

# Abstracts: October 2017

Title: Appearance Investment, Quality of Life, and Metabolic Control Among Women with Type 1 Diabetes.

Source: Pubmed

Free Access: No

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## Abstract

### BACKGROUND:

Concomitants of Type 1 diabetes management include weight gain and dietary restraint. Body image concerns, particularly among women, are therefore common.

### PURPOSE:

The study evaluated associations between the appearance investment component of body image, age, quality of life and self-reported metabolic control were examined, along with the practice of insulin restriction as a weight control strategy.

### METHOD:

A questionnaire comprising demographic and diabetes-related information, the Appearance Schemas Inventory, and Diabetes Quality of Life Brief Clinical Inventory was completed by Australian women diagnosed with type 1 diabetes (N = 177).

### RESULTS:

Self-evaluative salience was higher among younger participants, those with a lower quality of life, and those with better metabolic control of their diabetes, with the relationships between metabolic control and all of age, quality of life, and self-evaluative salience noted to be non-linear. Among participants who reported restricting insulin for weight control, self-evaluative salience was particularly relevant. Motivational salience was not related to other study variables.

### CONCLUSION:

Clinically, the provision of information regarding appearance changes that might arise in order to mitigate later body image difficulties is a potentially beneficial adjunct to standard diabetes management protocols that may lead to more successful disease adjustment.

Journal Identifier: [Int J Behav Med](#). 2016 Jun;23(3):348-354. doi: 10.1007/s12529-015-9524-9.

Title: Microvascular Complications Associated With Rapid Improvements in Glycemic Control in Diabetes.

**Source:** Pubmed

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**Abstract:**

**Abstract**

PURPOSE OF REVIEW:

Aggressive glycemic control has become the standard clinical approach to diabetes care. Unintended consequences have included the development of microvascular complications that are related to the rapidity of glycemic improvement.

RECENT FINDINGS:

Diabetic neuropathy may develop in up to 10% of individuals secondary to aggressive glycemic control. The neuropathy is predominantly small fiber sensory and autonomic, and the severity of the neuropathy is tied to the change in the glycosylated hemoglobin A1C. Other microvascular complications such as retinopathy and nephropathy are common and may occur in parallel with the neuropathy. Eating disorders are a common comorbid risk factor. Individuals with uncontrolled diabetes for prolonged periods, particularly those with a history of eating disorders involving insulin restriction for calorie purging, are at high risk for developing treatment-induced microvascular complications. Gradual glycemic improvements should be encouraged but future research is needed to optimize treatment and prevention strategies.

**Journal Identifier:** [Curr Diab Rep](#). 2017 Jul;17(7):48. doi: 10.1007/s11892-017-0880-5.

Title: MANAGEMENT OF ENDOCRINE DISEASE: Suicide risk in patients with diabetes: a systematic review and meta-analysis.

**Source:** Pubmed

**Free Access:** Yes

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## **Abstract**

### **BACKGROUND:**

Previous studies investigating the risk of suicide in diabetes patients reported controversial findings. We did a systematic review and meta-analysis to comprehensively estimate the risk and incidence rate of suicide in diabetic patients.

### **METHODS:**

PubMed, EMBASE and PsycINFO were searched for eligible studies. Random-effects meta-analysis was used to calculate the relative risk (RR) and the incidence rate of suicide in diabetes patients. We also calculated the proportion of deaths attributable to suicide among diabetes patients.

### **RESULTS:**

54 studies were finally included, including 28 studies on the suicide risk associated with diabetes, 47 studies on the incidence rate of suicide and 45 studies on the proportion of deaths attributable to suicide. Meta-analysis showed that diabetes could significantly increase the risk of suicide (RR = 1.56; 95% CI: 1.29-1.89;  $P < 0.001$ ). Subgroup analysis showed that the RR of suicide associated with type 1 diabetes was 2.25 (95% CI: 1.50-3.38;  $P < 0.001$ ). The pooled incidence rate of suicide in patients with diabetes was 2.35 per 10 000 person-years (95% CI: 1.51-3.64). The pooled proportions of long-term deaths attributable to suicide in type 1 diabetes patients and type 2 diabetes patients were 7.7% (95% CI: 6.0-9.8) and 1.3% (95% CI: 0.6-2.6), respectively.

### **CONCLUSION:**

This meta-analysis suggests that diabetes can significantly increase the risk of suicide. Suicide has an obvious contribution to mortality in diabetic patients, especially among type 1 diabetes patients. Effective strategies to decrease suicide risk and improve mental health outcomes in diabetes patients are needed.

**Journal Identifier:** [Eur J Endocrinol](#). 2017 Oct;177(4):R169-R181. doi: 10.1530/EJE-16-0952.