

Eating Disorders and Diabetes

Preface

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Diabetes Spectrum addressed the issue of eating disorders in adolescent girls and young adult women with type 1 diabetes in one of its 2002 issues.¹ The 2002 issue focused on the pathophysiology of eating disorders and the impact of the diagnosis. The conversation now continues with an emphasis on the importance of the collaborative effort between the eating disorders and diabetes health care teams and includes not only those with type 1 diabetes but also those diagnosed with type 2 diabetes and disordered eating.

In September 2008, an international focus group with interest in and expertise regarding this complex patient population convened at the Park Nicollet/International Diabetes Center in Minneapolis, Minn., to discuss the current knowledge state, areas in need of better understanding, currently available treatment plans, educational resources, and potential research studies. This *Diabetes Spectrum* From Research to Practice section consists of five articles containing much of the information discussed at that time, with contributions from those who attended. The articles included in this research section offer a review of what has been established regarding the diagnosis of eating disorders in individuals with the coexisting diagnosis of diabetes, as well as background information and the importance of early detection. Also included are descriptions of levels of care and the roles of team members involved in treatment with resources that may be beneficial to those caring for patients with limited access to eating disorder treatment centers.

The criteria for the diagnosis of diabetes are well defined based on elevated blood glucose levels, and eating disorder diagnoses are delineated

according to criteria established in the American Psychiatric Association's *Diagnostic and Statistical Manual*, 4th edition. However, in clinical practice today, insulin withholding and weight manipulation as part of an eating disorder are often unrecognized or not addressed. Most of these individuals do not present initially to eating disorder programs, so the initial opportunity may be lost without a high index of suspicion and subsequent questioning for an eating disorder on the part of the primary care or endocrinology/diabetology clinician.

When these diagnoses occur in the same person, it has often been labeled as "diabulimia," but this terminology does not properly address all types of disordered eating patterns. Although recognized with a certain amount of sensationalism, it is not a diagnosis well accepted by most health care professionals who specialize in the diagnosis and treatment of patients with diabetes and disordered eating. The group meeting in September 2008 proposed the following nomenclature: ED-DMT1, for those with an eating disorder and type 1 diabetes, and ED-DMT2, for those with an eating disorder and type 2 diabetes. This nomenclature will be used to distinguish these diagnoses throughout this research section.

Contributing authors were generous with their time and expertise in bringing together this research section. It is important to note that, although we have a robust body of epidemiological evidence regarding the incidence and prevalence of eating disorders in diabetes and their subsequent complications, few studies have been conducted to assess the efficacy of the various approaches used to treat these conditions. Thus, many of the recom-

mendations presented here are based on the authors' personal experience and clinical judgment. Collaborative efforts will continue to be essential to address this dangerous and life-threatening combination of disorders.

Acknowledgments

The editors and authors of this

research section would like to acknowledge a grant from the Park Nicollet Foundation (made possible in part by donations from John and Nancy Berg, Megan and Mark Neisius, and Lew and Jill Mithun) to support the International Conference on Eating Disorders and Diabetes Mellitus, which was held in Minneapolis,

Minn., in September 2008 and in which all authors participated.

Reference

¹Daneman D (Ed.): From Research to Practice: Eating disorders in adolescent girls and young adult women with type 1 diabetes. *Diabetes Spectrum* 15:83–105, 2002