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Building Research Capacity for Nursing &
Allied Health Professionals and Pharmacists
Cynyddu Gwaith Ymchwil ar gyfer Nysio a
Gweithwyr Proffesiynol Cysylltiedig a Fferylwyr

RECOGNISING AND MANAGING EATING DISORDERS IN CHILDREN AND YOUNG PEOPLE WITH TYPE 1 DIABETES

AISLING PIGOTT-JONES

LEAD PAEDIATRIC DIABETES DIETITIAN CARDIFF
AND VALE UNIVERSITY HEALTH BOARD

AISLING.PIGOTT@WALES.NHS.UK

APOLOGIES



AIM

- EXPLORE 'DIABULIMIA'
- CLINICAL GUIDELINES
- IDENTIFYING EATING DISORDERS
- THE SITUATION IN WALES, UNPUBLISHED DATA
- MANAGING EATING DISORDERS IN TYPE 1 DIABETES



EATING DISORDER DEFINITIONS



Anorexia Nervosa



Bulimia Nervosa



Other Specified Feeding or Eating Disorder (prev EDNOS)



'Diabulimia'

Friendships

Finance

Alcohol
and Drugs

Advice To My
16-Year-Old
Self

Sex

Self-care

Self-
esteem

HOW DISORDERED IS OUR EATING?

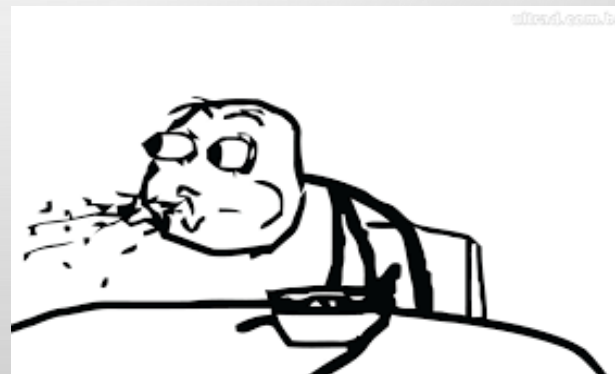


REFLECTING ON AN EATING DISORDER IN DIABETES

THE EXPECTATION OF HOW I SUPPOSED TO CONTROL MY DIABETES WAS SO HIGH FROM OTHER PEOPLE THAT IT WAS UNACHIEVABLE AND UNREALISTIC, I COULDN'T REACH 'PERFECT' SO THE ONLY THING I FELT I COULD ACHIEVE WAS PUTTING MY EFFORTS INTO [MY EATING DISORDER] 'CONTROLLING THE UNCONTROLLED'.

“IT’S NOT LIKE ANYBODY HAS DIED”

- FEMALE INSULIN RESTRICTORS DISPLAYED HIGH LEVELS OF EATING DISORDER SYMPTOMS AND THE AVERAGE AGE OF DEATH FOR FREQUENT INSULIN RESTRICTORS WAS 45 YEARS OF AGE (GOEBBEL-FABBRI ET AL., 2008)



EATING DISORDER RISK



Type 1 Diabetes

- Up to 67% of patients with Type 1 Diabetes engage in disordered eating behaviours
- Clinical and sub-clinical eating disorders are not unique to the diabetic population
- Risks are much greater



