

# DIABULIMIA

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Non-Diet \* Body Image Coach

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# Who am I???

- Registered Dietitian since 2006
- Volunteered at NEDIC during my undergrad
- Worked in Child and Adolescent Eating Disorder outpatient program at Hotel Dieu Hospital in Kingston, ON
- Moved from Kingston to Durham Region and worked at Charles H. Best Diabetes Centre in Whitby- a type 1 diabetes centre.
- Currently teach at Humber College, Guelph-Humber University
- Have a private practice that I see clients virtually or in office Port Perry, ON
- Blog, guest speak, working on a podcast....all from a non-diet, HAES perspective



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# Agenda:

- 1. Quick Review of Type 1 diabetes
- 2. What is Diabulimia?
- 3. Reducing the risk
- 4. Possible treatment ideas
- 5. Where do we go from here?



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# Type 1 diabetes: Diagnosis

- Pancreas has an inability to make insulin
- Often see significant weight loss at diagnosis
- Can lead to positive comments about weight loss in some
- Initiation of insulin starts immediately
- Weight will increase



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# Type 1 diabetes: Initial Education

- Injections- go in subcutaneous tissue-> fat tissue
- Meetings with RD to discuss intake of carbohydrates
- Carbohydrate Counting-> match insulin to food intake
- Frequent weight monitoring at beginning of diagnosis

Lots of focus on *body and food*



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# Type 1 diabetes: Continued monitoring

- Frequent weighing: recommendations are every 3 months
- Frequent injection site checking: common sites are abdomen and buttocks
- Frequent review of food records: assessing carb counting ability
- Diabetes is a life long condition, therefore all of these things are being monitored as long as a client is being seen by a medical team for their diabetes



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# Type 1 diabetes and Eating Disorders

Stats from JDRF

- nearly 1 in 5 children with T1D, and 1 in 4 females, show signs of disturbed eating behaviour.
- Estimated that 6 to 7% of people with T1D will have diabulimia

If you work in Diabetes I can almost guarantee you have at least one client with Diabulimia....



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# What is Diabulimia

- Not a diagnostic term- more of a popular coined term
- Means to “purge calories by omitting insulin”
- No definitive markers for “diagnosis”
- Skip or decrease insulin doses at meal times
- Diagnosis is very difficult



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# What to look for

- Increased HbA1c -> over 9% should start to wave flags
- Weight loss when appears to be eating normal or larger amounts of foods (for individual)
- Secretive injections
- Less rapid acting insulin being used
- Ketones
- Similar symptoms to diagnosis-> increased thirst, increased urination
- Issues such as retinopathy at an earlier age than expected



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# What to look for

- Remember that they can become used to running at higher blood sugar levels
- Negative self talk or body talk
- Refusal to self monitor blood sugars or doing in private (milk)
- Time of year (prom season or prior to summer)



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# Treatment

- Normalize insulin usage-> not “perfect diabetes”
- Bring down blood sugars slowly
- Normalize eating patterns
- Work on body image-> how do they view their bodies with diabetes
- Multi-disciplinary team that includes ED and Diabetes professionals
- Family based treatment- both ED and T1D are disease that affect the whole family



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# Reducing the Risk

- Language! What we say at appointments and especially at diabetes diagnosis
- Look for warning signs of chaotic eating
- Look for body checking or attempts at weight loss
- Talk about injection sites differently



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# Reducing the Risk

- Look out for fat stigma or weight bias in the family
- Don't forget to check other members of your team for weight bias as well
- Advocate for your diabetes centres to be more aware of fat stigma and work to create safer spaces



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# Where do we go from here?

- Bring more awareness to the risk of Diabulimia in clinics.
- Do not just assume that high blood sugars is an “acting out” for having diabetes
- Talk about bodies!! How do they feel?? How do they feel about their body in clinic?  
At home? In school/work? When alone??



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# Where do we go from here?

- Clients need a team that has a through understand of both T1D and ED
- Funding for both is not great and getting providers “fluent” in both might be difficult
- Be willing to consult out if needed or bring the 2 teams together



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# Recap

- T1D is an autoimmune disease that usually has significant weight loss at diagnosis and subsequent weight gain upon the initiation of insulin
- Lots of focus on food and the body in diabetes
- Behaviours can be harder to pick up quickly in those not looking for it
- In treatment should work towards “good” diabetes not “perfect”
- Need a treatment team that knows about T1D and ED



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# Find me at

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