Diabetes continues to be a major health threat for millions of Americans who suffer from the debilitating disease and its medical complications. Those complications markedly increase when an individual with diabetes develops an eating disorder. In the medical field it is known as ED-DMT1 or ED-DMT2 (for Eating Disorder and Diabetes Mellitus Type 1 or Eating Disorder and Diabetes Mellitus Type 2).

Diabulimia refers to an eating disorder in which individuals with Type 1 diabetes manipulate their insulin (called insulin omission) in order to lose weight. Because of the extremely high blood sugar levels that occur as a result, diabulimia is potentially life threatening and contributes to more rapid development of diabetic medical complications. Type 1 or Type 2 diabetic patients may also engage in other more traditional eating disordered behaviors such as restricting, binging, purging and excessive exercise.

It is important to be familiar with the different types of eating disorders, signs and symptoms, and treatment options so you can steer your loved one to the help he or she deserves.

**Defining Eating Disorders**

There is never a single cause for the development of an eating disorder. Rather, it is a perfect storm of many factors that come together to affect an individual. People are especially vulnerable to developing eating disorders during transition periods, such as moving from middle to high school, experiencing a career change, divorce or ‘empty-nest’ syndrome. The three most common eating disorders are anorexia nervosa, bulimia nervosa and binge eating disorder.

- **Anorexia** is self-imposed starvation through food restriction rather than complete fasting. Individuals with anorexia are profoundly dissatisfied with their body size and shape and usually express a strong desire to lose weight.

- **Bulimia** is the repeated cycle of out-of-control eating large amounts of food followed by some form of purging. The purging associated with bulimia is typically self-induced vomiting, excessive use of laxatives or diuretics, or compulsive exercising. Individuals with bulimia are also dissatisfied with their body size and shape.

- **Binge eating disorder** is uncontrolled eating or bingeing followed by periods of guilt and depression. A binge is marked by the consumption of large amounts of food, sometimes accompanied by a pressured, “frenzied” feeling. Unlike bulimia nervosa, binge eating disorder does not involve purging, excessive exercise or other compensatory behaviors.

**Signs & Symptoms**

Research has shown that the earlier an eating disorder is diagnosed and addressed the more likely treatment will lead to sustained recovery. It is important to keep in mind that most individuals are secretive about their behaviors and may go to great lengths to keep their symptoms hidden. Below are some of the warning signs for the different eating disorders:

**Anorexia:**
- Thin and continues to get thinner
- Diets even though not overweight
- Preoccupied with food, calories, nutrition and cooking

**Bulimia:**
Engages in binge eating and cannot voluntarily stop
Uses the bathroom frequently after meals
Swollen parotid glands
Other gastrointestinal disturbance

_Binge eating disorder:_
Eats large amounts of food when not physically hungry
Turns to food as a way of coping with feelings
Eats rapidly or excessively throughout the day

**Diabetes and Eating Disorders**

Diabulimia has been around for over a decade but only recently caught the public eye and become commonly recognized. In 2009 a group of interested professionals gathered to begin a collaborative discussion about the phenomenology of the new condition.

Those struggling with diabulimia exhibit behavioral characteristics of bulimia. As mentioned above, individuals with bulimia purge their extra calories in a variety of ways such as vomiting, excessive exercising or using laxatives. Those with Type 1 diabetes restrict their insulin, either by failing to take shots or manipulating an insulin pump. This, in turn, causes sugars – and calories – to spill into the urine and results in rapid weight loss.

The dangers of insulin omission and other eating disordered behaviors in a diabetic are legion. Dyscontrol via the eating disordered behavior is added to an already dysregulated metabolic system, resulting in severe blood sugar variations, hyperglycemia and ketosis which can lead to death. Individuals engaging in these diabulimic behaviors increase the incidence of diabetes-related microvascular disease affecting the eyes, kidneys and heart.

**Treatment**

When deciding on the best course of treatment, it is important to select a program or combination of programs that specialize in treating the dual diagnosis of diabetes and an eating disorder. You should:

- Be familiar with the different levels of treatment: inpatient or residential facilities are the most comprehensive programs with 24-hour care. Day programs provide intense structure and support during the day and allow the patient to return home in the evening. Intensive outpatient services offer a structured group program for treatment in the evenings.
- Select a program that incorporates medical and nutritional management of diabetes while addressing and exploring the underlying aspects of the eating disorder. [The Renfrew Center](https://www.renfrewcenter.com) is one such nationally renowned eating disorder treatment facility that has an evidence-based, specialized Diabetes Program.
- Ensure the program coordinates individual, group and family therapies, and offers skills training and emotional and behavioral exposure opportunities to help your loved one gain the skills and confidence to address factors that contribute to both their eating disorder and poor diabetes management.

**Conclusion**

Diabetics face the reality of their medical situation every day. A diabetic who is also suffering from an eating disorder is facing a dangerous health issue that requires support and understanding of friends and family. Diabetes will remain a lifelong challenge but for the eating disorder full recovery is possible and can lead to a more robust and fulfilling life.

The opportunity for full recovery comes through knowledge of the signs and symptoms of an eating disorder and of the treatment options available. With motivation, dedication and a specialized treatment team, individuals can learn to manage of their diabetes while navigating their eating disorder recovery. For more information, visit [www.renfrewcenter.com](http://www.renfrewcenter.com), or call 1-800-RENFREW.

**About the Author:**

Susan Ice is Vice President and Chief Medical Officer of The Renfrew Center. She received her doctorate of medicine from Johns Hopkins University, completed her internal medicine residency at Tufts New England Medical Center in Boston and her psychiatry residency at Beth Israel Hospital in Boston. She is the Founder and former Director of the Belmont Center Eating Disorders Program.
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