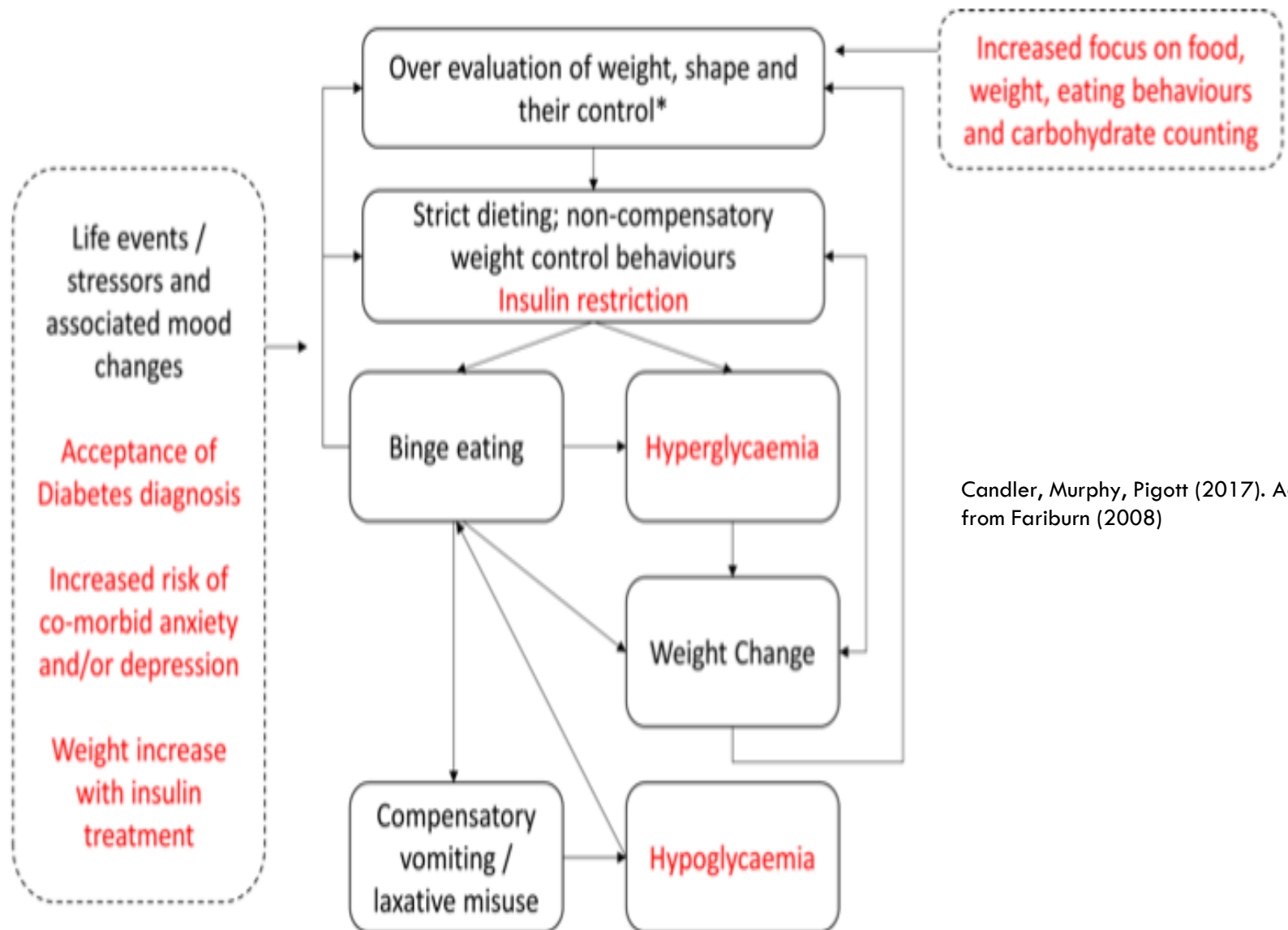
Gender Risk

- Females > Males : Disordered eating patterns (Neumark-Sztainer et al.2002; Mitchinson and Hay, 2014)
- Females exposed to unrealistic images of leanness and thinness
- Males also exposed to social media trends around 'physique' and risk should not be ignored



Obesity

- Often thought to negate risk of eating disorders
- Young people who are overweight are more likely to engage in disordered eating techniques (Tomiya, 2014)
- Restriction, bingeing and purging are ineffective methods of weight control - ? Causitive or resulative of obesity



Candler, Murphy, Pigott (2017). Adapted from Fariburn (2008)

RECOGNISING EATING DISORDERS IN TYPE 1 DIABETES



Modified SCOFF
questionnaire

"Do you ever take
less insulin than you
should"



Weight changes
Hospital Admissions
Appetite changes
Polyuria/Polydypsia
Concentration in
school



Raised HbA1c

Not taking insulin

Binging/ Purging



Restrict

Fat

Cut out

Detox



Sometimes, there may
be no prelude or
precursor. Allowing
young people the
opportunity to ask for
help

