Hello Readers !!!!

This month has been positive for many of our members, it's really encouraging to see so many of us making real progress. I want to take this opportunity to ask anyone who is unsure if we can help to contact us, wether its to ask us for 1 – 1 support, to send some information to your local clinic or just to vent. Please use us that's what we're here for email: info@ dwed.org.uk or call the helpline any night of the week between 7 - 11 on 020 8133 7659. We have a completely anonomous facebook group that doesn't come up in a search if you are more comfortable with that then you can friend request me at www. facebook.com/meeshathecat and I will add you to the group. Also we are now setting up a geographical network of professionals who can deal with ED/DMT1/ Diabulimia so if you think that you could add yourself to that network please get in touch. Similarly if you are in an area that seems to have few resources please let us know where you are and we will do our best to connect you with who you need. DWED has always been focussed on creating networks of support whether it's for our members, their families or their health care providers. Now is the time to join up the dots and provide a fully integrated, multidisciplinary service to everyone who needs it. That is what works and that is what DWED will fight to provide for every one of our members.



### Royal College of Psychiatry:

DWED director Jacqueline is working with the committee manager of the Eating Disorder Executive Group to ensure that DWED is on the right track to being a fully operational charity. At the moment we are designing a training programme for volunteers. This training course will cover diverse aspects from NHS Structure to counselling skills. The aim of the programme is to ensure that DWED volunteers are experts in the field. If you feel like you could assist us in providing this programme then please let us know, whether it's Microsoft Office Training or Dealing with Suicidal Contacts, we aim to make our training as comprehensive as possible. Please email jacq@dwed.org.uk with any suggestions

### **DWED in Scotland:**

Following a successful trip to Scotland last month DWED is looking to extend the network there. We will be back in July/ August so if you would like to meet with our director please email <a href="mailto:info@dwed.org.uk">info@dwed.org.uk</a> We are considering running a support day for our members in Scotland, possibly in Perth, if this is something you would be interested in attending please let us know.

### **Publications:**

DWED is working on a publications to help both health care providers and dwed members navigate the recovery process. Presently these publications speculatively include booklets like; 'Information for GPs', 'Who are my health professionals and what can and can't they do?' and 'What are Gastroparesis and Neuropathy of the Bowel and how are these affected by ED-DMT1?'. Again the idea here is to cover as large an area as possible to answer any questions you may have. If you have any suggestions on what sort of publications would help you, your carers, your colleagues or your health professionals please send your suggestions to info@dwed.org.uk

## New Working Group on Diabetes and Eating Disorders

### Royal College of Psychiatrists New Working Executive Group:

DWED director Jacqueline and Trustee Prof Janet Treasure will be participating in a new group looking at how ED-DMT1/Diabulimia is currently approached. The aim is to produce a statement/document to inform and guide clinicians (and commissioners) on the priorities for such a patient and on the best practice in management. We are still looking for participants, particularly GP's and those involved in Diabetes Care. If you are interested please contact sylvia.dahabra@ntw.nhs.uk

# Disordered Eating Attitudes Among Female Adolescents With Type 1 Diabetes:

### Role Of Mothers

### Nicola Allen: DSN and DWED Trustee

An article in the recent Journal of Diabetes Nursing examined eating disordered attitudes in females with Type 1 Diabetes and the impact of their mothers. The research was carried out in Belfast and involved adolescents with diabetes duration of at least six months. Adolescents and their mothers completed a self report questionnaire on a visit to the hospital diabetes clinic.

The results showed that adolescent's perceptions of their mothers dieting behavior and importance of thinness correlated with body dissatisfaction and eating disordered attitudes. However the mother's self reported results did not correlate. Therefore the key impact was the adolescents perceptions. I wonder if this could be due to distorted perceptions or from the mothers under reporting, consciously or not.

The authors suggest that routine questioning during clinic visits regarding perceptions of body dissatisfaction and importance of thinness could help identify those at risk of eating disorders.

The questionnaires used to identify eating disorders were not diabetes specific, so may not have been sensitive enough to identify ED-DMT1 behaviors. I think this article has been useful to highlight the role that mothers play in the psychology of eating disorders. The journal is accessed freely by DSN's, so any articles that raise awareness of eating disorders in Type 1 Diabetes is positive.

