

# Abstracts June

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**Source:** PubMed

**Title:** Eating Disorders and Disordered Eating Symptoms in Adolescents with Type 1 Diabetes.

**Journal:** Nutrients 9(8). pii: E906. doi: 10.3390/nu9080906.

**Authors:** Toni G, Berioli MG, Cerquiglini L, Ceccarini G, Grohmann U, Principi N, Esposito S.

**Free Access?:** Yes

**Authors on Research Gate?**

[https://www.researchgate.net/publication/319219460\\_Eating\\_Disorders\\_and\\_Disordered\\_Eating\\_Symptoms\\_in\\_Adolescents\\_with\\_Type\\_1\\_Diabetes](https://www.researchgate.net/publication/319219460_Eating_Disorders_and_Disordered_Eating_Symptoms_in_Adolescents_with_Type_1_Diabetes)

**Abstract:**

Eating problems in adolescents with type 1 diabetes (T1D) can be divided into two groups. The first includes the diagnosed eating disorders (EDs), i.e., diseases specifically identified by defined signs and symptoms for which a degree of severity has been established, such as anorexia nervosa, bulimia nervosa, binge-eating disorder, pica, and rumination. The second is the group of disordered eating symptoms (DES), which include behaviors such as dieting for weight loss, binge eating, self-induced vomiting, excessive exercise, and laxative or diuretic use; these behaviors cannot be categorized as complete diseases, and, although apparently mild, they must be closely evaluated because they can evolve into true EDs. In this review, present knowledge about the clinical relevance of EDs and DES and the possible preventive and therapeutic measures used to reduce their impact on the course of T1D will be discussed. As adolescents with diabetes are at higher risk of eating disturbances and consequently for higher rates of disease complications, care providers should pay attention to clinical warning signs that raise suspicion of disturbed eating to refer these patients early to an expert in nutrition and mental health disorders. To ensure the best care for adolescents with T1D,

diabetes teams should be multidisciplinary and include a pediatric diabetologist, a skilled nurse, a dietician, and a psychologist.

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**Source:** PubMed

**Title:** Psychiatric disorders during early adulthood in those with childhood onset type 1 diabetes: Rates and clinical risk factors from population-based follow-up.

**Journal:** Pediatric Diabetes. 18(7):599-606. doi: 10.1111/pedi.12469.

**Authors:** Cooper MN, Lin A, Alvares GA, de Klerk NH, Jones TW, Davis EA

**Free Access?:** No

**Authors on Research Gate?**

[https://www.researchgate.net/publication/310788458\\_Psychiatric\\_disorders\\_during\\_early\\_adulthood\\_in\\_those\\_with\\_childhood\\_onset\\_type\\_1\\_diabetes\\_Rates\\_and\\_clinical\\_risk\\_factors\\_from\\_population-based\\_follow-up\\_COOPER\\_et\\_al](https://www.researchgate.net/publication/310788458_Psychiatric_disorders_during_early_adulthood_in_those_with_childhood_onset_type_1_diabetes_Rates_and_clinical_risk_factors_from_population-based_follow-up_COOPER_et_al)

**Abstract:**

**AIM:**

To determine the incidence of and risk factors for psychiatric disorders in early adulthood in patients with childhood onset type 1 diabetes (T1D).

**METHODS:**

In this retrospective-cohort study, we identified a population-based childhood onset T1D cohort and an age and sex matched (5:1) non-diabetic comparison cohort. Data linkage was used to access inpatient hospitalization data, mental health support service data, and mortality data to follow-up both cohorts into early adulthood.

**RESULTS:**

The mean age of T1D diagnosis was 9.5 years (SD 4.1), with a mean age at end of follow-up of 26.4 years (SD 5.2, max 37.7). The diagnosis of any psychiatric disorder was observed for 187 of 1302 (14.3%) in the T1D cohort and 400 of 6422 (6.2%) in the comparison cohort [adjusted hazard ratio (HR) 2.3; 95% CI 1.9, 2.7]. Anxiety, eating, mood, and personality and behaviour disorders were observed at higher rates within the T1D cohort. Comorbid psychiatric disorders were more frequent, at the cohort level, within the T1D cohort (2-3 disorders 3.76% vs 1.56%) and service utilization was higher (15+ contacts 6.8% vs 2.8%); though these differences did not remain when restricted to only those individuals diagnosed during follow-up. A history of poor glycaemic control was associated with an increased risk of anxiety, mood, and 'any' disorder (HR ranging from 1.35 to 1.42 for each 1% increase in mean paediatric HbA1c).

#### CONCLUSION:

Our findings highlight the need for access to mental health support services as part of routine patient care for young adults with T1D, and for better predictive tools to facilitate targeting at-risk patients with early intervention programs.

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