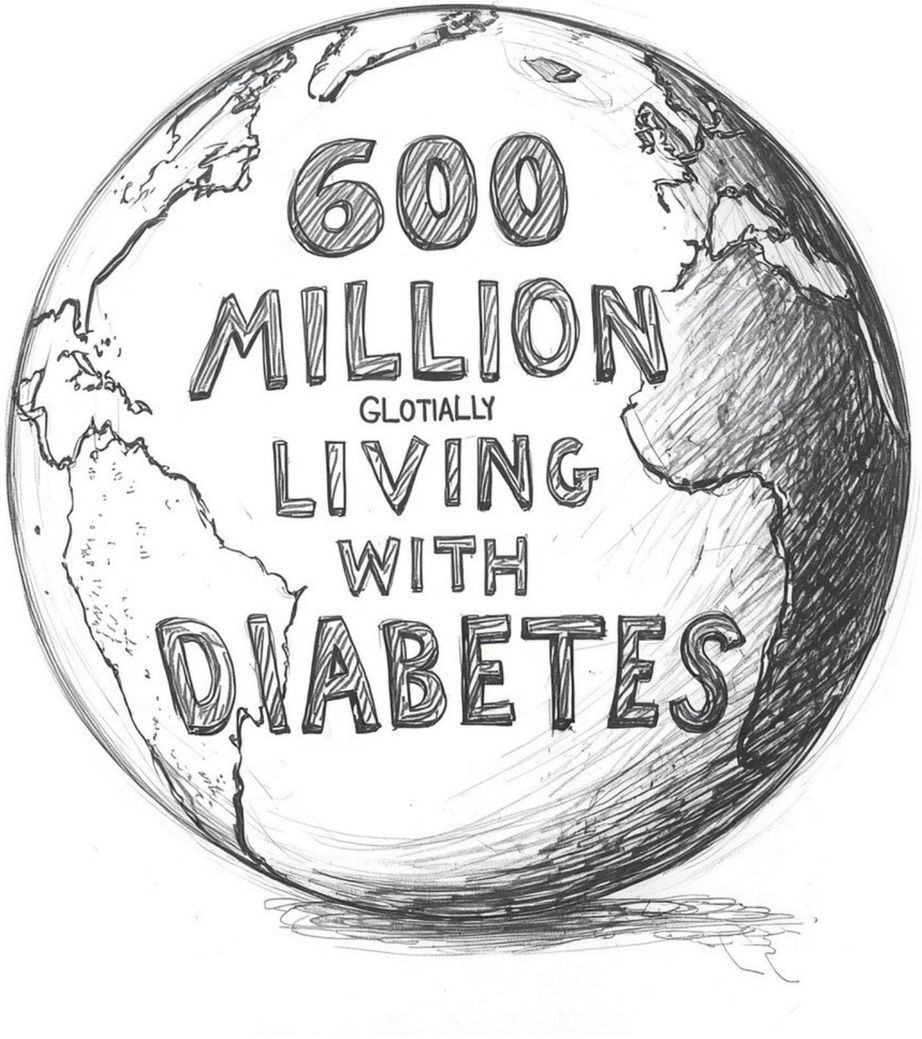
The problem



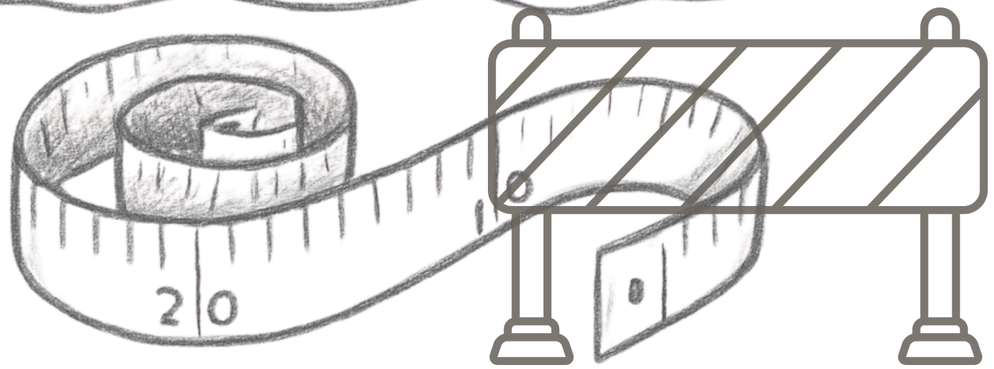
DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

International Diabetes Federation


AND 1 in 4 experience
BINGE EATING DISORDER
= 1 MILLION
in the U.K.


