorder and type 1 diabetes is often referred to as “diabulimia,” however this is not a medically recognized term and it is not an accurate description.
- “Among some academics, the nomenclature eating disorders in diabetes mellitus type 1 (ED-DMT1) is used to denote the spectrum of disturbed eating behavior found within this specific demographic.”

—Jacqueline Allen, Birkbeck University

# Prevalence of Eating Disorders

75% of American women  
are dissatisfied with their  
appearance.

50% of 9 year old girls and  
80% of 10 year old girls  
have dieted.

At least 4% of teenage girls  
and college-age women  
become anorexic or bulimic.

# Eating Disorders + Diabetes

- ED behaviors seen in 8% of T1DM vs 1% of peers without DM.
- Increased risk of disturbed eating behavior in girls with T1DM as young as 9.
- 32.4% of females with type 1 diabetes have some form of disordered eating or weight control behavior.
- 36% reported intentional omission of insulin.
- Strong association between type 2 diabetes and clinically significant binge eating.

Colton P et al, Eating disorders in girls and women with type 1 diabetes: A longitudinal study of prevalence, onset, remission and recurrence. Diabetes Care 38:1212-1217, July 2015

Peveler RC. Type 1 Diabetes & Eating Disorders, Diabetes Care 2005

Colton P. et al, Disturbed eating behavior and eating disorders in preteen and early teenage girls with type 1 diabetes; a case-controlled study

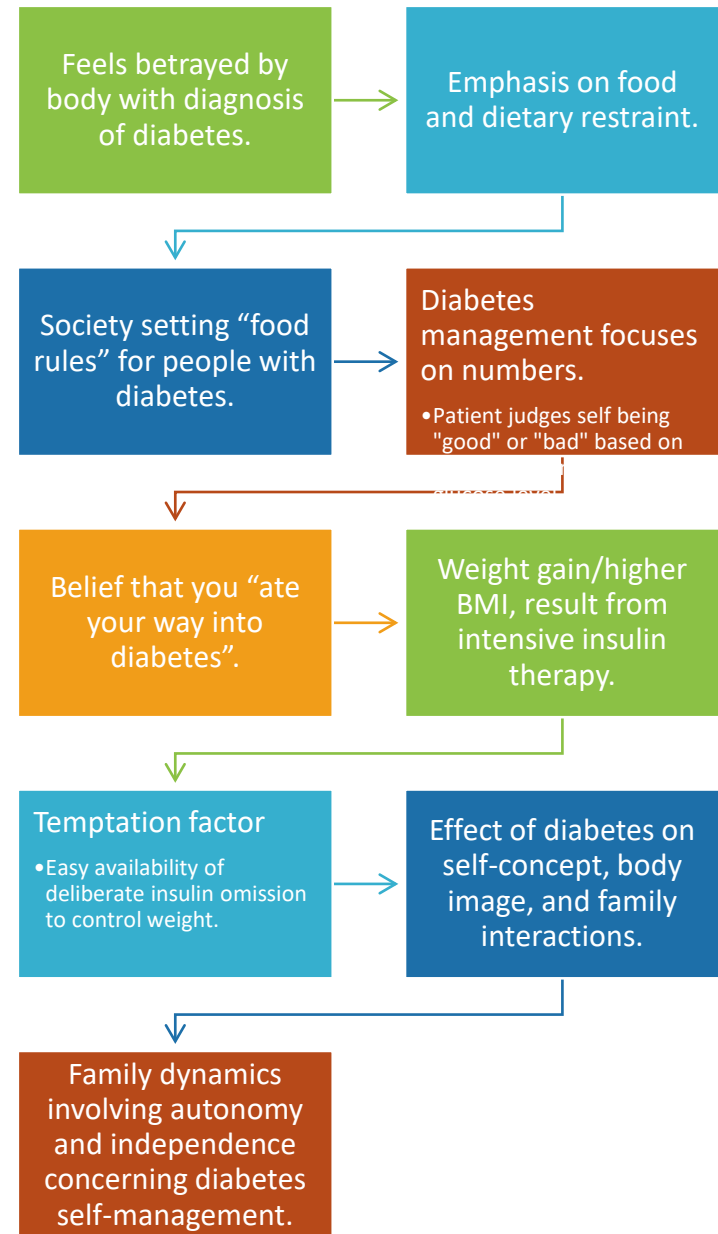
Diabetes Care 27:1654-1659, 2004

Udo et al. Menopause and metabolic syndrome in obese individuals with binge eating disorder. Eat Behav 2014;15

