AGE 13

This presentation is the property of the presenter, do not duplicate without permission.
- 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
### 42 Factors That Affect BG

#### Food
- ↑↑ 1. Carbohydrate quantity
- ↑↑ 2. Carbohydrate type
- ↑ 3. Fat
- ↑↑ 4. Protein
- ↑↑ 5. Caffeine
- ↓↑ 6. Alcohol
- ↑↑ 7. Meal timing
- ↑↑ 8. Dehydration
- ↑ 9. Personal microbiome

#### Biological
- ↑ 20. Insufficient sleep
- ↑ 21. Stress and illness
- ↓ 22. Recent hypoglycemia
- ↑ 23. During-sleep blood sugars
- ↑↑ 24. Dawn phenomenon
- ↑↑ 25. Infusion set issues
- ↑ 26. Scar tissue and lipodystrophy
- ↓↓ 27. Intramuscular insulin delivery
- ↑ 28. Allergies
- ↑ 29. A higher glucose level
- ↓↓ 30. Periods (menstruation)
- ↑↑ 31. Puberty
- ↑ 32. Celiac disease
- ↑↑ 33. Smoking

#### Medication
- ↓↑ 10. Medication dose
- ↑↑ 11. Medication timing
- ↓↓ 12. Medication interactions
- ↑↑↑ 13. Steroid administration
- ↑↑ 14. Niacin (Vitamin B3)

#### Activity
- ↓↓ 15. Light exercise
- ↑↑ 16. High-intensity and moderate exercise
- ↓↓ 17. Level of fitness/training
- ↑↑ 18. Time of day
- ↑↑ 19. Food and insulin timing

#### Environmental
- ↑ 34. Expired insulin
- ↑ 35. Inaccurate BG reading
- ↓↓ 36. Outside temperature
- ↑ 37. Sunburn
- ? 38. Altitude

#### Behavioral & Decision Making
- ↓↑ 39. Frequency of glucose checks
- ↓↓ 40. Default options and choices
- ↓↓ 41. Decision-making biases
- ↓↑ 42. Family relationships and social pressures
KEEP CALM AND GO TO CAMP NEEDLEPOINT
Camp Needlepoint
Other reality...
Sugar beverage advertising

Complete Your Meal With A Mega Jug

Buy A Giant Soda To Help With Diabetes Research

And KFC Will Donate $100 To JDRF
Help Us Find A Cure!
Misleading Facebook post about diabetes from Greg Glassman

@CrossFit · Jun 29

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

This presentation is the property of the presenter, do not duplicate without permission.
Believe It Or Not, Use Frozen Lemons And Say Goodbye To Diabetes, Tumors, Overweight
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.

CUSTOM FOOTWEAR
For that special uncontrolled diabetic in your life
**Valentine's Day Carb Chart**

<table>
<thead>
<tr>
<th>Serving Size</th>
<th>Treat</th>
<th>Carbs (g)</th>
<th>Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conversation Hearts</td>
<td>10 pieces</td>
<td>24</td>
<td>120</td>
</tr>
<tr>
<td>Dove Dark Chocolate Hearts</td>
<td>6 pieces</td>
<td>25</td>
<td>220</td>
</tr>
<tr>
<td>Godiva Chocolates</td>
<td>3 pieces</td>
<td>24</td>
<td>220</td>
</tr>
<tr>
<td>Hershey's Kisses</td>
<td>5 pieces</td>
<td>14</td>
<td>112</td>
</tr>
<tr>
<td>Hershey's Hugs</td>
<td>5 pieces</td>
<td>13</td>
<td>116</td>
</tr>
<tr>
<td>Peeps Marshmallow Heart</td>
<td>3 pieces</td>
<td>28</td>
<td>110</td>
</tr>
<tr>
<td>Valentine's M&amp;Ms</td>
<td>20 pieces</td>
<td>10</td>
<td>68</td>
</tr>
<tr>
<td>Tiramisu</td>
<td>1 slice</td>
<td>43</td>
<td>492</td>
</tr>
<tr>
<td>Chocolate Lava Cake</td>
<td>1 cup</td>
<td>114</td>
<td>640</td>
</tr>
<tr>
<td>Red Velvet Cupcake With Frosting</td>
<td>1 cupcake</td>
<td>62</td>
<td>497</td>
</tr>
<tr>
<td>Chocolate Dipped Strawberries</td>
<td>1 strawberry</td>
<td>9</td>
<td>73</td>
</tr>
<tr>
<td>Fudge Brownie</td>
<td>1 brownie</td>
<td>76</td>
<td>570</td>
</tr>
<tr>
<td>Chocolate Cake</td>
<td>1 slice</td>
<td>75</td>
<td>506</td>
</tr>
<tr>
<td>Reese's Peanut Butter Heart</td>
<td>1 heart</td>
<td>18</td>
<td>170</td>
</tr>
<tr>
<td>Ferrero Rocher</td>
<td>2 balls</td>
<td>11</td>
<td>140</td>
</tr>
</tbody>
</table>
Can Bariatric Surgery Cure Your Diabetes?

What to Do if You Get the Flu

Weekly eNewsletter

February 15, 2018
The more carb, the higher and more unstable the blood sugars. High blood sugars are not without consequences.

