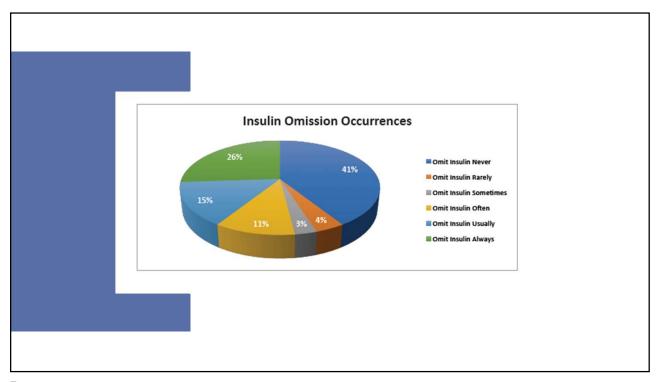
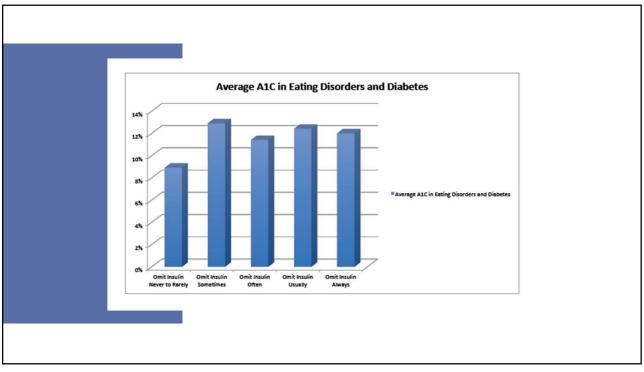
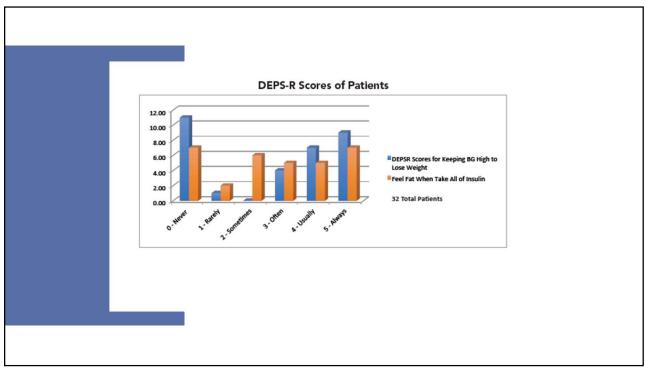


PURPOSE/METHODS

- Reviewed charts of the past 27 patients with type 1 diabetes who have been admitted into 24-hour care at Center for Change.
- Analyze Diabetes and Eating Problem Survey -Revised (DEPS-R) scores to determine frequency of insulin omission.5
- Analyze HbA1c levels according to reports of insulin omission. This
 analysis will help determine percentage of patients with diabetes
 and eating disorders who omit insulin for weight loss.
- There in theory may be many patients with diabetes and eating disorders who go unrecognized since they do not omit insulin for weight loss or have a high HbA1c.







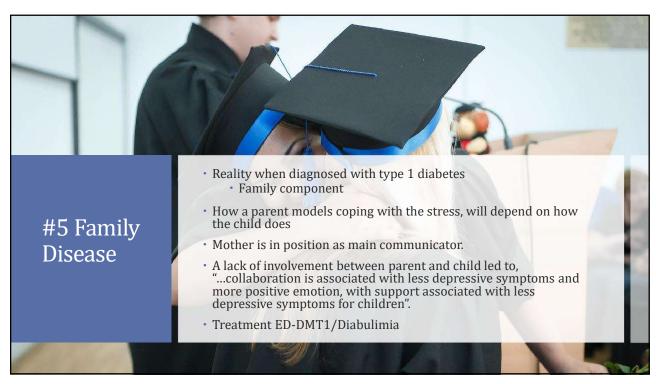
#3 Eating disorders are not a choice

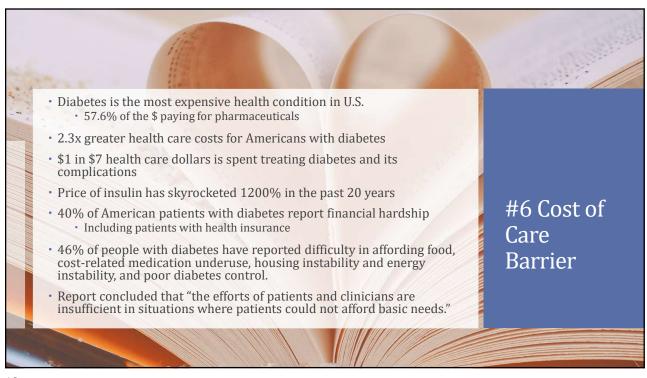
- Caused by both genetic and environmental factors
- They're not a lifestyle choice
- Not about willpower
- Talking about them doesn't make people more likely to get diagnosed

#4 Profile of someone diagnosed can vary

- 58% of type 1 diabetes cases were diagnosed when individuals were aged 30 years or younger
- Approximately 1 out of every 10 person with an eating disorder is male
- 1/3 of females will restrict insulin to lose weight
- 1/6 of males will restrict insulin to lose weight
 - Men not studied broadly
- Binge eating disorder affects 50% women and 50% men, but this is primarily with Type 2 diabetes

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#7 There is no cure

- There's no past tense with this co-morbidity
- Ongoing triggers
- No cure for diabetes

Communication Tips

- 1. No judgement or blame (on them or you)
- 2. Avoid diet talk
- 3. Don't be the food police
- 4. Avoid body-focused compliments
- 5. Educate yourself
- 6. Avoid talk of numbers
- 7. It's not just about weight and appearance
- 8. You can't force someone to get help

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Treatment and Recovery: it's a process



MULTIDISCIPLINARY TEAM



DIABETES INFORMED TREATMENT COMBINED WITH



STANDARD ED TREATMENT TECHNIQUES/THERAPIE



PERFECTIONISM – ATTAINABLE GLUCOSE TARGET GOALS