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People with type 1  
diabetes are 2.5 times  
more at risk for an eating  
disorder

# Why higher risk?



# ED Screening Tools for Diabetes Patients

**Diabetes and  
Eating Problem  
Survey – Revised  
(DEPS-R)**

**SCOFF**

# DEPS-R

16 questions 0-5 Likert scale, can complete in <10 min



Some examples of questions specifically related to diabetes:

I feel fat when I take all of my insulin.

Other people tell me to take better care of my diabetes.

After I overeat, I skip my next insulin dose.

\* ADD the total score = greater than 20 is clinically significant.

# SCOFF

Do you make yourself Sick because you feel uncomfortably full?



Do you worry you have lost Control over how much you eat?



Have you recently lost more than One stone (7.7 kg, about 15 lbs) in a 3 month period?



Do you believe yourself to be Fat when others say you are too thin?



Would you say that Food dominates your life?

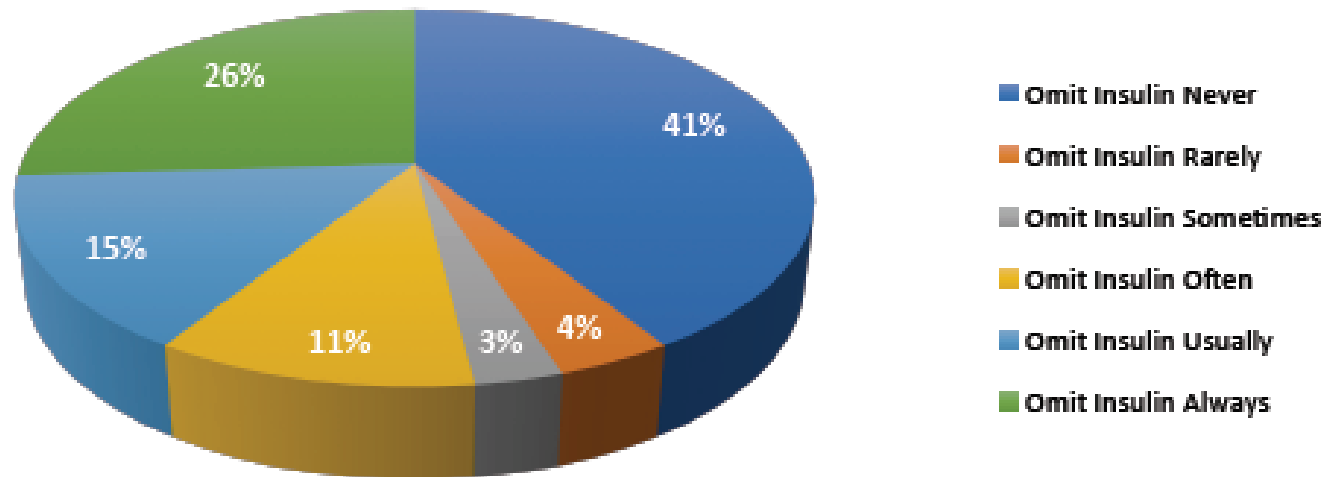


\*One point for every "yes;" a score of  $\geq 2$  indicates a likely case of anorexia nervosa or bulimia