Journal of Diabetes Nursing 15/05/2011 Gillian O'Brien et al Disordered eating attitudes among female adolescents with Type 1 Diabetes: Role of mothers

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### Make Your Voice Heard!

My name is Ulla and I'm a senior researcher at <a href="https://www.youthhealthtalk.org">www.youthhealthtalk.org</a>.

I'm developing a new section for the website about young people's experiences of different eating disorders. Through young people's first-hand account interviews, the website will provide support and information for others in a similar situation, and educate parents and health professionals of young people's perspectives.

We want to raise more awareness of the often overlooked ED-DMT1/ Diabulimia and are looking for volunteers aged 16-25 from across the UK who would like to share their stories for the project through an informal interview. The interview is very relaxed, more of a chat about your experiences and it's entirely up to you what you want (or don't) want to talk about. The interview can be video or audio recorded, or completely anonymised written only. Afterwards, I will send a full transcript to check through and you can change or delete anything you want.

If you're interested, please get in touch for more information, there is no obligation to take part!

Thank you,

VIIa

Email: Ulla.Raisanen@phc.ox.ac.uk

Phone: 01865 289328

### www.dwed.org.uk

As promised the website is getting a complete design overhaul thanks to our designer extraordinaire Louisa Hawken.

If you have any suggestions on how we can improve the service or layout of the website now is the time to let us know!

info@dwed.org.uk before we put the design live next week.

### Escape by Claire Kearns

Being colour blind, he could not see, the sea from the sky, the sand from my skin. My footprints, Like cat pawprints in snow, Indented daintily against the shore, I ran around in pretty circles. He watched, I moved, he watched, my feet, but not my eyes, as I darted jelly-fish, giggling, Like they do in the movies.

Gulls soaring, twisting, circling us, Calling, with shrill throats, Not cooing, but screeching. And I, twirling my hair, under and over, under and over my fingers, nails painted with coral varnish. Watching the distance, and longing, for a razor sharp edge. A way to lose myself.

Three continents, ten cities, two bodies, One mind, an un-melted iceberg, I went, in the dead of night, removed his hand from my back.

Slipping out, and away, I left. Imagination finally trickling, like an African waterfall.

### Take a Look

Remeber the major DWED event this year, Type 1 Diabetes and Eating Disorders DWED conference (1 day TBC 27th Aug - Sep 02) You can register your interest for this event at www.dwed.org.uk



### When One Became Three. Janine Chivers

So it's finally happened. There I am with my beautiful baby girls. And not just one, no I have been blessed with two of the little angels. That was it! I am now a mother so that god damn eating disorder that had plagued me for the past 10 years could bugger right off, good by anorexia/bulimia/binge eating disorder/diabulimia blah blah blah... Yes your getting the picture, I had befriended them all! But I am now a mother so you can all sod right off!! I have two lovely little popettes who need me for every single thing. Well I was lucky as they also had a daddy around to help so I guess I could still be a bit friendly with ED because I wasn't the sole care giver. And they don't really pick up on everything as babies right? But I was also lucky in that my ED was being very quiet, Yes I hated the way I looked and was still conscious of everything I ate but I was generally ok, my weight had stabilised and I was on my correct amount of insulin, I couldn't dream if omitting now I had two babies who unfortunately didn't appear to be staying babies for long! Before I could blink they were running rings around me, they were talking, walking and basically turning into lovely little people. I was tired and needed a lot of energy so I decided to improve things even more, I quit smoking and joined the gym, I even ran the London marathon! The gym was becoming interesting, I remembered how big a part of my life exercise had been in my early anorexic days. I started to look at the others there and compare my body. Not such a good thing! So that was it! I was going to get really thin/ fit and run!! So run I did aswell as cut back on my food again, the slimmer I am the faster I ran. But running made me very hungry which was not helping with the whole slimming down mission so I started to cut back on my insulin. It wasn't long before mummy got poorly. But it was ok because they were still so young, that's how I would try and justify it anyway, 6 times over the past 5 years I ended up in hospital with DKA and I had to stay for over a week one time.

