

ACADEMIC REVIEW FOR EATING DISORDERS IN TYPE 1 DIABETES

- Women with type 1 diabetes are 2.4 times more likely to develop an eating disorder than their non-diabetic peers. *Jones JM, et al. Eating disorders in adolescent females with and without type 1 diabetes: cross sectional study. BMJ. 2000;2000(320):1563–1566.*
- 31% of women reported intentional insulin restriction. Rates of restriction peaked in late adolescence and early adulthood. *Polonsky WH, et al. Insulin omission in women with IDDM. Diabetes Care. 1994;(17):1178–1185.*
- In adolescents with T1D, eating disorders and disordered eating syndrome were found in 15.9% of males. *Neumark-Sztainer D, et al. Weight control practices and disordered eating behaviors among adolescent females and males with type 1 diabetes. Diabetes Care. 2002;25:1289-1296.*
- Poor glucose control associated with diabulimia can provoke clinical depression. *Zhang X, et al. Depressive Symptoms and Mortality among Persons with and without Diabetes. American Journal of Epidemiology 2005;161:652-50*
- Diabetes related microvascular complications are 2.4-3.5 times more likely in type 1 diabetics with disordered eating and insulin omission. Microvascular complications include retinopathy, nephropathy (kidney disease), and peripheral neuropathy. *Rydall A, et al. Disordered Eating Behavior and Microvascular Complications in Young Women with Insulin-Dependent Diabetes Mellitus. New England Journal of Medicine 1997;336:1849-854.*
- After 10 years of follow-up, patients with anorexia nervosa had 6.5% mortality, those with type 1 diabetes had 2.5% mortality, and when combined the mortality rate rose to 34.8%. *Nielsen S, et al. Mortality in Concurrent Type 1 Diabetes and Anorexia Nervosa. Diabetes Care. 2002;25(2):309-312.*
- A majority of study participants endorsed disinhibited eating when they thought blood glucose was low; the frequency was then positively associated with weight-related insulin mismanagement. *Merwin, RM, et al. Disinhibited eating and weight-related insulin mismanagement among individuals with T1D. Appetite. 2014;81:123-130.*
- Among females, eating disorder psychopathology was significantly associated with illness perceptions and attitudes toward insulin. *Wisting, Line, et al. Adolescents with T1D – The impact of gender, age, and health-related functioning on eating disorder psychopathology. PLoS ONE. 2015;10(11):e0141386.*
- Individuals with type 1 diabetes showed higher dropout rates and poorer treatment outcomes than other patients, in spite of having no difference in psychopathology other than insulin mismanagement. *Custal, Nuria, et al. Treatment Outcome of Patients with Comorbid Type 1 Diabetes and Eating Disorders. BMC Psychiatry. 2014;14:140.*
- A review of insulin-treated T1D patients with a comorbid diagnosis of mental health disorder shows the use of continuous subcutaneous insulin infusion (pump use) varies widely and can have a positive impact on patients with eating disorders. *Prinz Nicole, et al. Insulin pumps in T1D with mental disorders: real-life clinical data indicate discrepancies to recommendations. Diabetes Technology & Therapeutics. 2016;18(1):34-38.*