DEADLINES
TO DO LIST
SO MUCH!!
I SHOULDN'T EAT ANOTHER BISCUIT- I'VE ALREADY HAD A LOT TODAY...
PEOPLE WHO BINGE-EAT ARE MORE LIKELY TO HAVE
OBESITY
HbA1c
45+
HIGHER BLOOD SUGAR LEVELS
140/99
HIGHER BLOOD PRESSURE
WATER ME!
POORER MENTAL WELLBEING
SIGH

BINGE EATING
IS NOT
BEING ADDRESSED



Understanding and managing binge eating in those with obesity, overweight and T2D: *Insights from the POSE-D Study*

UNIVERSITY OF LEEDS

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POSE-D

Research Team

Dr Gemma Traviss-Turner

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Making eating disorders a priority

DIABETICMedicine

DOI: 10.1111/dme.14048

Diabetes UK Position Statements

Transforming mental well-being for people with diabetes: research recommendations from Diabetes UK's 2019 Diabetes and Mental Well-Being Workshop

T. A. F. Wylie[1], C. Shah[1], R. Connor[2], A. J. Farmer[3], K. Ismail[4], B. Millar[5], A. Morris[1], R. M. Reynolds[6], E. Robertson[1], R. Swindell[5], E. Warren[5] and R. I. G. Holt[7]

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Abstract

Aims To identify key gaps in the research evidence base that could help to improve the mental well-being of people with diabetes, and to provide recommendations to researchers and research funders on how best to address them.

Methods A 2-day international research workshop was conducted, bringing together research experts in diabetes and in mental health, people living with diabetes and healthcare professionals.

Results The following key areas needing increased financial investment in research were identified: understanding the mechanisms underlying depression; understanding the multifactorial impact of social stigma; improving the language used by healthcare professionals; supporting people who find it difficult to engage with their diabetes; supporting significant others; supporting people with diabetes and eating disorders; improving models of care by learning from best practice; the potential benefits of screening and managing diabetes distress in routine diabetes care pathways; primary prevention of mental health issues at the time of diagnosis of diabetes; establishing the effectiveness of diabetes therapies

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James Lind Alliance
Priority Setting Partnerships

POSE-D

Providing Online Self-Help in Disordered Eating in Adults with Type 2 Diabetes

Binge Eating Disorder (DSM -5)

- Eating a large amount of food in a discrete period of time
- Sense of lack of control over eating

Plus 3+ of the following:
Eating much more rapidly than normal
Eating until feeling uncomfortably full
Eating large amounts of food when not feeling physically hungry
Eating alone because of being embarrassed by how much one is eating
Feeling disgusted with oneself, depressed, or very guilty after overeating

Marked distress regarding binge eating is present.

The binge eating occurs, on average at least 1 day a week for 3 months (DSM -5 frequency and duration criteria)

Guided self -help

Self -help materials

- Client-led
- Based on clear theoretical model (usually CBT)
- Structured
- Brief (50% standard treatment)

Guidance

- Any therapeutic background
- Facilitator not therapist
- Monitor and review work
- Promote motivation and engagement
- Therapeutic relationship

Training

- Tailor materials
- Troubleshoot

Format
- Printed manual
- Online

Guides
- Therapists
- GPs
- Dieticians
- Graduates

Mode of Guidance
- F2f
- Online
- Email
- Phone

Mode of Delivery
- Individual
- Group

Duration
- Session length 30m/1hr
- 4-18 sessions
- 6 weeks - 7 months

Training
- None
- Half-day/full-day
- Competency assessment

Kathy’s story

POSE-D Programme

Adapted online workbook

7 sections

CBT-E framework

Homework tasks

Session-by-session & outcome measures

Guidance

7 x 1-hour sessions

Over 12 weeks

Review client work

Promote motivation and engagement

Therapeutic alliance

Guide training

2 x half days

Familiarity with SH content

Client suitability/readiness

Guide not therapist

Contents

POSE-D

Contents

ion

ɜ ask whether this programme is right for you, right now. You are introduced to the Guides in Guided Self-Help and what is
ugh the programme.

