

# Eating Disorders: Diabulimia

**Description:** This unit deals with diabulimia eating disorder. The unit provides a description of diabulimia and discusses its epidemiology, signs, symptoms, causes and health consequences. Readers will be familiarized with terminology and specialized vocabulary concerning diabulimia through language tasks and activities.

## 13.1 Diabulimia: Overview and Epidemiology

Diabulimia is a media-coined term that refers to an eating disorder in a person with diabetes, typically type I diabetes, wherein the person purposefully restricts insulin in order to lose weight. Some medical professionals use the term ED-DMT1, Eating Disorder-Diabetes Mellitus Type 1, which is used to refer to any type of eating disorder interacting with type 1 diabetes.

With the intense focus on food, labels, numbers (weight, blood glucose, A1c) and control, plus the many disruptions that occur in a person's metabolic system, we know that diabetes is a high risk factor for developing an eating disorder.

Thus, a person may develop diabulimia or ED-DMT1 at any age and at any point after their diabetes diagnosis. Sometimes it begins with body image issues or a desire to lose weight, and sometimes it begins as diabetes burnout.

Regardless of how it begins, treatment can be challenging as individuals with type 1 diabetes tend to show higher dropout rates and poorer treatment outcomes than other patients. Treatment regimens must address both the diabetes and eating disorder aspects of the disorder.



Diabulimia and weight fluctuations.



## Terminology & Specialized Vocabulary (13.1)

- diabulimia
- purposefully
- disruption
- blood glucose
- treatment
- outcome
- regimen

### 13.2 Diabulimia: Signs and Symptoms

The emotional and behavioral signs and symptoms of diabulimia are as follows:

- increasing neglect of diabetes management
- secrecy about diabetes management
- avoiding diabetes related appointments
- fear of low blood sugars

- fear that “insulin makes me fat”
- extreme increase or decrease in diet
- extreme anxiety about body image.

Diabulimics often restrict themselves from certain food or food groups to lower insulin dosages and they avoid eating with family or in public. They experience discomfort testing or injecting in front of others and they follow overly strict food rules. Diabulimics have preoccupation with food, weight and/or calories and often turn to excessive and/or rigid exercise. Withdrawal from friends and/or family activities as well as depression and/or anxiety are characteristic signs of diabulimia.

The physical signs of diabulimia are summarized as follows:

- A1c of 9.0 or higher on a continuous basis
- A1c inconsistent with meter readings
- unexplained weight loss
- constant bouts of nausea and/or vomiting
- persistent thirst and frequent urination
- multiple DKA or near DKA episodes
- low sodium and/or potassium
- frequent bladder and/or yeast infections
- irregular or lack of menstruation
- deteriorating or blurry vision
- fatigue or lethargy
- dry hair and skin.



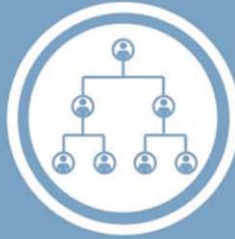
### Terminology & Specialized Vocabulary (13.2)

- persistent
- constant bouts
- nausea
- vomiting
- thirst
- urination
- bladder
- infection
- blurry vision
- fatigue

### Risk Factors of Diabulimia



Type 1 diabetes



Family history



Mental illness



Trauma

Risk factors of diabulimia.

### 13.3 Diabulimia: Short-term Health Consequences

Slow wound healing - high blood sugar causes poor circulation, decreases the function of red and white blood cells, and damages small blood vessels; all of which delay wound healing and can sometimes progress into an ulcer in a person with diabetes.

Staph and other bacterial infections – high blood sugar causes the body to produce certain enzymes and hormones that negatively affect the immune system and reduce the body’s defense against infection. This risk of infection plus slowed healing heighten a person’s chance of developing gangrene, sepsis or a bone infection.

Yeast infections – excess sugar allows the overgrowth of yeast, often in the vaginal area.

Muscle atrophy – without insulin, the body cannot utilize food and cells begin to starve so the body begins to break down muscle for fuel.

Menstrual disruption – without sufficient nutrition, a woman’s estrogen levels fall which can keep menstruation from starting, or cause it to become irregular or stop completely; also when a woman’s body senses starvation it will cease reproduction to conserve energy.

Severe dehydration – insulin deficiency puts the body into a state of starvation causing it to break down tissues to create ketones to use as fuel; in an attempt to expel the ketones in the urine the body ends up dispelling too much fluid.

Electrolyte imbalance – as the kidneys extract sugar and ketones to expel with urine, they also extract sodium and potassium which can lead to an extreme electrolyte balance, especially when combined with vomiting which often occurs with high ketone levels.

Diabetic Ketoacidosis – people with type 1 diabetes will develop dangerous levels of ketones faster than others because the body needs insulin to transport ketones from the bloodstream into cells; without insulin, the ketones build up in the bloodstream faster than the kidneys can remove them causing the blood to become acidic. Not only does the acidic blood damage blood vessels, nerves and organs, but even a minor alteration in a person’s blood pH can cause organ systems to shut down resulting in coma and sometimes death.

