

# Diabulimia

Eating disorders and type 1 are each challenging enough to manage on their own, but a combination of the two can be particularly difficult

## ▶▶ WHAT IS DIABULIMIA?

You've probably heard of bulimia. This is a form of eating disorder where the person follows episodes of binge eating (consuming large amounts of food in a short period of time) with behaviours such as vomiting, misusing laxatives or diuretics, excessive exercise and/or fasting in an effort to control their weight.

Diabulimia is the name commonly used to describe an eating disorder in someone with type 1, where the person restricts insulin in order to lose weight. They use insulin omission as a way to manage their weight, rather than the typical behaviours of someone with bulimia.

However, those with diabulimia may also have some of the signs of other types of eating disorders, along with their insulin omission.

## WHY RESTRICTING INSULIN LEADS TO WEIGHT LOSS

Those with type 1 may remember losing weight prior to their diagnosis, usually along with symptoms such as excessive thirst, frequent urination and fatigue. The reason for this is that without insulin, the body is unable to use glucose for energy and starts to break down fat. This can lead to rapid weight loss.

But, while it may seem like an easy solution, avoiding the

need to restrict food intake or exercise, it's unfortunately a very dangerous way to lose weight.

## THE RISKS OF DIABULIMIA

According to Dr Susan Hart, Accredited Practising Dietitian and Clinical Senior Lecturer at the Boden Institute of Nutrition, Obesity, Exercise and Eating Disorders at the University of Sydney, it is estimated about 40 per cent of people with type 1 misuse insulin for weight control.

"Importantly, any level of insulin misuse, even if it's only occasional, puts your health at risk," she explained.

In the short-term, restricting insulin can lead to chronic high BGLs, dehydration, infections, muscle wasting and an increased risk of developing diabetic ketoacidosis (aka DKA).

DKA occurs as a result of breaking down fat (because the body can't use

glucose as energy without insulin), leading to a build-up of ketones in the blood, making it acidic. This is a medical emergency and can be life threatening.

In the long term, diabulimia can increase the risk of diabetes-related complications, such as eye, kidney and nerve damage.

People with type 1 and diabulimia are also at greater risk of death. ▶



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between healthy management of diabetes, where some attention is paid to food and body weight, versus excessive focus on what you eat and weigh, to the point that this becomes more important than anything else – even the long-term effects of living with diabetes,” says Dr Hart.

### MANAGING WEIGHT WITHOUT INSULIN RESTRICTION

Taking insulin shouldn't be a barrier to weight loss or a contributor to excessive weight gain. We need insulin to use our food as a source of fuel for our muscles and cells. It's only when you're taking more insulin than you need that it may contribute to weight gain.

Of course, it's normal to gain weight when you are first diagnosed and start insulin. That's because your body has been starved of energy and you are very likely to have lost weight before diagnosis due to lack of insulin.

So, once you start taking insulin and are able to use your food as energy again, you will regain the weight you lost.

If you continue to gain weight, past your usual healthy weight, it could be that the amount of insulin you are taking isn't right. This could be because:

- **You are taking more insulin than you need** and are having regular episodes of hypoglycaemia (hypos), requiring you to eat more.
- **You are eating to match your insulin** (rather than the other way around) and often feel

Dr Hart also points out that despite insulin restriction and eating disorders being common in those with type 1, unfortunately most people report never being asked about these behaviours. This means it often goes undiagnosed.

### A BALANCING ACT

Living with type 1 isn't easy, particularly when it comes to food. You need to pay close attention to the types and amounts of food you eat. You may need to measure, weigh and count your carbs. There may be increased focus on your weight by your healthcare team.

While these are all important aspects of managing your diabetes, unfortunately they may lead some people to focus too much on their eating and weight. “Research has shown that there is a difference

## Signs of diabulimia

- Unexplained weight loss/low body weight
- Persistent high blood glucose levels/HbA1c levels
- Symptoms of high blood glucose levels, such as thirst and frequent urination
- Frequent hospital admissions for diabetic ketoacidosis (DKA)
- Avoiding checking blood glucose levels
- Neglecting diabetes management tasks, including missing doctors' appointments

you are eating more than you need to satisfy your appetite.

- **You need to eat every time you exercise** to reduce your risk of hypos.

With these in mind, a key part of managing your weight with type 1 is to make sure you are taking the right insulin doses. Learning to match your insulin to your food intake and activity levels is also crucial. You should be able to eat according to your appetite and exercise without necessarily having to eat more. But this requires knowing how to adjust your insulin doses to allow this. Your diabetes team can help you with this.

There are also programs such as DAFNE (Dose Adjustment for Normal Eating), which are available in various diabetes centres around Australia.

### WHERE CAN I GO FOR HELP?

If you have diabetes and you are deliberately taking less insulin than recommended (or skipping it altogether), you should seek

treatment as soon as possible. It can be a hard behaviour to break on your own, but people do recover with the right help.

Dr Hart agrees. “People often think [restricting insulin] is the only option they have, but there are other avenues you can take if you are feeling out of control with your eating or weight.”

“Don't feel ashamed or keep it a secret,” she stresses. “It's important to seek help.”

A good place to start is your doctor or other members of your diabetes team. They'll be able to provide you with the help and support you need, including helping you learn how best to balance your eating and insulin doses. ■

For more information and support:

- Visit The National Eating Disorders Collaboration at [nedc.com.au](http://nedc.com.au).
- Visit Anorexia Nervosa & Related Eating Disorders Inc. at [anred.com/diab](http://anred.com/diab).
- Read *Prevention and Recovery from Eating Disorders in Type 1 Diabetes: Injecting Hope* by Ann Goebel-Fabbri (Routledge, RRP \$84.95).

*The key to weight loss with type 1 is balance – not skipping out on your insulin*