1: Eating disorders and this treatment approach

ɯ learn about eating disorders and their development. You are introduced to the 'Hot Cross Bun' – connecting thoughts, em
ɨ sensations. The focus is on change and what might get in the way of change.

2: Physical and psychological health

eting, binge eating, and compensatory behaviours have centre seats. You are guided on how to keep a food diary, to look a
to change, and record your goals for the programme.

3: Food and health, and unwanted behaviours

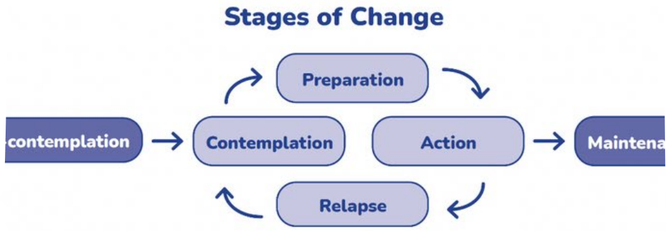
ɩe focus is on a regular pattern of eating for health and re-learning hunger and fullness. There's also advice on stopping thos
behaviours referred to in Session 2.

4: Thoughts

ɯ start to challenge those unhelpful thinking styles and traps. You practic nking, doing behavioural

Stages of Change

below will help identify where you are in the process of change right now. This will help you to work with your Guide towar
ɔd to set realistic goals during the programme. You may also recognize that you have been at different parts of the cycle at
is completely normal and acceptable. Relapse refers to a breakdown in a person's attempt to maintain change in any set o
. Lapses are shorter periods of returning to previous less helpful behaviours.



POSE-D

The Relationship Between Restricting, Dieting And Binge Eating

g is when a person eats a very large quantity of food over a
ɨ of time, even when they're not hungry. A cycle exists
eting, hunger or food deprivation and the overwhelming urge

ɔeople a binge is associated with stress, interpersonal
and negative emotions. It is therefore important to
ɨ the physical and psychological factors which can maintain

ɨeone binge eats, they also have a sense of loss of control
eating behaviour. This behaviour usually occurs in secret and
to feelings of disgust, shame, and guilt.

Eating for Health with diabetes

ɔd contains all the essential nutrients you need so eating for health means having a variety of foods in the right amount to k
ealthy all the time. It also means enjoying eating, having foods that you like and being able to eat comfortably and socially w
ends.

lanced diet for people with diabetes involves:

gular meals	6. Eating at least 5 portions of fruit and vegetables daily so you ar getting a range of the essential vitamins, minerals and fibre that yo body needs.
lean protein such as fish, eggs, seafood and beans/pulses. These foods contain muscle repair and oily fish provides omega 3 which can help to protect your heart. nd other vegetable-based alternatives are also good sources of protein which are	7. Including some milk and dairy foods, like cheese and yoghurt. T are an excellent source of calcium to help keep bones and teeth h To help cut back on the quantity of fat eaten in the diet, try the low variety.
re nuts, avocados, and seeds.	8. Eating tomato-based

Identifying Unhelpful Thoughts

he programme focuses on the "thoughts" part of the 'Hot
nodel.

lls us that unhelpful negative thoughts can play an
le in eating difficulties. When someone has an eating
re are usually changes in the way they feel (their emotions),
dy reacts, what they think, and how they behave.

ve noticed that when completing your food diary you have thoughts which influence the way you feel. These then may trigg
restricting, vomiting, overexercise, checking your body, weighing yourself, or taking laxatives. Often, when people do these
they feel worse. This can lead to more negative thoughts and forms a vicious circle.

which we think can influence the way the way we feel and the way that we behave.

Strategies to Help You Begin To Appreciate Yourself

comes from positive psychology. You can find out more by watching Professor Martin Seligman in YouTube. It is a branch
that recommends focusing on strengths and the factors that make your life more meaningful, rather than on illness. The TI
gs activity asks you to reflect on good things that happen in your life, and to do this every evening. The next set of activities
w you can look after yourself. If this is difficult, think about what a close friend or family member might say about you.