### 13.4 Diabulimia: Long-term Health Consequences

Retinopathy - small black spots or “floaters” disrupting a person’s vision; the bleeding may be stopped with treatment, but persistent or recurrent retinopathy can eventually lead to blindness.

Macular Edema – swelling of the eye ball from excess fluid; if untreated it can eventually cause permanent damage to the eye.

Peripheral Neuropathy – stabbing/burning/tingling pain, weakness or numbness in the hands, feet, legs and/or arms.

Gastroparesis – slowed stomach emptying from damaged nerves preventing proper digestion and causing stomach pain, nausea and vomiting.

Vasovagal Syncope – malfunction of the nervous system in response to stress or position change causing a sudden drop in blood pressure and heart rate and sometimes fainting.


Chronic diarrhea or constipation – when nerves that control the intestines and colon are damaged, a person may experience abnormal fluid absorption or slowed motility.

Liver disease – Although the specific mechanism is not well understood, we know that insulin deficiency results in non-alcoholic fatty liver - too much fat accumulated in the liver coupled with inflammation; in severe cases it can progress to cirrhosis and liver failure.

Kidney disease – High blood sugars make the kidneys work excessively hard causing damage to the kidneys filtering system. Kidneys begin leaking protein into urine and lose their ability to remove waste products and excess fluid allowing waste and fluid to build up in the body; it can eventually lead to kidney failure requiring frequent dialysis or kidney transplant.

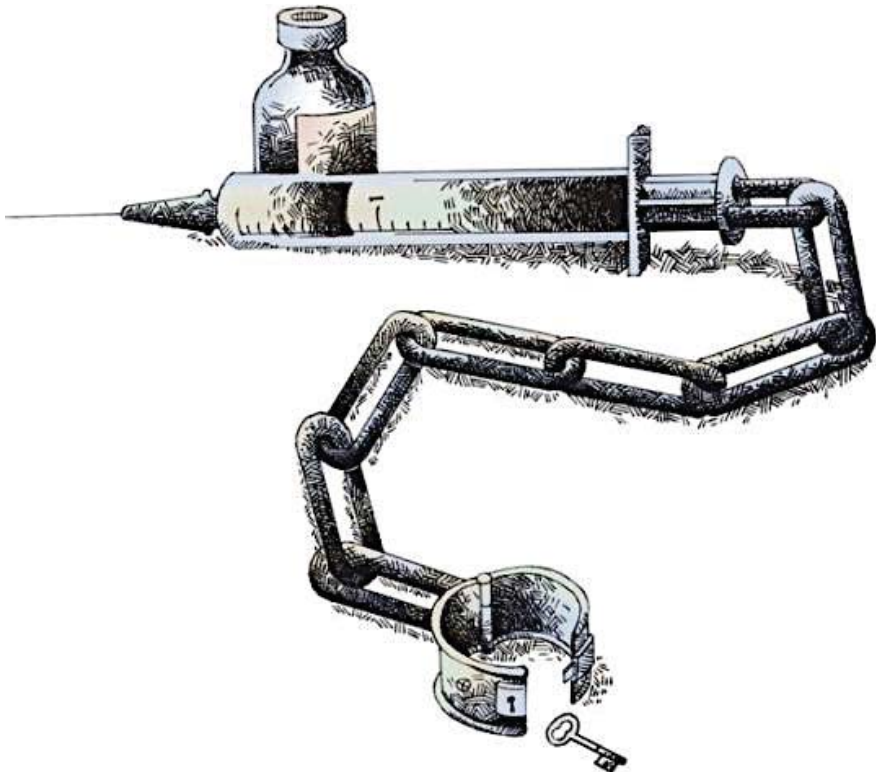
Heart disease – hardening and narrowing of the arteries from high cholesterol. Many of the above consequences can become fatal - sometimes over time such as kidney or heart disease and sometimes very quickly such as diabetic ketoacidosis.

Coma, Stroke, Death



## Terminology & Specialized Vocabulary (13.3-13.4)

- wound healing
- bacterial infection
- yeast infection
- numbness
- muscle atrophy
- menstrual disruption
- kidney
- stroke
- constipation
- immune system
- conserve
- liver
- fatal
- alternation
- intestines



Diabulimia & Insulin-dependence.





### Activity 3: Replace the underlined words with synonyms

Diabulimia is a media-coined term that refers to an eating disorder in a person with diabetes, typically type I diabetes, wherein the person purposefully restricts insulin in order to lose weight. Some medical professionals use the term ED-DMT1, Eating Disorder-Diabetes Mellitus Type 1, which is used to refer to any type of eating disorder interacting with type 1 diabetes. With the intense focus on food, labels, numbers (weight, blood glucose, A1c) and control, plus the many disruptions that occur in a person's metabolic system, we know that diabetes is a high risk factor for developing an eating disorder.



### References

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