Men with ED-DMT1

Case Study 1

The recognition of eating disorders as mental illnesses that require acute care, both physically and mentally, is thankfully increasing. Additionally, increasing acknowledgement is being given to men like me that struggle with eating disorders. I've never felt ashamed to admit to anybody that I have this illness. My only real concern is the levels and provision of treatment, especially inpatient care, for males in particular with type 1 diabetes and eating disorders. This concern partly comes from direct experience as an inpatient on a ward of 15 patients with the room for only two males at one time.

Eating disorders develop for a number of very personal and individual reasons. With respect to this I believe that there can be no 'one size fits all' approach to tackling them. This is especially relevant to cases involving some other ailment, diagnosis or health conditions such as type-1-diabetes.

In all likelihood, many will have heard of anorexia and bulimia. I think that it's still widely believed that eating disorders are lifestyle choices that are born out of vanity and a desire to be slim, popular, 'instagramable' and attractive. Society seems to regard young females as too impressionable by way of popular culture which can put them at risk of developing mental health difficulties including eating disorders. If only there was such a simple, easily identifiable cause.

My own damaging obsessions and compulsions began after an episode of unexplained weight loss but quickly became the basis of my life. I began to prohibit certain types of food from my diet; nothing refined, no carbohydrates, oils, nuts, saturated fats. No frying, no chocolate, no cake, no potatoes or bananas. Only grilling, only boiling. And so it went. *How little or healthily could I eat on a daily basis in order to maintain the new physique which allowed me to wear those skinny jeans?*

It was around this time that I was told that I had type 1 diabetes, a challenging diagnosis on its own but even more problematic alongside an eating disorder. Suddenly I had to try and cope with a condition that centred entirely on intake, nutrition and how to manage the consumption of carbohydrates as victim of a buggered pancreas and just the help of a few pesky insulin jabs a day.

As a result my eating disorder escalated and it so it was decided by my psychiatrist that I should be referred to a specialised eating disorders ward in North London. I'd reached a dangerously low weight and my mineral balance was out of whack, constant purging had led the amount of potassium in my blood to plummet to precarious levels. I went into the hospital with a completely open mind, having decided that I'd had enough of the unhealthy ravages I was exposing my body and mind to. However, immediately I was sure the ward's environment, and its ill-equipped treatment program would be detrimental to both my physical and psychological health.

I was required to remain in a form of solitary confinement for the first week of my stay and unable to leave my bedroom. As soon as I entered my bags were searched for ‘contraband’; things like drinks, sweets and chewing gum, all of which I had. Most of these items happened to be my own little luxuries; which I enjoyed. But the sweets were there as treatment for hypoglycaemia, which I had frequently been experiencing as a result of my restrictive diet. Anyone with type 1 diabetes has to treat the condition every day of their lives. Although diabetes clinical teams and specialists are met every few months for check-ups and advice, the person with type 1 diabetes are the true experts of their conditions. Having this control taken away felt unfair and potentially damaging.

It was during this hospitalisation that I first discovered how the majority of healthcare professionals seriously lack knowledge of the dual condition of type-1-diabetes and an eating disorder. There aren’t any set clinical guidelines and there is no regimen or blanket approach to treatment. I encountered nothing short of incompetency concerning the management of my diabetes.

Following my admission and after no thorough assessment the ward GP prescribed my insulin requirements and from then on the nurses would only administer what he had written on my medicine chart despite occasions that I told them that the dose needed to be increased. I had to follow a program of structured and systematic eating; 3 meals and 3 snacks a day. The amount of food required more insulin than I was being administered which caused my blood sugar levels to sky-rocket on a regular basis. Yet the nurses would not budge in their approach and seemed unconcerned.

With much protest my cans of diet coke were wrangled from me. As a typical diabetic, I’d always consumed diet fizzy drinks and enjoyed particular brands. I was however told that these would not be allowed and certainly not until I’d consulted with the dietician as It was against ward regulations to consume anything calorie free, even water. This I mostly understood seeing as the end goal was an increase in body weight but as many people with diabetes I followed an age old wisdom of dietary guidelines and had never been in the habit of drinking anything that isn’t sugar free; including tea, juices and squash; sugary versions of which were all on the menu.

Within my first few hours on the ward a blood test revealed the need for me to be whisked off to A&E for an intravenous potassium infusion – a process which I was already familiar with having been in and out of hospital for it during proceeding years. While there I made my mind up that I would discharge myself from the eating disorder unit as soon as I got back which is what I then attempt to do. This prompted a consultant whom I’d never met before to place me under section 2 of the mental health act. I was beyond frantic and distressed to say the least and tried to reason with the consultant but this was no use. Section 2 placed me in the hospital for a further 28 days of assessment.

My treatment plan stated that nurses were required to physically administer my injections, which I refused to comply with. As a result, although permitted to inject myself, I was watched by nurses, the majority of which being female each time. This was something that I found hugely uncomfortable and infuriating as a male. I

resented their keenly focused eyes and it got to the point where I would petulantly make sure they'd couldn't miss a thing; dropping my pants in the corridor to jab myself in the backside with great apologies to my fellow, again mostly female, inpatients.

I'd like to stress that while I took my frustrations out on the nursing staff and their lack of awareness, it was simply because they were the ones responsible for providing my medication, access to locked toilets and meals on a daily basis. Retrospectively I do understand that they were simply doing their jobs; required to follow the charts and guidelines formulated by physicians and professionals higher in the pecking order than themselves.

To conclude, I hope that my experience helps to display a need for mental health provisions and for the NHS as a whole, to work on a program of better training staff in for treating type-1-diabetes alongside eating disorders or any kind of psychiatric illness. I'd suggest that ideally, separate wards should be established for tailored treatment as it requires a consideration of so many further complexities. In my mind every patient should always be regarded as having their own separate needs. I'd protest that the system needs changing dramatically to end the practice of red-tape and back covering. **I may be wishing for a utopia but I can live in hope.**