

Abstracts December 2016

Title: Eating-Disordered Behaviour in Adolescents with Type 1 Diabetes.

Source: Pubmed

Free Paper: No

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Abstract

OBJECTIVES:

To evaluate dysfunctional eating behaviour, self-esteem, social physique anxiety and quality of life in adolescents with type 1 diabetes who have differing desired weights and to evaluate the predictors of dysfunctional eating behaviour in these adolescents, with a focus on personal and psychological variables.

METHODS:

We evaluated 79 adolescents with type 1 diabetes (mean age of 15.71 years) of both sexes (58.2% females) using the Eating Disorders Examination Questionnaire (EDE-Q), the Rosenberg Self-Esteem Scale (RSES), the Social Physique Anxiety Scale (SPAS-R) and the Diabetes Quality of Life (DQoL) measure.

RESULTS:

Of the adolescents, 44 with type 1 diabetes reported the desire to maintain or increase their current weight, and 35 reported the desire to reduce their current weight. The participants with the desire to weigh less were mainly females who exercised regularly and demonstrated more frequent binge eating and purging. Additionally, this group exhibited an increased frequency of eating disturbances, such as restraint and eating, weight and shape concerns. Moreover, this group demonstrated increased social physique anxiety and decreased diabetes quality of life in relation to the impact of diabetes, worries about diabetes and satisfaction with life. Finally, predictors of eating disturbances included the desire for lower weight, higher social physique anxiety and lower diabetes-related quality of life.

CONCLUSIONS:

The desire for a lower weight in adolescents with type 1 diabetes may increase problems related to eating behaviour and general quality of life

Journal Identifier: [Can J Diabetes](#). 2016 Apr;40(2):152-7. doi: 10.1016/j.jcjd.2015.09.011. Epub 2016 Feb 10

Title: Eating Disorders in children and adolescents with Type 1 and Type 2 Diabetes: prevalence, risk factors, warning signs.

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Abstract

Diabetes is associated with increased risk for eating disorders, various dependent on type of diabetes. Binge eating disorder is more common in patient with type 2 diabetes (T2DM). Whereas, intentional omission of insulin doses for the purpose of weight loss occurs mainly in patient with type 1 diabetes (T1DM), however, in some patients with type 2 diabetes omission of oral hypoglycemic drugs can be present. Risk factors for the development of eating disorders in patients with diabetes include: age, female gender, greater body weight, body image dissatisfaction, history of dieting and history of depression. Poor glycemic control, recurrent episodes of ketoacidosis or recurrent episodes of hypoglycemia, secondary to intentional insulin overdose, missed clinical appointments, dietary manipulation and low self-esteem should raise concern. The consequence of eating disorders or disordered eating patterns in patients with diabetes is poor glycemic control and hence higher possibility of complications such as nephropathy, retinopathy and premature death.

Journal Identifier: [Psychiatr Pol.](#) 2015;49(5):1017-24. doi: 10.12740/PP/39536.

Title: Weight control behaviors among emerging adults with type 1 diabetes.

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Abstract:

PURPOSE: The purpose of this study was to examine the association of weight control behaviors (WCBs) with living and educational situations among emerging adults with type 1 diabetes during the first year after high school graduation.

METHODS: Among 184 emerging adults with type 1 diabetes, data were collected every 3 months for 12 months on WCBs, body mass index (BMI), living and educational situations; at baseline and 12 months, on impulse control; and at baseline, on sex, depressive symptoms, and glycemic control. Generalized linear models incorporated repeated measures (0, 3, 6, 9, and 12 months).

RESULTS: No significant associations existed between WCBs and living or educational situations, when controlling for covariates. More depressive symptoms and higher BMIs were associated with a greater likelihood of involvement in unhealthy WCBs, whereas more depressive symptoms-not higher BMI-were associated with higher odds for involvement in very unhealthy WCBs. Although healthy WCBs were also associated with more depressive symptoms and higher BMIs, they were also associated with greater impulse control.

CONCLUSIONS: Health care professionals should assess emerging adults with type 1 diabetes for WCBs along with BMI, depressive symptoms, and impulse control.

Journal Identifier: [Diabetes Educ.](#) 2015 Aug;41(4):444-51. doi: 10.1177/0145721715581667. Epub 2015 Apr 10.