It's sweet, but it isn't worth it.
Every 30 seconds, a leg is amputated due to diabetes.
Four Facebook posts about diabetes:

- Judy Simmons Osnapas: 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.

- Sandhiran Sundrasan: Change your lifestyle and free from diabetes...naturopathic and yoga only way..

- Woden Padgett: Losing weight and eating better will help.

- Delano Sabajo: Sue the food suppliers contributing to this health problem.
Consequences of Poor Diabetes Management

Diabetes is leading cause of new cases of blindness for 20-74

Stroke and heart attack – 38%
Blood pressure – 75%

ESRD – 44% of new cases are with diabetes

Loss of sensation in hand and foot 60-70%

12-15% with diabetic foot ulcer
This is diabetes.

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.

• 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.


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
People with type 1 diabetes are 2.5 times more at risk for an eating disorder.
Why higher risk?

Feels betrayed by body with diagnosis of diabetes.

Emphasis on food and dietary restraint.

Society setting “food rules” for people with diabetes.

Diabetes management focuses on numbers.
  • Patient judges self being “good” or “bad” based on eating patterns or blood glucose level.

Belief that you “ate your way into diabetes”.

Weight gain/higher BMI, result from intensive insulin therapy.

Temptation factor
  • Easy availability of deliberate insulin omission to control weight.

Effect of diabetes on self-concept, body image, and family interactions.

Family dynamics involving autonomy and independence concerning diabetes self-management.


This presentation is the property of the presenter, do not duplicate without permission.
ED Screening Tools for Diabetes Patients

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

SCOFF

This presentation is the property of the presenter, do not duplicate without permission.
Some examples of questions specifically related to diabetes:

<table>
<thead>
<tr>
<th>Question</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel fat when I take all of my insulin.</td>
<td>Other people tell me to take better care of my diabetes.</td>
</tr>
<tr>
<td>After I overeat, I skip my next insulin dose.</td>
<td>* ADD the total score = greater than 20 is clinically significant.</td>
</tr>
</tbody>
</table>

**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 ≥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.
- 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.
Average A1C in Eating Disorders and Diabetes

- Omit Insulin Never to Rarely
- Omit Insulin Sometimes
- Omit Insulin Often
- Omit Insulin Usually
- Omit Insulin Always
DEPS-R Scores of Patients

- DEPSR Scores for Keeping BG High to Lose Weight
- Feel Fat When Take All of Insulin

32 Total Patients
Eating Disorder Diagnosis
“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

This presentation is the property of the presenter, do not duplicate without permission.
Social Media Resource

bodyposibetes
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 heytiffanyroe, thediabeticdragon, pumppeelz + 7 more

Diabetes  BPB  Resources  Quotes  LOL  Representa...
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.

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!!
Lauren Newman, RD, LD
Medical & Health
鸸 Eating disorder & diabetes expert
🌠 Weight inclusive HAES dietitian
📍 Virtual & in person counseling - Houston, TX
🌟 Accepting new clients
laurennewmanrd.com/instagram

Followed by ontrackdiabetes, bodypositives, heytiffanyroe + 16 more
**Low Carb + Type 1: The Reality**

1. You can’t remember the last time you actually ate this & don’t know how to dose for it
2. You’re maybe a little unwilling to admit how much you ate & underestimate your dose
3. You’re over exaggerating how much you ate because this feels scary so you overdose

Lauren Newman, RD, LD

---

How does Type 1 Diabetes Affect Relationship With Food?

Need to be aware of carbs, labels, movement, insulin, etc...

Sometimes necessary to override hunger & fullness cues to manage BG

Belief that insulin causes weight gain

Burnout

Lack of amylin (a satiety hormone, also produced by beta cells)

Pressure to eat “good” in order to be “good”

Difficulty accepting a body that “doesn’t work”

Lauren Newman, RD, LD

---

Liked by t1doubleampersand and 442 others

gofeedyourself_: If you have diabetes and you’re feeling out of control around carbs, you’re not alone. Low carb diets are often preached as THE solution to manage blood sugars and “gain control” of your eating, but I’ve seen them cause more problems than they solve.

The good news: there is a way to break this cycle and feel less crazy around food WITHOUT restriction! I work 1:1 with clients every day to break this cycle and learn to manage eating & blood sugars with intuition.

---

Liked by heytiffanyroe and 402 others

gofeedyourself_: Today is world diabetes day, and for those of you who have been around for a while you know that the intersection between T1D and EDs is something I care a heck of a lot about.

Someone with type 1 diabetes is 2.4 times more likely to develop an eating disorder than someone without type 1. The graphic above is why. T1D has the
Graduate School Research

Diabetes Daze: How Adolescent Patients are Affected by Messaging

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

This presentation is the property of the presenter, do not duplicate without permission.
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
#1 Listen

- 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.
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.
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

This presentation is the property of the presenter, do not duplicate without permission.
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 my 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.
• 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 Behaviors

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


This presentation is the property of the presenter, do not duplicate without permission.
This presentation is the property of the presenter, do not duplicate without permission.
Contact Me

www.QuinnNystrom.com
quinn@datelinediabetes.org

Follow me @QuinnNystrom:

This presentation is the property of the presenter, do not duplicate without permission.