Activity

List of:

itive qualities you have as a person.

ur answer here...

strengths you have as a person

Chapter 1

My Transitions - Pose D

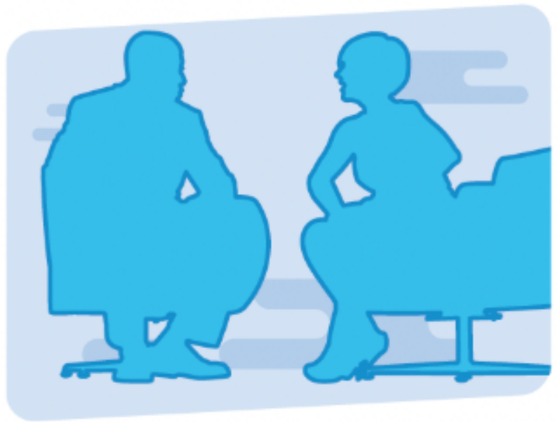
1. Have you read through this section prior to attending? YES NO
2. Have you filled in the activity boxes? YES NO
3. Have you marked the pages or sections you want to discuss with your Guide? YES NO
4. Have you completed the questionnaires at the end of this section and given it to your Guide? YES NO

More About Sam

It is important for Sam to have an understanding about eating, body weight, and body shape concerns and why they are so problematic. Sam was able to talk with the Guide how patterns and relationships in early life might help understand some of these difficulties. Since the age of 7 years Sam's mum was always on 'fad' diets and would often comment on Sam's appearance. When out shopping, Sam's mum would frequently criticize the way others looked: "Look at the size of her." Sam was bullied at school for being fat and always felt 'different'. Sam does not feel as close to the family. Sam feels the 'failure' in the family.

Now, feeling anxious and stressed most of the time means that Sam feels lonely, tired, and sad. This is made worse when social situations are avoided, for fear of overeating, leading to stronger sense of isolation and loneliness. Sam's sister is confident and has lots of friends, whereas Sam is terrified of being rejected, so relationships never last long. Sam now feels that they will never make any true friends or be in a relationship and has strong feelings of worthlessness.

Sam is starting to realise that there are a number of reasons why these strong negative feelings arise. Sam is aware that whilst the focus is on trying to please mum and others, the preoccupation with weight, shape and food will remain unchanged.



POSE-D

POSE-D Pilot Trial

- 22 Participants with T2D
  - 13 NHS services in UK
  - 3 GP practices
  - 6 social media
- 14 female, 8 male
- 20 white-british, 1 asian, 1 black
- Mean age 47

- 91% scored above cut off for Binge Eating
- Mean Binge Eating score 26.8 = severe
- Mean Depression score 14 = moderate

