Type 1 Diabetes, Eating Disorders and co-morbid mental health conditions

In light of 8th-14th May being Mental Health Awareness Week, DWED's specialist content for this month brings a focus on mental health co-morbidities. DWED also closely followed, shared and published content on out social media channels during those 7 days. Please do check out our blog page for various new pieces as well as the hash-tag #MHAW17 and #MentalHealthAwarenessWeek on Twitter.

How can an additional diagnosis of profound mental illness impact upon diabetic control and management of an eating disorder?

Depression

Research has found that people who suffer from both diabetes and depression have poorer metabolic and glycemic control which has, in turn, been found to intensify symptoms of depression.

Additionally, some anti-depressants have been found to have hypoglycaemic effects causing serious problems for self-management.

It has previously been reported that depressed people with diabetes are less likely to adherence to medication and diet regimens and subsequently have a reduction in quality of life and increased health care expenditure.

Bipolar

While the depressive phases of Bipolar Disorder may encompass as mentioned above, the 'manic' periods can cause someone to act in impulsive ways and put themselves in dangerous situations. A person with type-1-diabetes may react by being reckless with blood glucose control, perhaps giving large doses of insulin or letting sugar levels bounce from high to low erratically.

General and acute anxiety

Anxiety can be a catalyst to obsessive and intense thought patterns that can be hard to distract from. Similar to some of the 'manic' type behaviours involved in Bipolar Disorder, a type 1 diabetic can feel rattled and unable to calm themselves down. In turn they can also use their diabetic control as something to grasp on to and fixate on, and may for example take blood tests or check CGM levels repeatedly without need.

Panic attacks can also be traumatic and bring about hypoglycaemic episodes as the body reacts to increased adrenaline and the burning up of energy. It is extremely important that a type 1 diabetic who suffers from frequent panic attacks makes sure they have enough glucose sources available to them at all times.

Anxiety can also often be linked to **phobia or post-traumatic stress disorder.**

Personality disorders

The NHS resources website describes personality disorders as: "*conditions in which an individual differs significantly from an average person, in terms of how they think, perceive, feel or relate to others.*"

Treatment of both type 1 diabetes and an eating disorder needs to become more carefully considered when a patient has a personality disorder such as Borderline Personality Disorder (BPD) or antisocial personality disorder (ASPD) This is because certain aspects of a personality disorder can be incorrectly regarded as 'non-compliance', disengagement or rebellion quite easily.

Additionally, personality disorders can also feature aspects of other mental health conditions as mentioned, significantly depression, anxiety, OCD and episodes of mania.

Obsessive Compulsive Disorder

OCD can be extremely all consuming and is often linked closely to eating disorders, particularly anorexia. However the nature of type-1-diabetes can also be a breeding ground for OCD behaviours.

Blood sugar monitoring can involve a close degree of analysis in order to achieve good control. In many cases this can be encouraged by health professionals, but unfortunately this can move beyond a certain line of healthiness whereby it becomes problematic. 'Perfect' blood glucose control is not achievable and this can be difficult to come to terms with.

Schizophrenia and Psychosis

Episodes of psychosis can extremely frightening and someone with schizophrenia requires a lot of support at close hand to keep them safe. This can often require periods of inpatient admission at specialist units and adjustments onto different types of medication. If someone also has type 1 diabetes and/or an eating disorder, these other conditions must be regarded as also in need of particular attention as part of an ongoing care plan.

It has been widely reported that some antipsychotic drugs can elevate blood glucose, cause weight gain, and increase blood lipids and insulin resistance. Weight increases as such, especially if seemingly unavoidable or without limitation, can be extremely distressing for someone with an eating disorder. Furthermore, this may lead to a worsening sense of hopelessness or suicidal urges, as well as the tendency to engage in insulin omission to achieve weight loss.

Our Podcasts

We interviewed 4 different women this month concerning their experiences of mental illness. These individuals all have type-1-diabetes as well as past or current diagnosed eating disorders. One woman also has OCD, while another has Borderline Personality Disorder. A third shares context on living with bipolar disorder and aspects of BPD, while our forth interviewee talks about her struggle with depression and anxiety. Throughout these conversations, I found some striking similar themes, particularly the following:

- The need for regular consultation between the diabetes team, eating disorder team AND personality disorder teams.
- How it often took some stability of the eating disorder in order for additional mental health conditions to be recognised, diagnosed and treated in their own right and stand alone, instead of just a part of the eating disorder
- Medication can be extremely helpful but therapy programmes and finding the right therapist for you is also hugely important.
- It is okay to need family and loved ones to recognise signs of slipping that may not be immediately obvious to the sufferer.
- Recovery is not linear and with long term mental illness it is often about learning to adjust and manage symptoms. All of our interviewees spoke honestly on how they have current **thoughts** but that the key to staying well is to not **act** on these thoughts as they would have done during the height of their illnesses.

By Claire Kearns.