Causes of Eating Disorders

The 4 P's model describes factors which are thought to interact, leading to a person developing and maintaining an eating disorder.

PREDISPOSING FACTORS

Biological, psychological, and social factors can raise a person's risk of developing an eating disorder:

Biological	Psychological	Social
• Female gender. • Genetics. • Family history of an eating disorder. • Adolescence and early adulthood. • Higher weight status as a child. • Neurodiversity. • Type 1 diabetes.	• Low self esteem. • Teasing / bullying. • Personality traits such as perfectionism, obsession or impulsivity. • Body image dissatisfaction. • Anxiety, depression, bipolar disorder, personality disorder. • History of trauma.	• Family patterns of dieting or overeating. • Social or peer norms / social media relating to dieting, weight and shape. • Minority groups e.g. LGBTQ+. • High academic expectations. • Household stress. • Food insecurity. • Involvement in elite sport. • Recreational pressure to be slim e.g. dance, gymnastics, modelling.

PRECIPITATING FACTORS

In those who are predisposed, specific factors can precipitate the development of an eating disorder for example dieting, teasing / bullying, life transitions e.g. leaving home, puberty, loss, grief, divorce and stress.

PERPETUATING AND PROTECTIVE FACTORS

Once an eating disorder has developed, there are perpetuating factors that serve to maintain the illness and protective factors which promote recovery for example:

Perpetuating Factors	Protective Factors
• Ongoing exposure to precipitating factors. • Psychological and physical changes that occur in starvation. • Reliance on the eating disorder as an emotional coping mechanism.	• Early diagnosis and treatment. • Reversal of physical and psychological changes that occur in starvation. • Psychological interventions. • Strong support network.

How does this relate to T1DE?

Those with Type 1 Diabetes are more likely to develop an eating disorder than those with without the diagnosis. Factors linked to the diagnosis and daily management of diabetes are thought to be potential predisposing factors, for example:

> *Teaching a person how to be a 'perfect diabetic' is akin to teaching them how to have an eating disorder."*
>
> Ann E. Goebel-Fabbri, PhD, 'Injecting Hope', Harvard University.

- Weight loss and regain at diagnosis.
- Focus on weight as a measure of success (or failure).
- Focus on blood glucose as a measure of success (or failure).
- Unpredictability of blood glucose levels despite best efforts.
- Disconnect between eating and appetite e.g. the need to eat to fuel exercise or treat hypoglycaemia.
- Focus on food and scrutiny of choices by others.
- Focus on numbers.
- Fear of judgement from healthcare professionals.
- Body image concerns associated with wearables.
- Increased awareness of the body through the need to self-monitor