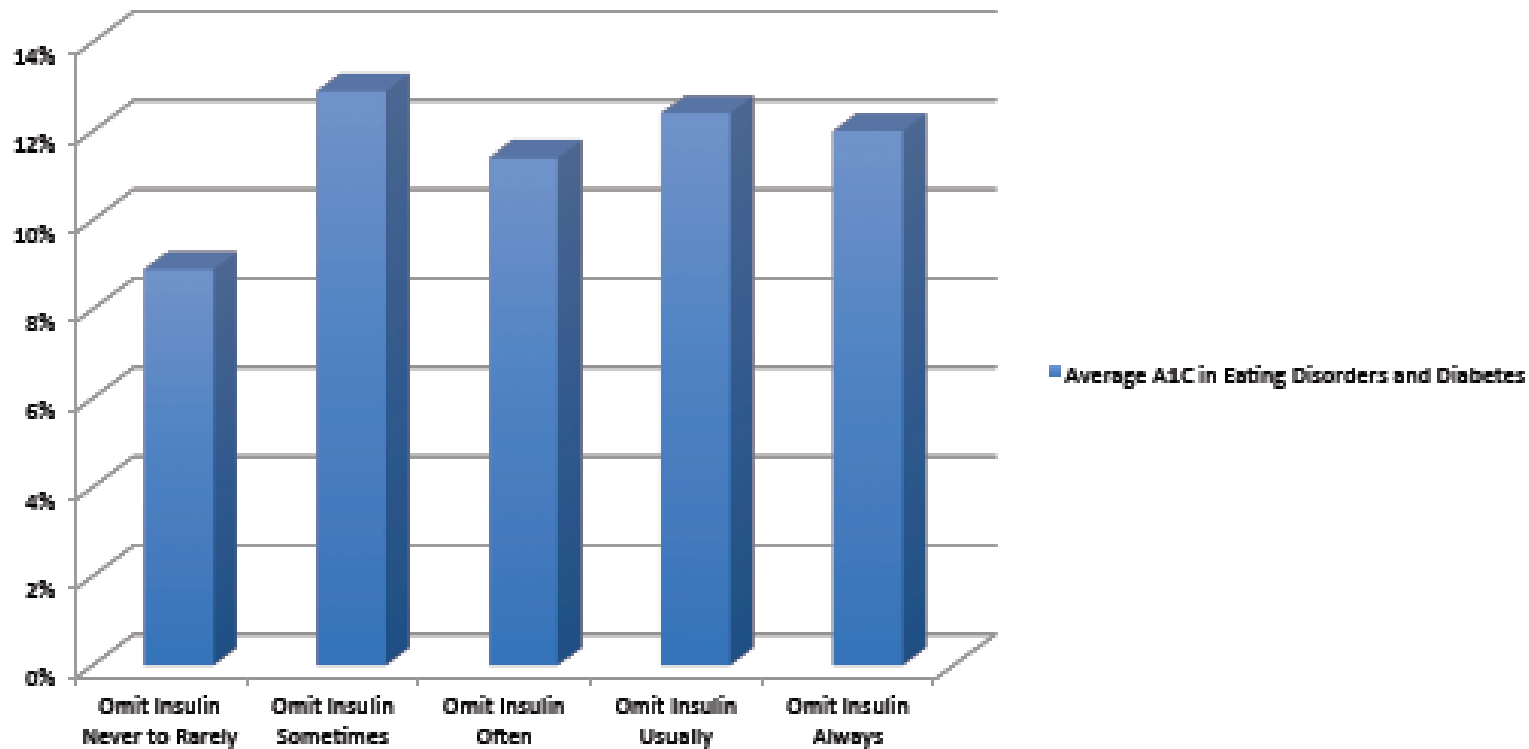
## PURPOSE/METHODS

- Reviewed charts of the past 27 patients with type 1 diabetes who have been admitted into 24-hour care at Center for Change.
- Analyze Diabetes and Eating Problem Survey -Revised (DEPS-R) scores to determine frequency of insulin omission.<sup>5</sup>
- Analyze HbA1c levels according to reports of insulin omission. This analysis will help determine percentage of patients with diabetes and eating disorders who omit insulin for weight loss.
- There in theory may be many patients with diabetes and eating disorders who go unrecognized since they do not omit insulin for weight loss or have a high HbA1c.