THE SITUATION IN WELSH CHILDREN AND YOUNG PEOPLES NETWORK



GOOD EXAMPLES OF JOINT WORKING BETWEEN CHILD AND ADOLESCENT MENTAL HEALTH SERVICES AND PAEDIATRIC DIABETES



MANAGING EATING DISORDERS

NICE CG9. Eating Disorders in the over-8s: management

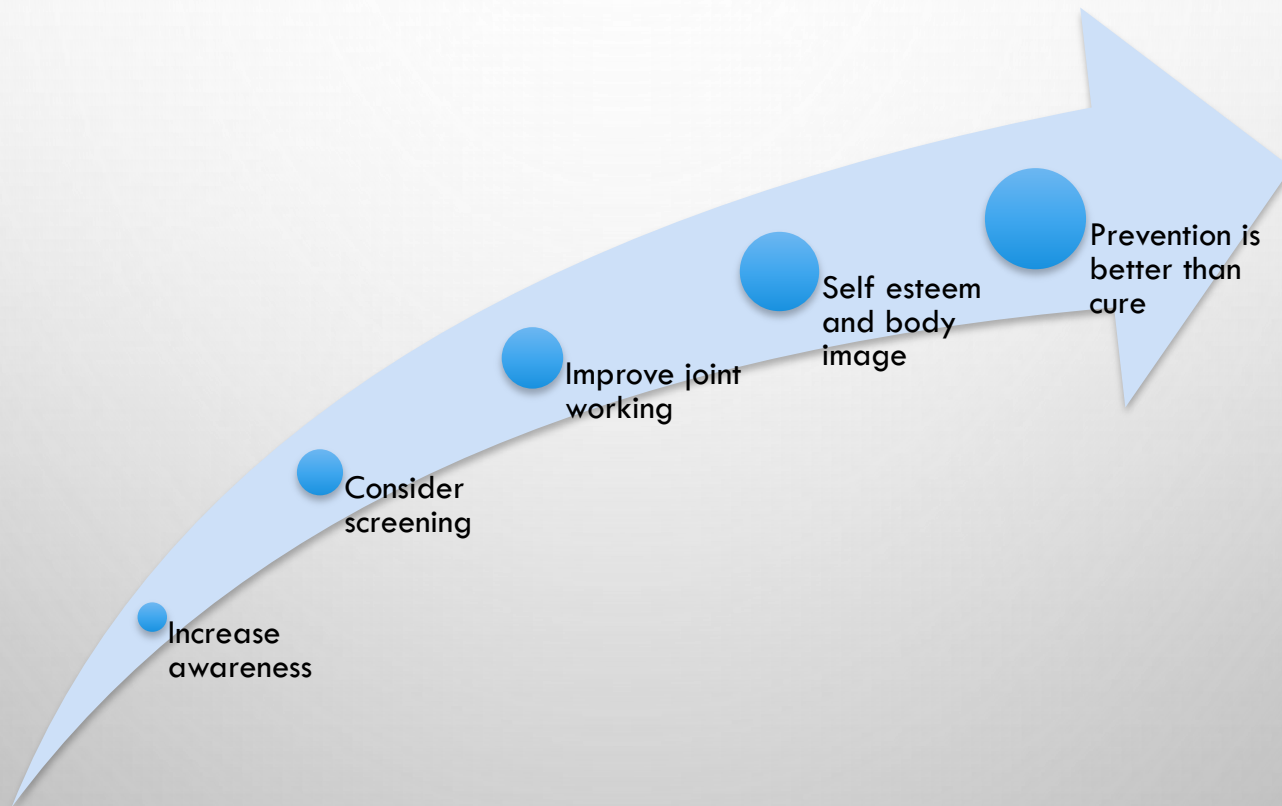
Young people with T1DM and poor treatment adherence should be screened and assessed for the presence of an eating disorder.

Treatment of both subthreshold and clinical cases of an eating disorder in people with diabetes is essential

RCPsych. Summary of Junior MARSIPAN: Management of Really Sick Patients under 18 with Anorexia Nervosa

Re-establish regular meal pattern based on three meals+2–3 snacks per day, without any macronutrient avoidance or self-restriction

For patients requiring specialist eating disorder beds, safe refeeding including access to dietetic advice is essential





THANK YOU FOR LISTENING



ANY QUESTIONS?

memegenerator.net

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