

Eating Disorders and Type 1 Diabetes at Center for Change

Questions & Answers

Q. Do you have the ability to treat patients in severe Diabetic Ketoacidosis (DKA)?

A. Upon admission to Center for Change labs are drawn STAT and on-site labs quickly evaluate metabolic stability. Mild to moderate DKA may be treated at Center for Change. If a patient is found to be in severe DKA they are transported to a nearby medical facility to receive appropriate medical care and metabolic stabilization before returning to Center for Change.

Q. What type of dietary guidelines are followed for patients with diabetes and eating disorders?

A. The meals and snacks provided for all patients are a balance of carbohydrates, proteins, and fats. Therefore, patients with type 1 diabetes are not singled out or treated differently; they are given the same meals and snacks as other patients. However, diabetes patients do have dietary options available to them that are different. Carbohydrate counts for all foods are provided. Patients may choose carbohydrate-free snacks at times, especially if blood sugar levels are above the desired target, or additional quick acting carbohydrates are needed to treat low blood sugar. Opportunities are provided during the week with less structure and support to evaluate recovery-minded eating behaviors. Patients are able to make their own food choices and dish their own portion sizes. Registered Dietitians and 24-hour nursing is available to assist patients with all aspects of diabetes care.

Q. What screening or evaluation tools do you use to identify patients with eating disorders and type 1 diabetes who may benefit from more intensive treatment?

A. Patients with Type 1 Diabetes are specifically evaluated using the Diabetes Eating Problem Survey-Revised (DEPS-R) - Markowitz, J., Butler, D., Volkening, L., Antisdel, J., Anderson, B., Laffel, L., a brief screening tool for disordered eating in diabetes. DIABETES CARE, vol. 33, number 3, MARCH 2010; The Eating Attitudes Test; and the Diagnostic Survey for Eating Disorders - Diabetes Spectrum, 22, 143-146, 2009. Other assessment measures are also used to determine the functioning, status and needs of each patient regarding emotional, mental, physical, social, and spiritual wellness.

Q. When would someone with type 1 diabetes benefit from the intensive treatment program at Center for Change beyond the care provided by an outpatient diabetes treatment team?

A. Often times patients with ED-DMT1 have a difficult time overcoming the cycle of engaging in eating disorder behaviors, including omitting insulin, without the combined efforts of an expert and kind treatment team and 24-hour monitoring and support. On admission to Center for Change patients often feel relief that they will be safe, and that the burden of responsible care is now shared with a qualified team of healthcare professionals. Initially, all diabetes care is provided by medical and nursing staff. As the patient begins the treatment process, they need safety, security, and structure. As they progress, they become more confident, independent, self-respectful, and healthy.

Q. How do you evaluate progress in a recovery facility where certain self-destructive behaviors are not tolerated?

A. Patients self-report and observed behavioral indicators are a part of the assessment process. The DEPS-R tool is also used to evaluate how a patient would self-report behaviors if they were not in treatment. HgbA1 levels are done monthly to evaluate improved glucose control and used to help motivate patients to continue healthy behaviors. In addition, the CDE administers the Diabetes Knowledge Assessment tool upon admission, and throughout the treatment stay, to evaluate the patient's understanding of illness, and willingness and ability to manage it.

Q. How do you manage some of the challenges that may come from treatment/insulin initiation?

A. A multi-disciplinary team approach helps to address the variety of challenges someone may face during treatment. When someone with diabetes has been omitting insulin for a long period of time, diabetes complications can worsen. Edema and treatment-induced neuropathy commonly are the most challenging consequences of re-introduction of insulin. A strong medical team and referred specialists are used at Center for Change to help patients cope with the challenges and complications of ED-DMT1 treatment.

Q: How do you treat symptoms of and/or potential for re-feeding syndrome?

A: On admission a full history and physical is completed by a medical provider where STAT labs and EKG are evaluated. Registered dietitians closely monitor, calculate, and adjust appropriate calories and fluid intake levels for each patient. Labs are frequently evaluated for abnormal electrolytes at an on-site lab. Close monitoring of fluid intake and output, lung and edema checks, vital signs, as well as mental status are part of evaluating for re-feeding syndrome complications. Treatments with electrolyte replacement and other medications are used as needed. Medications such as Spironolactone are used to prevent and treat symptoms of edema (Pseudo-Bartter's Syndrome).

Q: How often do medical staff meet with patients?

A: Throughout Inpatient treatment, medical staff meet with each patient six times per week. These staff include but are not limited to: Endocrinologist, CDE, Nurse Practitioner, and MD/Psychiatrist. There is an on-call medical provider available at all times, and registered nurses are on each unit 24 hours per day, 7 days per week.

