



**Title:** Diabetes and Eating Disorders: Not Just “Diabulimia”

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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 statements is true?
  - a. Eating disorders are more common in women with Type 1 Diabetes than in the general population.
  - b. Type 1 diabetes triggers eating disorders because of the necessary restrictive meal plans.
  - c. All people with Type 2 diabetes are likely to have binge eating disorder.
2. Type 1 Diabetes is an auto-immune condition that results in \_\_\_\_\_.
  - a. Insulin production loss of the pancreas.
  - b. The pancreas to produce insulin.
  - c. The cells of the body to be resistant to insulin.
3. Who is the most at risk for developing an eating disorder?
  - a. 16 yr old male athlete
  - b. 13 yr old female with type 1 diabetes
  - c. 40 yr old female who is overweight
4. A medical concern related to Anorexia and diabetes is
  - a. Low lipid levels
  - b. High potassium
  - c. Hypoglycemia
5. A medical concern related to Anorexia independent of diabetes is
  - a. Permissive hyperglycemia
  - b. Low heart rate
  - c. High blood pressure
6. A medical concern related to Bulimia that may be exacerbated by diabetes treatments is
  - a. Edema
  - b. Tachycardia
  - c. Esophagitis
7. Electrolyte changes that are the most common as a result of purging behaviors include:
  - a. Low potassium
  - b. Low sodium
  - c. Alkalosis
  - d. All of the above
8. What condition suggests an increased risk for the development of components of the metabolic syndrome?
  - a. Anorexia
  - b. Bulimia
  - c. Binge Eating disorder
  - d. OSFED
9. What is a unique way someone with Type 1 Diabetes and an eating disorder could purges calories?
  - a. Self-induced vomiting
  - b. Over exercise
  - c. Insulin omission
  - d. Laxative use
10. Diabetes specific management suggestions include:
  - a. Use examples of other diabetes patients and related diabetes complications to help motivate patients to work toward improved glucose management.
  - b. Often encourage patients with eating disorders and diabetes to “just eat” and “take your insulin.”
  - c. Use language that limits judgment; i.e. glucose check or value instead of test.