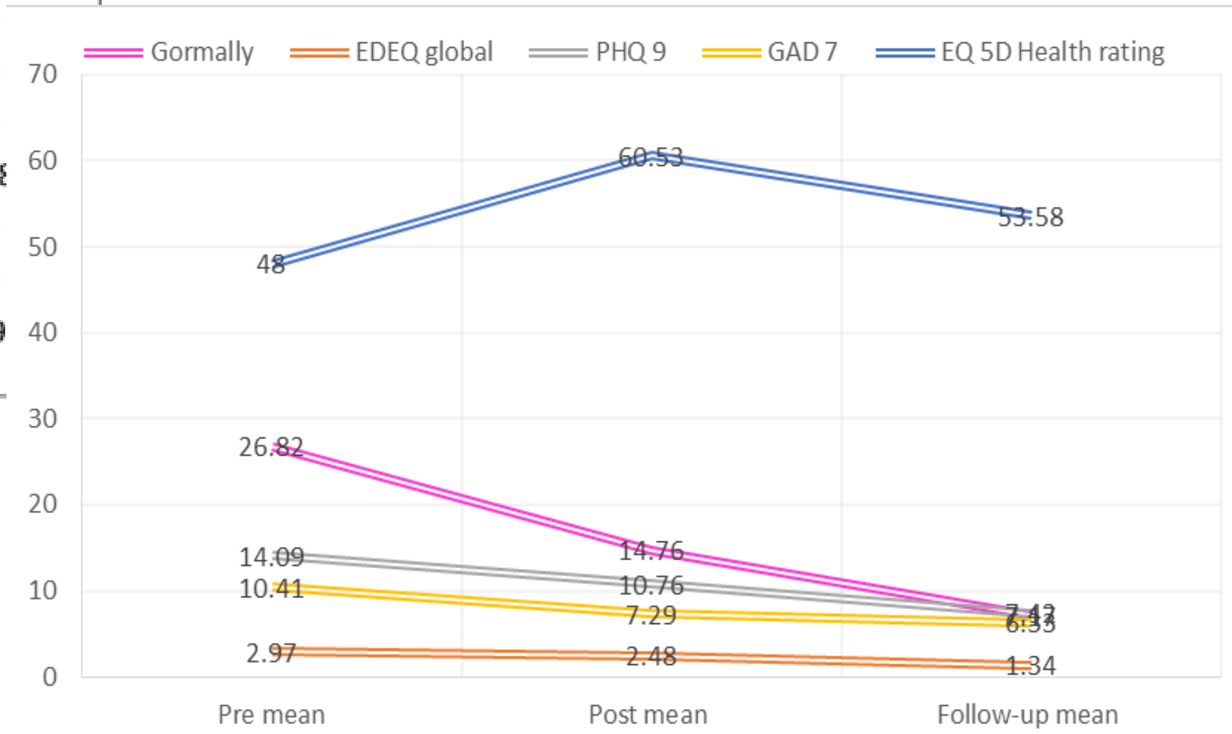
Measures

- Binge eating (Gormally BES)
- Eating disorder symptoms
- Depression
- Anxiety
- Quality of life
- Weight
- HbA1c

BEFORE → AFTER → 12W FU

Continued improvements

	Pre mean (SD) N=22	**Post** mean (SD) N=17	**Follow-up** mean (SD) N=12
Gormally	26.82 (9.25)	14.76 (12.12)	7.17 (4.90)
EDEQ restraint	2.60 (1.58)	1.93 (1.68)	1.32 (1.36)
EDEQ eating	2.63 (1.58)	1.62 (1.96)	0.58 (0.71)
EDEQ shape	3.64 (1.63)	3.88 (2.64)	1.84 (1.45)
EDEQ weight	3.22 (1.77)	2.47 (1.58)	1.62 (1.31)
EDEQ global	2.97 (1.54)	2.48 (1.59)	1.34 (1.07)
Weight (kg)	110.13 (25.84)	108.84 (26.53)	106.33 (30.48
PHQ 9	14.09 (7.22)	10.76 (6.57)	7.42 (5.21)
GAD 7	10.41 (6.90)	7.29 (6.18)	6.33 (5.71)
EQ 5D Health rating	48.00 (24.94)	60.53 (19.72)	53.58 (27.09



At follow-up no-one met criteria for Binge Eating

But....

	All time points N=12	Pre N=6	Pre post N=4	*p*
Gormally	21.83 (8.47)	30.17 (5.78)	36.75 (5.12)	0.005 *
EDEQ Global	2.59 (1.54)	2.22 (0.49)	4.41 (1.34)	0.10
PHQ 9	12.25 (6.08)	12.67 (8.26)	21.75 (4.43)	0.05 *
GAD 7	9.25 (5.08)	8.00 (8.90)	17.50 (4.73)	0.06
Weight	107.36 (30.9)	99.92 (21.54)	120.9 (17.74)	0.52

Qualitative findings

CHANGES

to sort of refocus myself and start thinking about what I was doing to myself

- Reduced binges
- More mindful eating
- Better diabetes management
- Wider lifestyle changes
- Increased self confidence
- First time someone has asked about their binge eating
- New approach for client and guide
- Chance to refocus on oneself

SUITABILITY

- Stress eaters
- Disordered eating rather than ED
- Physical symptoms of diabetes
- Those with lower levels depression

made me be reflective, which I think is really the big thing

NECESSITY OF GUIDE

- Working in partnership
- Helped navigate
- Additional knowledge
- Supported mental wellbeing
- 'Guidance' not therapy
- Used flexibly

Yeah, I think I could do with another session cause the last one was a month, weren't it? So I think maybe another session a couple of months or you know three months or something afterwards, where you can go over what you've learned

ENDING

- Ongoing access to intervention
- Optional follow-up with Guide


InShOt

Future Directions

- Binge eating is common in people with T2D
- It falls through the cracks in both EDs and diabetes services
- Basic screening may be a positive first step
- Programme-led interventions such as GSH are scalable and have potential to be used by non-specialist ‘Guides’
- But they are the start of a longer journey
- GSH may be perfect fit alongside diabetes/weight loss medications
- It provides the toolbox for sustained remission

References

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