I absolutely hated it, being away from my little girls would rip at my heart and bring me so much guilt and unexplainable pain at the thought of these two little innocent girls being sad and worried about their mummy. It left me feeling even worse about myself, I had failed at the most important job in the world by letting ED consume me again and now it had also affected the lives of two other perfect people.

It has now been nearly ten years since the birth of my first daughter and so another ten years of destruction to my body from Diabulimia. I now consider myself to be in recovery and fighting well but still so sad at all the years I have lost to ED with my two beautiful daughters. The complications of such abused diabetes often take their toll on me and I struggle to be that wonderful mum I always believed I could be. I have to keep going and stay strong and fight

the b@\*tard now for all three of us, they now will not be ok without me and Emily ( my first born ) is far to aware of everything!!

It can be so very hard staying well for someone else, I think the best way to do it is to think of all the other wonderful things there are if the world, all the amazing things that I can help my daughters achieve. Being a parent with such an evil and destructive ED as this is beyond hard, but I'm living proof that it can be done and it can be beaten.



# NEEDS.

Volunteers Trustees/ Writers: This is our usual call for more volunteers. We are still looking for trustees. If you feel you could lend your expertise whatever that maybe then we desperately want to hear from you. We are also looking for writers who are willing to contribute news and blog articles to the website as well as writing for our monthly newsletter. Please email info@dwed.org.uk.

### The Amazing Mrs Allan:

The amazina Mrs Allan otherwise known as 'mum' to director Jacqueline cycled an astonishing 233 miles between the 2 - 6th of June to raise some desperately needed cash for DWED. In doing so she cycled from Newcastle to Edinburah and raised over £350. It sounds as if adventure was had by all. Highlights included being attacked by bats during a spooky secluded overnight stop and cocktails at the

finish line. Thanks Mum, you're a legend!!!!

### New ADA Guidelines vs. Diabetes UK Guidelines

by Lucy Travers

The ADA (American Diabetic Association, www.diabetes.org) has recently made changes in its recommendations on what constitutes a healthy diet for those with Diabetes.

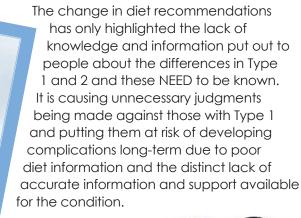
Instead of using a food pyramid, which categorised foods into a much more black and white manner, ie 'good' and 'bad' foods (for example: all fats are bad, all complex carbohydrates are good for you, etc.), it is now suggesting people use Myplate (www.myplate.com) as guidance on how to follow a healthy diet.

Some of Myplates recommendations are to 'make at least half of your grains whole grains', 'focus on fruit' and 'switch to fat-free or low fat (1%) milk'.

After doing some research, the stark differences between how the US and the UK approach Diabetes and diet became incredibly clear. Just by looking at each website I saw that Diabetes UK straight away associates between Type 1 and Type 2 Diabetes, whereas the ADA do not. This is worrying, since the diet the ADA is recommending for those with Diabetes is heavily focused on those with Type 2 and weight loss. Purely concentrating on weight management is not beneficial to people with Type 1, as many of the recommendations don't take into account foods which make sugars spike, help release energy slowly and foods which have very little effect on sugars whatsoever. It fails to take into account that fat is a necessary part of a healthy person's diet and by trying to eliminate it is not providing accurate information on what is a healthy way to live.

Diabetes UK (www.diabetes.org.uk) focuses on the carbohydrate content of foods and the glycemic index - which covers all food groups. There is also information on a healthy balance, where the website uses the 'eatwell plate' for guidance on what proportions each food group should take. The eatwell plate takes into account high fat/sugar foods and information on how to manage sugar levels/insulin doses is all taken into account by the carb-counting method. Basically, there is information on how to follow a normal/healthy diet whilst managing diabetes at the same time and the information provided is in depth and clearly explained.

I feel that if there was some marriage between the ADA and Diabetes UK, vital information would be made readily available to those with Type 1 living in the US and the difference between Type 1 and Type 2 would become more widely known. Management of the two conditions is very different, despite both being labelled as 'diabetes'.







www.dwed.org.uk