



*“Current Practices in Residential Treatment of Co-Occurring Eating Disorders and Type 1 Diabetes”*

Megan Austin, MS, RD

**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 is a purging behavior unique to those with type 1 diabetes?
  - A. Vomiting
  - B. Insulin omission
  - C. Laxative use
  - D. Exercise
  
2. Which of the following is NOT a warning sign of an eating disorder in someone with type 1 diabetes?
  - A. Decrease in HbA1c
  - B. Repeated episodes of diabetic ketoacidosis (DKA)
  - C. Absence of menstruation
  - D. Excessive exercise and hypoglycemia
  
3. Which type of qualitative data analysis approach was used in the research presented?
  - A. Biography
  - B. Phenomenology
  - C. Grounded Theory
  - D. Case study
  
4. Which type of meal plans were most commonly used by the facilities who participated in the research?
  - A. Intuitive meal plans
  - B. Plate method
  - C. Exchange-based meal plans
  - D. Calorie counting
  
5. Identify one advantage to using diabetes technology in a residential treatment setting (i.e., insulin pumps, continuous glucose monitors, etc.)
  - A. More complete blood glucose information
  - B. Increased need for finger sticks to check blood glucose
  - C. Less flexibility with eating
  - D. Additional staff training may be needed
  
6. Which of the following was reported as an area for improvement by the clinical nutrition managers who were interviewed?
  - A. Individualized approach to patient care
  - B. More education
  - C. Less documentation
  - D. No need for improvements – everything is great!

7. What is the life-threatening condition that can result from untreated high blood glucose levels?
- A. Insulinemia
  - B. Hypoglycemia
  - C. Euglycemia
  - D. Diabetic ketoacidosis
8. What is a potential advantage of utilizing Intuitive Eating® philosophies for patients with ED-DMT1?
- A. Eating dictated by blood glucose levels
  - B. Higher HbA1c
  - C. Worse glycemic control
  - D. Less emotion-driven eating
9. Which of the following was **NOT** suggested as a potential opportunity for staff education about ED-DMT1 treatment?
- A. Trial and error
  - B. Inservice trainings
  - C. Webinars
  - D. Professional conferences
10. Which type of clinician was reported to currently be primarily involved in diabetes education?
- A. Diet technician
  - B. Behavioral director
  - C. Registered dietitian
  - D. Social worker