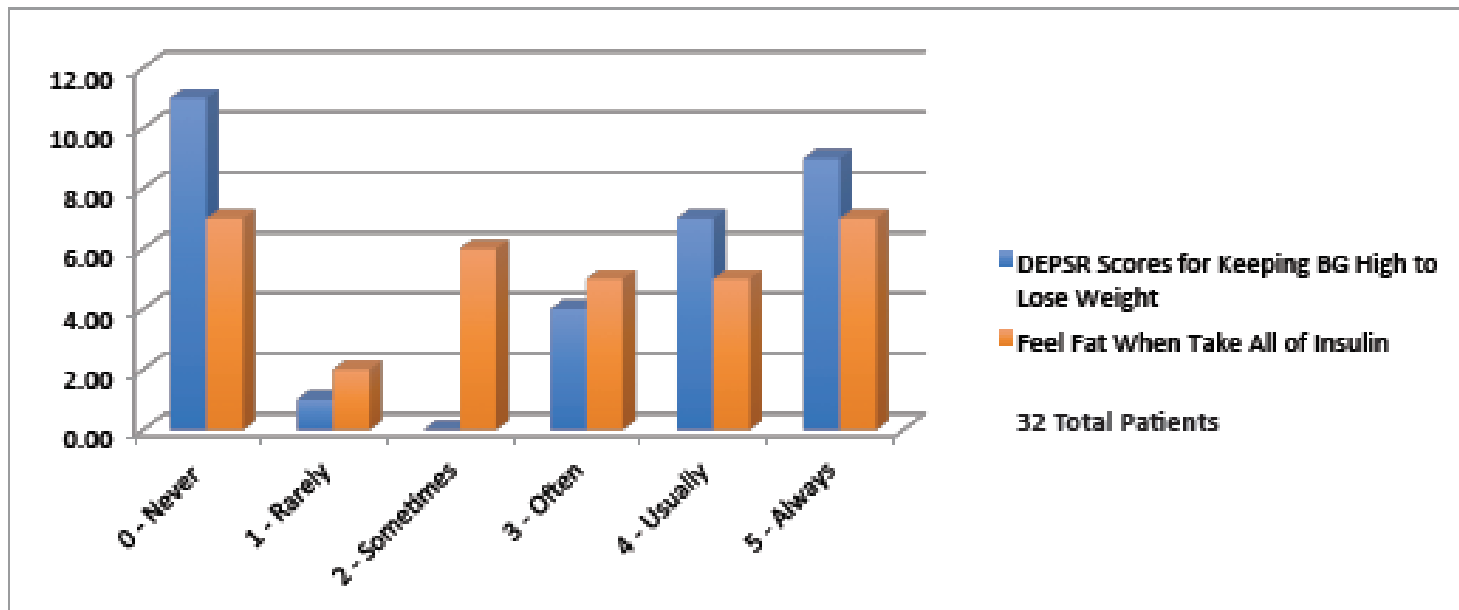
### Insulin Omission Occurrences



### Average A1C in Eating Disorders and Diabetes



## DEPS-R Scores of Patients





# Eating Disorder Diagnosis



# ED-DMT1



Diagnosis



Treatment

YourBeautifulLife

“Owning our story can be hard but not nearly as difficult as spending our lives running from it. Embracing our vulnerabilities is risky but not nearly as dangerous as giving up on love and belonging and joy—the experiences that make us the most vulnerable. Only when we are brave enough to explore the darkness will we discover the infinite power of our light.”

