

Abstracts: September 2016

Title: Illness Beliefs Predict Mortality in Patients with Diabetic Foot Ulcers.

Source: PubMed

Free Paper: Yes

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Abstract

BACKGROUND:

Patients' illness beliefs have been associated with glycaemic control in diabetes and survival in other conditions.

OBJECTIVE:

We examined whether illness beliefs independently predicted survival in patients with diabetes and foot ulceration.

METHODS:

Patients (n=169) were recruited between 2002 and 2007. Data on illness beliefs were collected at baseline. Data on survival were extracted on 1st November 2011. Number of days survived reflected the number of days from date of recruitment to 1st November 2011.

RESULTS:

Cox regressions examined the predictors of time to death and identified ischemia and identity beliefs (beliefs regarding symptoms associated with foot ulceration) as significant predictors of time to death.

CONCLUSIONS:

Our data indicate that illness beliefs have a significant independent effect on survival in patients with diabetes and foot ulceration. These findings suggest that illness beliefs could improve our understanding of mortality risk in this patient group and could also be the basis for future therapeutic interventions to improve survival.

Journal Identifier: [PLoS One](#). 2016; 11(4): e0153315.

Title: Predictors of Comorbid Eating Disorders and Diabetes in People with Type 1 and Type 2 Diabetes

Source: Research Gate

Free Paper: Available on Research Gate

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Abstract:

Objectives: The objective of this study was to identify psychosocial predictors of comorbid eating disorders (EDs) in individuals with type 1 and type 2 diabetes.

Methods: In this cross-sectional study, 140 people with diabetes answered an online survey covering sociodemographic information, body esteem, restrictive eating, medication omission, coping styles and depressive symptoms. Participants were recruited through advertisements on more than 100 websites, including forums, community organizations and Facebook groups focusing on either diabetes or EDs. Recruitment took place in Canada, Europe, Australia and the United States.

Results: On average, EDs developed after diabetes diagnoses in participants with type 1 diabetes but prior to diabetes diagnosis in participants with type 2 diabetes. In type 1 diabetes, avoidance coping

styles and depressive symptoms predicted an additional diagnosis of EDs. Co-occurring EDs and type 2 diabetes were predicted by body mass indexes and task-oriented coping strategies.

Conclusions: Variables potentially influencing the development of EDs in people with diabetes differ according to the type of diabetes, body mass indexes, coping styles and depressive symptoms; they should be more systematically evaluated and closely monitored. In the context of diabetes management, prevention strategies for ED onset based on increased knowledge of the risk factors associated with EDs are necessary and could help decrease the risk for the health complications of diabetes.

Available from: <https://www.researchgate.net/>

Title: Disordered eating and insulin restriction in youths receiving intensified insulin treatment: Results from a nationwide population-based study.

Source: PubMed

Free Paper: No

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Abstract

OBJECTIVE: This Germany-wide population-based study sought to estimate the prevalence of disordered eating and insulin restriction (IR) among 819 youths aged 11-21 years with early-onset type 1 diabetes (T1D) and a disease duration of at least 10 years.

METHODS: All respondents answered the five-item SCOFF screening questionnaire for eating disorders (EDs) and reported on the frequency of IR and clinical outcomes. Screening for disordered eating was positive when more than two SCOFF items were answered affirmatively. Frequent IR was defined as IR occurring more than five times per week.

RESULTS: A total of 28.2%/9.2% of the female/male patients were SCOFF-positive without IR and 4.2%/5.3% reported frequent IR but were SCOFF-negative; 2.7%/1.9% screened positive for both disordered eating and IR. Patients with disordered eating, frequent IR, or both showed significantly worse glycemic control and partly more inpatient-treated diabetic ketoacidoses than patients who screened negative.

DISCUSSION: Approximately one in three female and one in six male patients with early-onset long-duration T1D reported disordered eating and/or frequent IR. Because of their association with worse outcomes, both disordered eating and IR should be considered in T1D care irrespective of sex, age at onset, and diabetes duration.

Journal Identifier: [Int J Eat Disord](#). 2016 Feb;49(2):191-6.

