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A Case of Diabulimia in a 23-Year-Old Woman with Extensive Comorbidities

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A Case of Diabulimia in a 23-Year-Old Woman with Extensive Comorbidities

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Abstract

- Diabulimia is defined as intentionally withholding insulin injections for the purpose of weight loss in the setting of type 1 diabetes mellitus (T1D).
- It is characterized as an eating disorder (ED), although does not yet have DSM diagnosis status.
- Recognition of the condition among medical professionals is limited but growing.

9%

50%

30%

7%

Literature Review

• Percentage of females with T1D ranging in age from 13-60 years, reporting having intentionally omitted insulin over the course of their disease (1)

 Percentage of respondents indicating that this behavior occurred frequently (1)

 Among those omitting insulin, half stated that weight control was their primary reason for their behavior (1)

- Percentage of teens with T1D reporting depressive symptoms (2)
- Increased severity correlates with increased hospitalizations (3)

 Percentage of adolescents with T1D reporting concurrent eating disorder (4)

Case Study

- 23-year-old Caucasian female evaluated in the critical care unit for diabetic ketoacidosis (DKA) without coma in December 2021.
- Prior to admission, the patient had been restricting her food and insulin intake, sometimes withholding food and insulin for up to several days at a time.
- Denies binging or purging.
- Sixth hospitalization for DKA in as many months.
- Admitted to skipping insulin with the intention of losing weight.
- Past medical history
 - Type 1 diabetes mellitus
- Major depressive disorder
- Generalized anxiety disorder
- Post-traumatic stress disorder
- Complex regional pain syndrome type 1
- Suicide attempt
- Social history
 - Sexual assault
- Unstable access to mental healthcare, psychotropic medication, and food
- Lives alone with father, mother is deceased
- Unemployed, poor economic support
- Lack of reliable transportation to medical appointments
- Baseline level of function was lying in bed most of the time

Treatment

- Hospital course
- Stabilized with IV insulin drip, thiamine, magnesium, phosphorus, and fluids
- Started on sertraline, nortriptyline, and prazosin.
- Outcome
 - Admitted to partial in-patient eating disorder program, discharged January 2022
 - Readmitted twice in February 2022 for DKA
 - Discharged to home with home care, intensive outpatient program, ED support group

Discussion

- This case is notable for the extensive comorbidities present and the shortcomings in adequately addressing them.
- Diabulimia patients report negative experiences with the healthcare system (5).
- There is a need for provider education on diabulimia and a multidisciplinary response.

Acknowledgement

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