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Exploring the Connection Between Diabetes Distress and Diabulimia

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Exploring the Connection Between Diabetes Distress and Diabulimia

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Abstract

• Diabulimia is a disordered eating behavior that involves an individual with type 1 DM withholding insulin injection to lose weight

• Diabetes distress, a term used to describe the psychological stress associated with managing diabetes, is believed to be the cause of

this condition

• This systematic review aims to assess whether individuals with diabulimia have measurable evidence of diabetes distress

 Studies that described patients qualitative experiences with Diabulimia were matched and compared to the criteria in the Diabetes Distress Scale

• Over 40 of the 185 individuals across twelve studies were found to meet one or more criteria from the Diabetes Distress Scale

• Participants were made up of 164 females, 20 males, and 1

non-reported gender

• Further research is warranted to explore the prevalence of diabetes distress among patients with diabulimia

Background

• Diabulimia is the intentional withholding of insulin by type 1 diabetic patients to induce weight loss

• Insulin therapy for type 1 diabetes often causes weight gain,

motivating diabulimia behavior

• Withholding insulin leads to diabetic ketoacidosis and poor glycemic control, increasing complications like retinopathy and neuropathy

• Despite awareness of risks, patients with diabulimia persist due to

weight control motives

• Diabulimia is not a DSM-V diagnoses but is recognized as disordered eating behavior

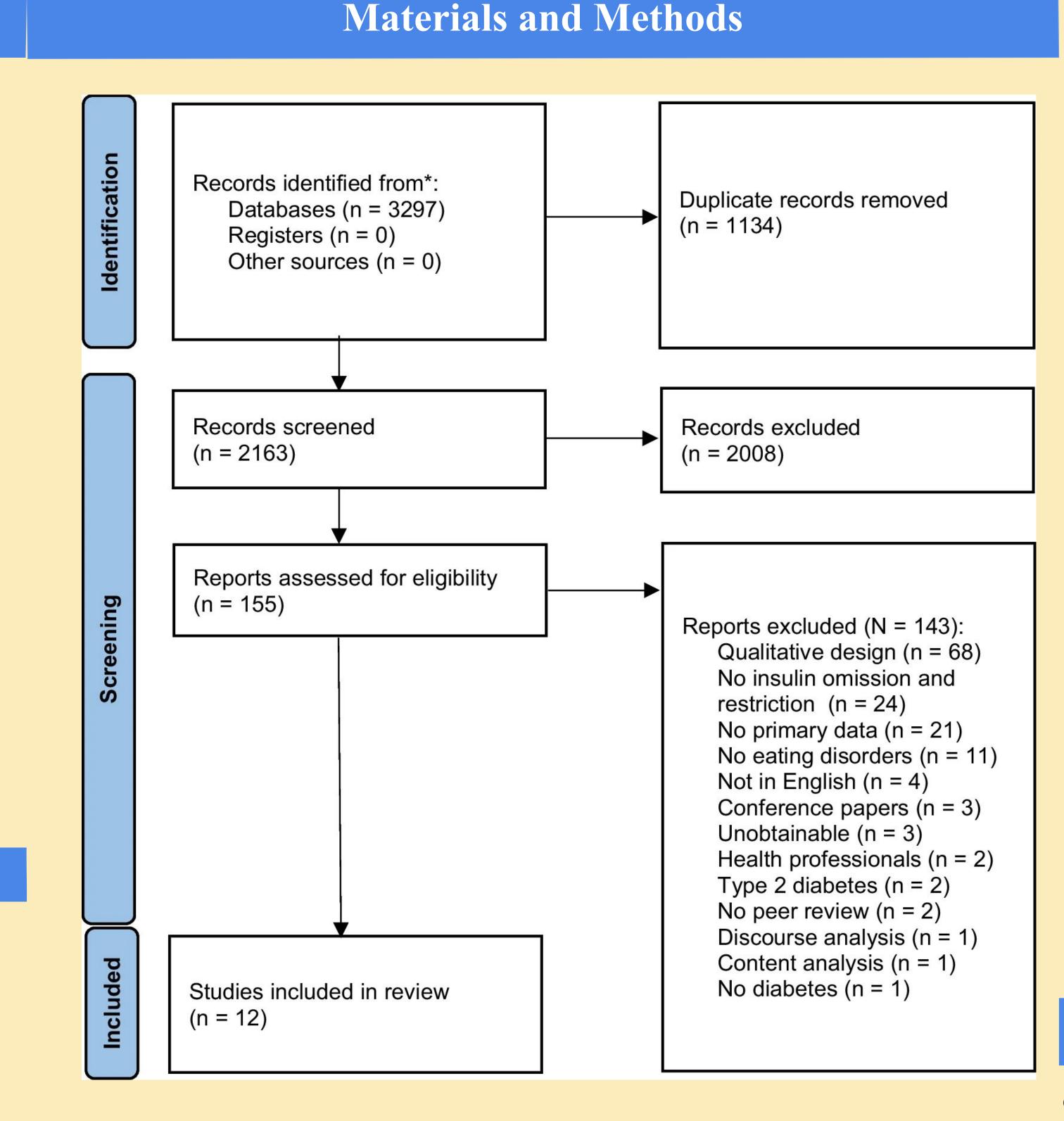
• Diabetes distress affects 20-40% of type 1 diabetic patients and

correlates with poor glycemic control

• Factors contributing to diabetes distress include weight concerns,

social pressure, and diabetes management stress

• Research explores how diabetes distress impacts diabulimia patients and informs diagnosis and treatment strategies



• Initially screened all retrieved studies based on inclusion criteria, reviewing titles and abstracts; full texts were assessed for eligibility if study design was unclear

• Selected studies included primary data and qualitative analysis of lived experiences in diabulimia, published in peer reviewed english 10urnals

• Excluded partial articles, editorials, reviews, abstracts, type 2 diabetes studies, and interventions consisting solely of brief follow-up contact

 Evaluated study quality using the QualSyst Quality Assessment Checklist, with all twelve papers scoring above 0.65, indicating better quality studies

• Utilized the Type 1 Diabetes Distress Scale to analyze patients experiences from the selected studies, ensuring reliability through standardized procedures, peer review, inter-rater agreement, and validation by all authors

Results

- Twelve studies meeting inclusion criteria were from diverse location, including Brazil, America, Australia, Portugal, ireland, and the U.K., utilizing various data collection methods such as online blogs, focus groups, questionnaires, and interviews
- Participants across these studies included 185 individuals with T1D and diabulimia, primarily females (88.6%), with limited ethnic diversity noted

Average age of participants was 28.1 years

Themes extracted from the studies revealed experiences of: powerlessness, management distress, negative social perceptions, and eating distress

Patients expressed feelings of discouragement, self criticism, and struggles with diabetes management, including concerns about hypoglycemia, social stigma, and food control

Conclusion

• Healthcare professionals need to be proficient in screening, diagnosing, and treating diabulimia and diabetes distress

 Anticipating psychological impacts of diabetes self-management is crucial

• It is important to understand the interplay between mental health, diabetes management, and disordered eating behaviors

Acknowledgments

APSEA - American Preventative Screening and Education Association