# Abstracts July

**Source**: PubMed

**Title: Disordered Eating Behaviors Are Not Increased by an Intervention to Improve Diet Quality but Are Associated With Poorer Glycemic Control Among Youth With Type 1 Diabetes.**

**Journal:** Diabetes Care 41(4):869-875. doi: 10.2337/dc17-0090.

**Authors:** Eisenberg Colman MH, Quick VM, Lipsky LM, Dempster KW, Liu A, Laffel LMB, Mehta SN, Nansel TR.

**Free Access?:** Yes

**Authors on Research Gate?**
https://www.researchgate.net/publication/322719879_Disordered_Eating_Behaviors_Are_Not_Increased_by_an_Intervention_to_Improve_Diet_Quality_but_Are_Associated_With_Poorer_Glycemic_Control_Among_Youth_With_Type_1_Diabetes

**Abstract:**

OBJECTIVE:

This study examines whether participation in an 18-month behavioral intervention shown previously to improve overall diet quality inadvertently increases disordered eating behaviors (DEBs) in youth with type 1 diabetes and investigates the association of DEB with multiple measures of glycemic control and variability.

RESEARCH DESIGN AND METHODS:

Participants reported DEB and diabetes management at baseline and 6, 12, and 18 months; masked continuous glucose monitoring, HbA1c, and 1,5-anhydroglucitol (1,5-AG) were obtained concurrently. Linear mixed models estimated the intervention effect on DEB, the association of DEB with diabetes adherence and measures of glycemic control and variability, and whether DEB modified glycemic trajectories.

RESULTS:

There was no intervention effect on DEB (P = 0.84). DEB was associated with higher HbA1c (P = 0.001), mean sensor glucose (P = 0.001), and percent sensor glucose values >180 mg/dL (P = <0.001); with lower 1,5-AG (P = 0.01); and with worse diabetes adherence (P = 0.03). DEB was not associated with percent sensor glucose values <70 mg/dL or any measures of glycemic variability. There was a significant DEB × time interaction effect for mean sensor glucose (P = 0.05) and percent sensor glucose values >180 mg/dL (P = 0.04). Participants reporting less DEB had a developmentally expected deterioration in glycemic control throughout the study. Participants reporting more DEB had poor glycemic control at baseline that remained poor throughout the study.

CONCLUSIONS:

Findings show a potential to improve diet quality without increasing DEB and indicate an association of DEB with persistent hyperglycemia but not hypoglycemia or glycemic variability.

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**Source**: PubMed

**Title: Diabetes, eating disorders and body image in young adults: an exploratory study about "diabulimia".**

**Journal:** Eating and Weight Disorders

**Authors:** Falcão MA, Francisco R.

**Free Access?:** No

**Authors on Research Gate?**
https://www.researchgate.net/publication/317500990_Diabetes_eating_disorders_and_body_image_in_young_adults_an_exploratory_study_about_diabulimia

**Abstract:**

PURPOSE:

The purpose of this study was to compare disordered eating (DE) and body image dissatisfaction (BID) among young adults with type 1 diabetes and their peers without diabetes, to investigate the consequences of diabetes for food, body image and weight in individuals with diabetes and to identify the behavior of insulin omission as a weight loss strategy.

METHODS:

Fifty-five young adults with diabetes and 73 without diabetes (ages 18-30) completed self-report questionnaires to evaluate their behaviors, attitudes and feelings related to eating disorders and their perceptions about body image. The participants with diabetes were asked to answer a questionnaire with open and closed questions developed specifically for this study.

RESULTS:

No significant differences between participants with and without diabetes in relation to BID and DE were found. The results demonstrated several changes resulting from diabetes in terms of food, body image and weight that interfere with the day-to-day life of individuals with diabetes; 7.3% of these participants reported insulin omission as a weight loss strategy.

CONCLUSIONS:

This study emphasizes the importance of research on DE in the population with diabetes and their prevention, screening and treatment. In particular, it is essential to give more attention to insulin omission as a compensatory behavior that is inappropriate and harmful to health.

LEVEL OF EVIDENCE:

Level III, case-control analytic study.