-Brene Brown

# Treatment and Recovery: it's a process



MULTIDISCIPLINARY  
TEAM



DIABETES INFORMED  
TREATMENT COMBINED  
WITH



STANDARD ED  
TREATMENT  
TECHNIQUES/THERAPIES



PERFECTIONISM –  
ATTAINABLE GLUCOSE  
TARGET GOALS

# Social Media Resource



bodyposibetes

Following



71 posts

1,641 followers

323 following

## Body Posi Betes

Diabetes and body positivity - do they go together? Hell yeah! Just because your pancreas hates you doesn't mean you have to hate yourself too 💙🖊️

Followed by heytyffanyroe, thediabeticdragon, pumppelz + 7 more



Diabetes



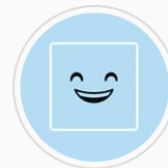
BPB



Resources



Quotes



LOL



Representa...

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Why beat yourself up because your six jellybeans put you over your arbitrary calorie/carb/sugar allowance? Your body is telling you it needs sugar, just like it needs insulin, and your first priority is to listen to it. It would be ridiculous if somebody walked into the pharmacy requesting "low calorie" paracetamol or throat lozenges - you need to treat it with sugar, so do that. Hypos suck - I get it. I hate the feeling of coming back up from a nasty low where I've eaten my weight in lollies and I know I'll be rebounding. But give yourself a break - your body is doing the best it can in that moment.

Stop feeling guilty about hypos, or freaking out about weight gain. Your body will settle where it needs to be, and with your help it will settle back to in range blood glucose levels. Hypo treatment isn't something to feel guilty about, it's a lifesaver 🙏





Recovery from an  
eating disorder  
cannot be  
achieved through  
more dieting or  
restriction.

@themindfuldietitian



bodyposibetes • Following

bodyposibetes Many of us with diabetes struggle with disordered eating or an eating disorder - the research points to nearly one in THREE of us.

This is just a reminder that you can't develop a balanced and intuitive approach to eating by restricting certain food groups. Going keto/gluten-free/everything-free (apart from legitimate intolerances of course!) is not the way to get yourself on the path to a healthy relationship with food.

Anything that makes you restrict your food is a diet. It's not a 'lifestyle' or 'way of life', it's a diet, plain and simple. I understand that low carb works wonders for blood sugars, but the trick is figuring out what



Liked by thediabeticdragon and 106 others

NOVEMBER 29, 2018

that low carb works wonders for blood sugars, but the trick is figuring out what you ACTUALLY want to eat and how to work that into your life. Like, I love some grilled salmon - but I'd also take real Italian pizza over a cauliflower one any day. We already have to be super conscious of what we are putting into our bodies, why make it worse?? If you're avoiding social situations because of the food choices, feel scared of certain food groups, or can't stop thinking about what you're putting into your mouth - that's not ok 💙

Give yourself permission to eat what your body is telling you, and I guarantee you that you'll start to live a life with diabetes that doesn't revolve around food - I promise, it exists!!



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Message



Lauren Newman, RD, LD

Medical & Health



Eating disorder & diabetes expert



Weight inclusive HAES dietitian



Virtual & in person counseling - Houston, TX



Accepting new clients

[laurennewmanrd.com/instagram](http://laurennewmanrd.com/instagram)

Followed by **ontrackdiabetes**, **bodyposibetes**,  
**heytiffanyroe** + 16 more



