

# POTENTIAL STRATEGIES TO LOWER THE BURDEN OF ANXIETY AND DEPRESSION IN PEOPLE WITH DIABULIMIA; A LITERATURE REVIEW

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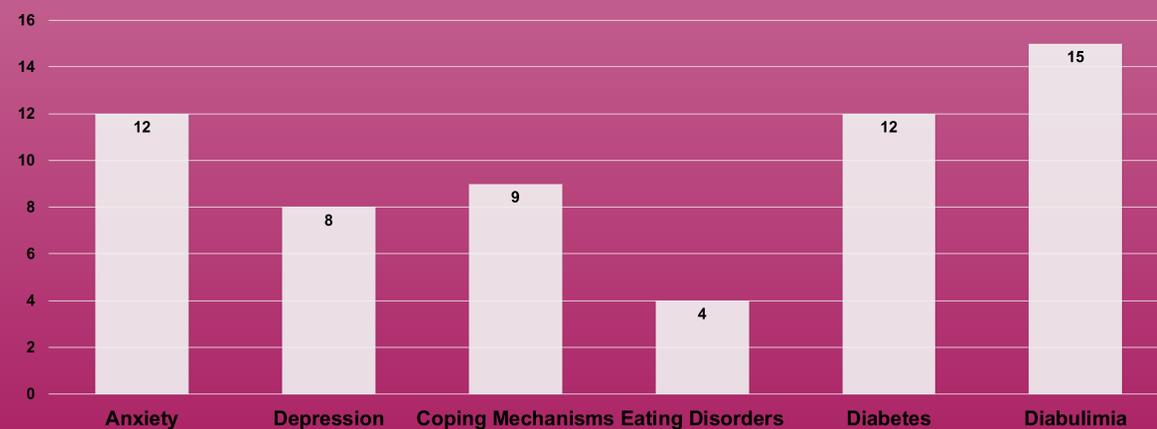
## Introduction

- The population of people with type 1 diabetes is growing rapidly, and it is uniquely primed for the development of eating disorders due to necessary preoccupations with the nutritional content of food and precise measurements of serving sizes. In addition, they may be prime for mental health disorders.
- Much of the distress people experience is greatly impacted by their perception of and approach to the presenting problem. Coping mechanisms are developed and integrated to help people handle stressful situations as they occur.
- Various methods of coping exist, with some being objectively helpful and some objectively harmful. Additionally, methods of coping have been studied and evidence has been gathered to support the greater efficacy of certain strategies when compared to others.
- Despite the importance of understanding the significant effects that coping skills have on health outcomes, there is lack of empirical research on how coping strategies influence anxiety and depression of people with diabulimia.
- The aim of this poster is to present the most relevant literature findings on the topic of diabulimia, coping skills, depression and anxiety.
- In addition, it outlines a present study focusing on the difference in anxiety and depression levels between people with diabulimia who use problem-focused coping strategies and those who use emotion-focused coping strategies

## Results

- 49 articles were selected. They were perused, summarized, and coalesced into a comprehensive literature review.
- The major themes identified were the existing correlations between anxiety, depression and the population of people with diabulimia, as well as the effectiveness of various coping strategies for mitigating the distress associated with these conditions.
- Of the 49 articles selected, the majority reviewed were focused on diabulimia. See Graph 1 for full analysis.
- No current qualitative study addresses the specific role of coping strategies in the presence or severity of anxiety and depression in people with diabulimia.
- Several research gaps were identified and are further discussed in the discussion section of this poster.

Articles Reviewed, by Theme



Graph 1. Distribution of Articles Reviewed

## Methods

- This study consisted of a search for any literature identifying the themes of type one diabetes with comorbid eating disorders (diabulimia) or comorbid anxiety or depression, as well as different styles of coping mechanisms and their prevalence and efficacy within the populations of people with type one diabetes, diabulimia, other eating disorders, anxiety, and/or depression.
- Peer reviewed research journals and databases were searched for articles using the Keywords/phrases: “diabetes,” “type 1 diabetes,” “diabulimia,” “eating disorders,” “coping strategies,” “anxiety,” and “depression.”
- Hundreds of articles were produced by use of those key words and phrases, so the studies were reviewed to determine relevance to the current topic, planned research and most current (within the last 10 years).
- 49 articles were selected for further review and integration into the next phase of a study focused on understanding what is the difference in anxiety and depression levels between people with diabulimia who use problem-focused coping strategies and those who use emotion-focused coping strategies? Study is pending IRB approval.

## Discussion and Future Research

- People with type one diabetes are far more likely to develop an eating disorder than those who do not carry a T1D diagnosis. The findings range in specific numbers, but it is estimated that people with type 1 diabetes are 3x more likely than their peers to develop a diagnosable eating disorder.
- One study found that the prevalence of anxiety symptoms in people with type one diabetes is 60%, compared to a prevalence of 2.9% in the average adult American population. Similarly, the rate of depressive symptoms in people with T1D was found to be 53%, compared to 7% of average American adults.
- Depression is the most commonly diagnosed mental health concern in people with eating disorders.
- Based on the reviewed literature, there is ample evidence for the notion that different coping styles and strategies have a significant effect on both physical and mental health of people with diabulimia.
- Coping strategies can be categorized into two broad groups: problem-focused and emotion-focused (also sometimes referred to as active and passive, respectively.)
- Data shows that problem-focused coping strategies work towards changing objective outcomes, and so health outcomes such as emotional status, metabolic control, and overall adjustment are more likely to be better in patients with diabulimia when used.
- Some potential problem-focused strategies of consideration are: use of instrumental support, use of personal and intrapersonal resources, planning, and positive reframing.
- The literature review revealed that there have been no empirical research studies on effective coping strategies specifically in people with diabulimia and those who experience mental health concerns.
- With diabetes and eating disorders compounding one another in the population of people with diabulimia, it is rational to expect a much higher rate of anxiety and depression in this population. It also stands to reason that addressing mental health concerns may lead to both increased mental health and physical health outcomes in this population. Therefore there is a need to understand the role that coping styles present on people with diabulimia who experience, anxiety and/or depression.
- The subsequent phase of this research is a quantitative study that will be conducted using an anonymous online survey consisting of 4 brief measures collecting data on coping strategies, anxiety, depression, and disordered eating behaviors. Research participants will be self-selected through recruitment via internet posts, social media outreach, and online support groups. A power analyses identified 210 required participants to reach the appropriate effect size. Participation criteria will include: age 18+, a diagnosis of type one diabetes and diabulimia (experience omitting insulin), and fluency in English.
- Future research could demonstrate that use of adaptive coping strategies to address comorbid anxiety and depression will correlate with higher rates of diabulimia treatment and increased success in recovery.

## References

- Upon Request and attached