

The Complex Relationship of Type 1 Diabetes Mellitus and Eating Disorders

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Description

Type 1 Diabetes Mellitus (T1DM) poses a significant health challenge globally, characterized by the chronic immune-mediated destruction of pancreatic β -cells resulting in insulin deficiency. As of 2022, approximately 8.75 million individuals worldwide live with T1DM, with Ireland reporting a childhood incidence rate of 27.1 cases per 100,000 individuals annually. Eating Disorders (ED) represent another complex health issue that may intersect with T1DM. Research suggests that individuals with T1DM may be twice as likely to experience ED compared to the general population. However, reported prevalence rates vary, ranging from 1% in pre-adolescence to as high as 30%-39% in adolescents and adults with T1DM.

Diabetic ketoacidosis

Furthermore, females with T1DM appear to exhibit a higher prevalence of disordered eating behaviors compared to males. One significant concern in the context of co-occurring T1DM and ED is insulin restriction, a purging behavior unique to T1DM. This behavior is associated with a tripling of mortality risk, with women more likely to engage in insulin omission as a weight loss strategy. The intertwining of T1DM and ED can lead to both short-term and long-term complications, including Diabetic Ketoacidosis (DKA), impaired awareness of hypoglycemia, retinopathy, neuropathy, heart conditions, nephropathy, and even cerebral edema. A recent population-based cohort study underscored the heightened risks associated with this dual diagnosis, revealing a threefold increased risk of DKA and a six fold increased risk of death compared to individuals without ED. Recognizing and managing this complex interplay between T1DM and ED requires a multidisciplinary approach, with collaboration between diabetes and mental health services being paramount. Healthcare professionals' experiences highlight the challenges of addressing a dual diagnosis of T1DM and ED. A shared-care model between diabetes and mental health services is considered best practice, facilitating comprehensive and integrated care for affected individuals. In this model, dietitians play a crucial role as key members of the multidisciplinary team, offering expertise in managing T1DM

and disordered eating. Greater awareness, education, and collaboration are essential for effectively addressing the complexities of T1DM and ED. By fostering cross-working between diabetes and mental health services, healthcare professionals can provide holistic support tailored to the unique needs of individuals with this dual diagnosis. Additionally, ongoing research and clinical efforts are needed to develop and implement targeted interventions aimed at mitigating the risks and improving outcomes for this vulnerable population. In conclusion, the intersection of T1DM and ED presents significant challenges and considerations for healthcare professionals. By adopting a collaborative and multidisciplinary approach, incorporating key stakeholders such as dietitians, and prioritizing integrated care, we can better support individuals living with this complex dual diagnosis and improve their overall health outcomes.

Health outcomes

Furthermore, addressing the complexities of managing T1DM and ED requires a holistic approach that considers the psychological, social, and cultural factors influencing individuals' behaviors and beliefs surrounding food and insulin management. Healthcare providers must be equipped with the knowledge and skills to recognize the signs and symptoms of disordered eating behaviors in individuals with T1DM, as well as to provide nonjudgmental and supportive care. Education and support programs tailored specifically for individuals with T1DM and ED can play a crucial role in empowering patients to make informed decisions about their health and treatment. These programs may include psychoeducation about the relationship between diabetes and mental health, strategies for managing stress and emotional eating, and techniques for improving body image and self-esteem. Moreover, community-based initiatives and peer support groups can provide valuable opportunities for individuals with T1DM and ED to connect with others facing similar challenges, reducing feelings of isolation and stigma. By fostering a supportive and inclusive environment, we can promote resilience and enhance the overall well-being of individuals living with this complex dual diagnosis.