

Title: *Eating Disorders and Type 1 Diabetes: Strategies to Navigate This “Perfect Storm”*

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Credit: One (1) Continuing Education Credit Awarded

Post-Test (For reference only. You must take and pass the test online for CE credit.)

1. Which of the following disordered eating behaviors have been reported by patients with type 1 diabetes?
 - a. Eating smaller portions because of a fear of weight gain
 - b. Singling out “safer” foods in a compulsive way, especially in patients also faced with obsessive compulsive disorder (OCD)
 - c. Episodes of binge eating
 - d. All of the above
2. Exercise is considered standard of care and part of a diabetes management program. Signs of this component of care progressing to an extreme extent include which one of the following?
 - a. Walking in the park together with a loved one for 10 minutes a day in the warm months of the year
 - b. A round of miniature golf
 - c. Setting rigid goals for physical activity to be executed and adhered to with little regard to other daily activities
 - d. Physical therapy during rehabilitation from an injury
3. One abnormal behavior unique to patients with diabetes who are challenged with eating disorders is
 - a. Insulin omission as a form of purging to cause unhealthy weight loss
 - b. Misuse of laxatives
 - c. Abuse of diuretics
 - d. Abuse of diet pills
4. Which of the following pairs of circumstances may signal the presence of an eating disorder, requiring in-depth evaluation in patients with type 1 diabetes?
 - a. Episode of diabetic ketoacidosis (DKA) associated with appendicitis; Hypoglycemia on the ski slopes treated and reversed with oral carbohydrate
 - b. Recurrent episodes of DKA; recurring hypoglycemic seizures
 - c. Influenza causing dehydration and requiring ER care with IV fluids; Femoral fracture while snowboarding necessitating surgery and associated with elevated blood glucoses for 3 days
 - d. Increased nocturnal urination; increased thirst interrupting daily routines
5. Comorbid conditions which may affect and complicate therapy for patients with type 1 diabetes and eating disorders include
 - a. Obsessive compulsive disorder (OCD)
 - b. Depression
 - c. Post-traumatic stress disorder (PTSD)
 - d. All of the above
6. Which of the following statements describes the scope of the “perfect storm” (type 1 diabetes and eating disorders)?
 - a. Males with type 1 diabetes are excluded from having eating disorders
 - b. Eating disorders and disordered eating behaviors appear to be more prevalent in individuals with type 1 diabetes compared to their peers
 - c. Eating disorders combined with type 1 diabetes often resolve without treatment
 - d. Disordered eating behaviors rarely persist when associated with type 1 diabetes
7. Poorly-controlled type 1 diabetes can lead to serious short-term consequences, the risk of which worsens when eating disorders are also present. These include:
 - a. Hospitalization for episodes of diabetic ketoacidosis (DKA)
 - b. ER visits for treatment of hypoglycemic seizures
 - c. Absence from work and educational opportunities
 - d. All of the above
8. Possible reasons why Type 1 Diabetes and Eating Disorders may be linked include all of the following EXCEPT
 - a. Extensive genetic studies confirming an inherited cause
 - b. Persistent focus on food
 - c. Imprecise and imperfect insulin replacement after patients present with catabolic weight loss
 - d. Unrealistic metabolic goals sometimes expected and expressed by both medical providers and patients
9. Which of the following is not a component of the treatment approach to those affected by type 1 diabetes and eating disorders?
 - a. Multidisciplinary team, including therapists, dietitians and diabetes providers
 - b. A climate of healing and rebuilding
 - c. A “New Beginning” or “Fresh Start” philosophy
 - d. Direct confrontation of patients by team members and identification of bad glucose levels, caused by non-compliance
10. The intertwining of an eating disorder with type 1 diabetes mellitus magnifies both the challenges of treatment, but also the rewards on the road to recovery, as patients and providers collaborate, cooperate and celebrate successes.
 - a. True
 - b. False