What are Eating Disorders?

Eating disorders are serious mental illnesses. There are 4 main types of eating disorders with different characteristics:

Anorexia Nervosa (AN)

- Severe restriction of food.
- Significant weight loss / significantly low weight.
- Distorted self-image / intense fear of gaining weight.
- Compensatory behaviours; excessive exercise, vomiting or misuse of laxatives / diuretics.
- Risks; the physical and psychological effects of malnutrition e.g. low blood pressure, low heart rate, hypothermia, low mood, anxiety, and social withdrawal.

Binge Eating Disorder (BED)

- Consumption of an excessive amount of food in a discrete period of time (binge eating).
- Loss of control / being unable to stop eating.
- Eating more rapidly than normal, when not hungry or until uncomfortably full.
- Feelings of disgust, shame and guilt after a binge.
- BMI is likely to be in the overweight or obese range.
- Risks; heart disease, cancer and type 2 diabetes.

Bulimia Nervosa (BN)

- Binge eating as described for BED.
- Compensation after a binge; excessive exercise, fasting, vomiting or misuse of laxatives / diuretics.
- BMI often 'healthy' but fearful of gaining weight or becoming overweight.
- Risks; electrolyte disturbances, reflux, bloating, sore throat, salivary gland enlargement and dental erosion.

Other Specified Feeding and Eating Disorders (OSFED)

- Significant, clinically distressing eating disorder symptoms that do not meet the full diagnostic criteria for AN, BN or BED.
- OSFED is not a "lesser" or "mild" disorder; it carries the same, and sometimes higher, risk of severe medical and psychiatric complications as the other eating disorders.

Most people with an eating disorder have a BMI that falls within the healthy weight range. They may look healthy but can be extremely physically compromised.

UNITING CHARACTERISTICS

Abnormal eating behaviours, driven by low self-esteem and over-evaluation of weight and shape are key features of ALL 4 eating disorders. Co-morbid anxiety, depression, personality disorder traits and substance misuse can present alongside any of the disorders.

DIAGNOSIS

A diagnosis of an eating disorder is made when very specific criteria, outlined in *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* are met. Importantly if a person is diagnosed with an eating disorder, the eating related behaviour will "**SIGNIFICANTLY IMPAIR PHYSICAL HEALTH OR PSYCHOSOCIAL FUNCTIONING**"

DISORDERED EATING

Many people will experience problematic eating behaviours, but do not have a clinically diagnosable eating disorder. This is because the impact on their physical health or psychosocial functioning is impaired to a lesser extent.

How does this relate to T1DE?

There is not an internationally agreed diagnostic criteria for Type 1 Diabetes and Disordered Eating (T1DE).

The following has been proposed: People with type 1 diabetes who present with all 3 criteria:

1. Disturbance in the way in which one's body weight or shape is experienced or intense fear of gaining weight or of becoming overweight.
2. Recurrent inappropriate direct or indirect* restriction of insulin (and/or other compensatory behaviour**) in order to prevent weight gain.

   *Indirect restriction of insulin refers to reduced insulin need/use due to significant carbohydrate restriction.

   ** Dietary restriction, self-induced vomiting, laxative use, excessive exercise.
3. Person must present with a degree of insulin restriction, eating or compensatory behaviours that cause at least one of the following:
   - harm to health, clinically significant diabetes distress, impairment in areas of functioning.