Group



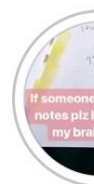
SPEAKING



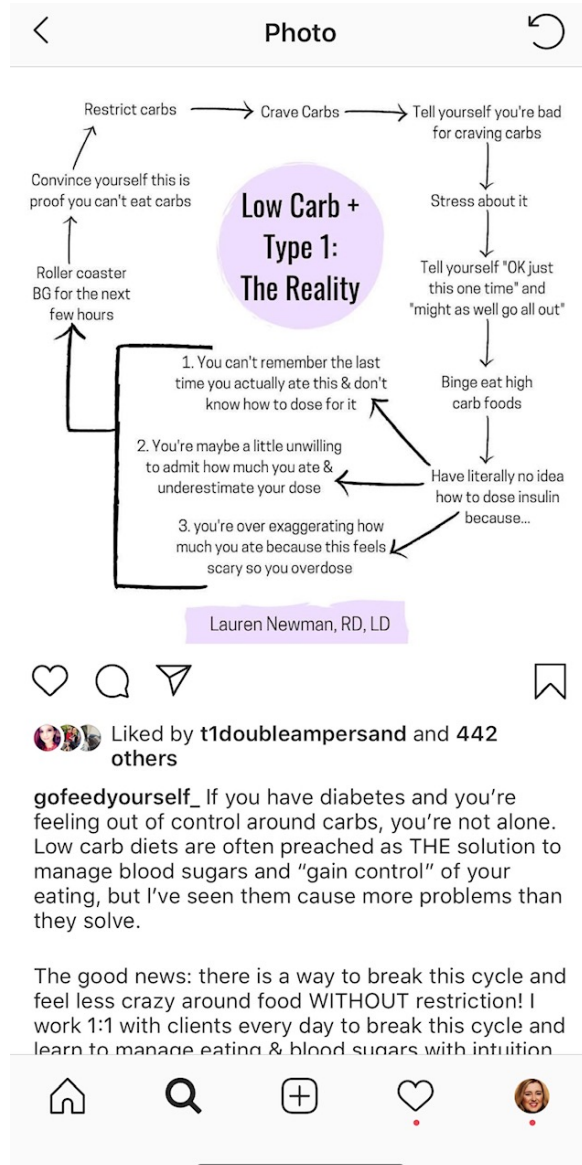
TYPE 1



PSA



INTERI



# Graduate School Research

## Diabetes Daze: How Adolescent Patients are Affected by Messaging

- Illness Perception
- Social Learning Theory
- Peer, Media, Medical Professional & Parental Messages



# Q:11

## negative experience

18 - regarded negative lifestyle choice.

2 - included a meme.

6 - being perceived as different than a typical healthy adolescent, or a misunderstanding of the illness.

# Results


75% told of a person having misinformation.



40.6 % reported that they had a negative experience where they were called overweight.



71% say a motivating factor in improving self-management is curability/controllability.



# 5 best communication tips when talking to patients

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# #1Listen

- Feeling isolated.
- Misunderstood.
- Need a safe outlet to talk things out.
- Be a great listener & you will gain trust.
- Give your patient a choice in their care.

## #2 no judgement

- NEVER scold – we live with this disease 24/7 and there's a high rate of burnout.
- Patients have been told since their diagnosis terms such as...
  - Good number & bad number.
  - Good food & bad food.
  - Good A1c & bad A1c.
  - Good weight & bad weight.

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# #3 motivate



What's important to your patient  
(not diabetes or ED related)?



Hobbies



Interests



Passions



Future aspirations

## #4 use humor

- First diagnosed, I was so sad about the diagnosis.
  - Tried to hide having diabetes.
- Marcia taught me that I couldn't internalize everything
  - With diabetes, just like with most things in life, I needed to find the humor in the disease when I could.

#5 coach

---

Patients with type 1 diabetes self-manage 90-95% of the time.

---

Preaching, rather than suggesting.

---

Power of perspective.



# Women with an Eating disorder

Most Helpful Communication Practice & Least Helpful  
Communication Practice by a Healthcare Professional

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# J.V. (T1D)

- Most helpful: Since I was in such denial of how sick I was it was important for my providers to have **clear communication** about my ED diagnosis as well as how they **recognized the ED** taking away my energy, joy, and personality. I will always be grateful for the honesty of my therapist who told me "well your diagnosis is anorexia, don't you know that?" I had no clue! The words and **direct approach** and **challenges** to my thoughts were what helped me realize where I needed to be to be in recovery.
- Least helpful: When they questioned if I was a type 1 diabetic since I was diagnosed at 27. As someone who was struggling with an ED at the time it was the worst thing someone could ask. It's like they were saying I'm fat by asking if I'm sure I am a type 1.

