Diabulimia: the Unknown Eating Disorder

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Have you heard of diabulimia? Although clinicians have documented accounts of diabulimia for the past several decades, most people (including many eating disorder professionals) are unaware of this disorder. In a recent issue of Clinical Nursing Studies, Callum and Lewis (2014) reviewed some of the research that has been published on the topic. It was a short article, which underscores the lack of research on the disorder. A search that I conducted on PubMed/MedLine using the search term "diabulimia" revealed only 8 studies. The authors of this review were more successful. They examined research studies published between 1980-2013 using a wider variety of search terms to discover relevant articles.

Diabulimia is not a formal medical or psychiatric diagnosis. It is a term formed by the combination of two disorders: diabetes and bulimia and refers to the practice by some people with Type 1 diabetes of restricting insulin as a method of weight control. Similar to other eating disorders, people with diabulimia exhibit a fear of gaining weight and preoccupation with body size. The American Association of Clinical Endocrinologists (AACE) estimates that eating disorders are 3 times more common in people with diabetes than without. Diabulmia is especially prevalent in adolescent girls and young women.

Type 1 diabetes (previously called "juvenile diabetes" or "childhood onset diabetes") is characterized by the inability of the pancreas to produce insulin. Our bodies need insulin to process sugar. In non-diabetic patients, the body breaks down food into nutrients that get released into the blood system. Insulin helps extract sugar (glucose) from the bloodstream into cells throughout the body; the cells in turn use the glucose for energy. In Type 1 diabetes, individuals need to provide their body with exogenous insulin (usually through insulin injections or an insulin pump) in order to process sugar. Without insulin, the sugar will stay in the blood system until it is eventually excreted through urine. Patients who have too much sugar in the blood system urinate frequently and experience excessive thirst. This leads to a loss of water weight, which is one of the attractions of insulin restriction for diabulimic patients. Accumulation of glucose in the blood is called hyperglycemia and may lead to diabetic ketoacidosis (DKA), a life-threatening condition in which your body starts to break down fat to use for fuel (since your body can not use glucose for energy). This can also lead to weight loss, another attraction for diabulimic patients. In addition to weight loss, DKA produces a buildup of toxic acids called ketones in your blood system. DKA can lead to cerebral edema (fluid in the brain), a heart attack, kidney failure, and even death. Other consequences of diabulimia include symptoms of chronic uncontrolled diabetes such as renal failure, peripheral neuropathy, and stroke.

As eating disorder professionals, it is important to know the symptoms to recognize diabulimia in patients with Type 1 diabetes. Some signs include: persistently high hemoglobin A1c (diagnosed with a blood test), frequent visits to the hospital for DKA or uncontrolled diabetes, drive for thinness and body dissatisfaction, binge-eating behaviors, frequent yeast or bladder infections (caused by the high concentration of sugar in urine), irregular menstruation or ammenorhea (since when the body is under stress it can disrupt menstrual cycles), delayed puberty, and non-compliance with endocrinology appointments, diabetic follow-up, and blood glucose monitoring. Of course, these symptoms do not necessarily indicate diabulimia, but they should flag further assessment.

References:

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