## E.S. (T1D)

- Most Helpful: Helped me explore the functions that the eating disorder served in my life and helped me find **healthier ways to address** those same needs without using the eating disorder to do so. Helped me learn to **trust my intuition** and **validate** my own feelings.

- Least Helpful: Being treated as though **I am not the expert** on myself. Of course the professionals are going to know more about the medical and technical aspects of the disease. But I am the only one who knows what it feels like to live in my body with my brain. It's important to allow the patient to be the expert on themselves, because without learning to trust themselves, they will not achieve true recovery. Doing the behaviors of a healthy, recovered person is only half the battle.

# E.C. (T1D)

- Most Helpful: **Listening** and **not judging!** I know I can go to an appointment and my provider will let me talk and kindly direct me back on topic if necessary. She **celebrates my successes** and **encourages me** to do my best.
- Least Helpful: Being **too quiet** or **talking at me**. I know it is their job to listen and give me information to help my recovery journey, but there is a fine line of appearing like they are **uninterested** when we are discussing the same topic or goal every visit.



## LEAST HELPFUL

- INVALIDATION
- IGNORANT
- NOT VIEWING PATIENT AS EXPERT
- QUIET
- TALKING AT PATIENT
- UNINTERESTED
- JUDGING
- NOT SEPARATING PERSON FROM ED

# MOST HELPFUL

Strengthening Voice  
Clearly Communicate  
Validate  
Trust Intuition  
Listen  
Understand  
Non-Judgmental  
Celebrate Successes  
Encourage  
Empathetic

 Instead of...	 Try saying...	 Explanation
A diabetic	Person (living) with diabetes	There is much more to a person than their diabetes, so it is preferable to avoid labeling someone as a disease.
Control (as a verb or adjective)	Manage	Control is virtually impossible to achieve in a disease where the body no longer does what it is supposed to do, so it is preferable to focus on what the person is doing well and intent.
Control (as a noun): glucose control, good control, bad control, etc.	A1c, blood glucose levels, targets, goal, stability, variability	Focusing on neutral words and the biology removes judgment, shame, or blame.
Lifestyle disease	Diabetes	Saying "diabetes" instead of "lifestyle disease" removes any implied judgment.
Cheating, sneaking Good/bad/poor	Making decisions Choices Numbers Food	Moving away from value judgments to neutral language removes any implied judgment.
Nondiabetic, normal	Person without diabetes	The opposite of "normal" is "abnormal," and people with diabetes are not abnormal.
Test (blood sugars)	Check blood sugars	A test implies good/bad or pass/fail. Checking blood glucose is simply a way to gather information to make decisions.
Prevent, prevention	Reduce risk	There is no guarantee of prevention (disease or complication); therefore, focusing on what the person <i>can</i> do limits blame if the person does develop diabetes or complications.
Compliant/compliance Adherent/adherence	Engagement Participation Involvement	Compliance and adherence imply doing what someone else wants. In diabetes care, people make choices and perform self-management.
Victim, suffer, etc.	Lives with diabetes Has diabetes Diagnosed with diabetes	Assuming that someone is suffering puts them in victim mode rather than empowering them.

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# For Family and Friends

## Practical Applications



KNOW WARNING  
SIGNS OF ED AND  
SYMPTOMS OF DKA



REFRAIN FROM FEAR  
TACTICS OR  
SHAMING



END “BODY TALK”



ENCOURAGE  
FLEXIBLE EATING



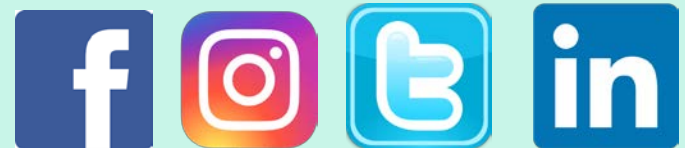
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# Contact Me



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[quinn@datelinediabetes.org](mailto:quinn@datelinediabetes.org)

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