

DANGEROUS COMBO

Eating Disorders And Diabetes



STEVE NIEDORF PHOTOGRAPHY/GETTY IMAGES

IT'S LIKELY THAT everyone has some unhealthy food habits. For example, many people gorge themselves at Thanksgiving dinner until they feel ready to burst.

Sometimes, though, unhealthy

behaviors such as eating way too much or too little turn into a hard-to-break habit or compulsion. These “eating disorders” can become long-term illnesses that require medical and psychological care.

The three most common eating disorders are anorexia nervosa, bulimia nervosa, and binge-eating disorder. Each has its own set of symptoms and problems. The disorders can sometimes occur together. Most

[diabetes basics]

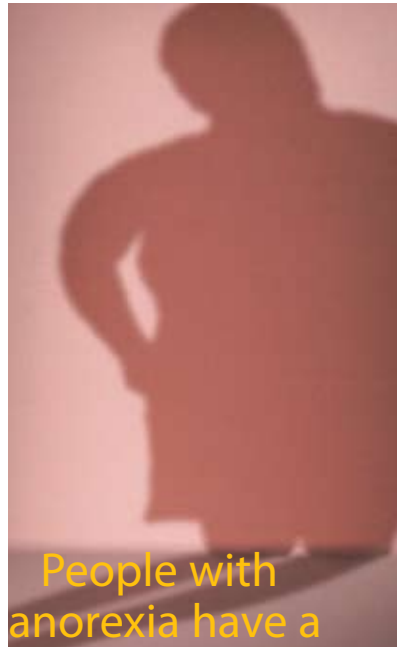
people with eating disorders are young women and teenage girls, but no sex or age is completely spared.

Anorexia. People with anorexia have a distorted body image. No matter how thin they are, they believe they are overweight. They have a deep fear of gaining weight and eat accordingly: They shun food, they eat only small amounts of a few chosen foods, they weigh their food, they count calories of everything they eat, and they exercise a lot. If they have diabetes, they may even cut back on their insulin in order to lose weight. Without insulin, the body cannot use nutrients to build body tissues and maintain a healthy body weight.

Anorexia slows the heart and decreases blood pressure to unhealthy levels, increasing the risk of heart failure. People may develop anemia and swollen joints and grow a light coat of hair—the body’s attempt to stay warm. Starvation can also damage the brain and weaken bones (osteoporosis). People become weak from loss of muscle. Hair becomes dry and may fall out. Severe anorexia can cause death.

Bulimia. People with bulimia lose control over their eating. Despite an obsession with body shape and weight, they eat huge amounts of food at one sitting. In an attempt to prevent weight gain, they then vomit up the food or use laxatives to get rid of it.

Vomit is acidic. As a result,



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bulimia can damage the stomach and esophagus (the tube between the mouth and the stomach) and cause serious tooth decay. Enlarged salivary glands may cause “chipmunk cheeks.” Chemical imbalances can lead to heart failure or even death. Bulimia can also cause chronic constipation and inflammation of the pancreas. The stomach may tear open during bingeing; the esophagus may tear during vomiting.

Binge eating. Binge eating occurs almost as often in men as in women. Binge eaters have episodes in which they cannot stop eating, even if they aren’t hungry. They usually eat alone and very quickly. In contrast to

people with bulimia, however, they do not try to rid themselves of the food.

In addition to weight gain, binge eating can lead to high blood pressure, high cholesterol levels, fatigue, joint pain, type 2 diabetes, gallbladder disease, and heart disease.

Disturbed eating. Some people have unhealthy habits that don’t meet the clinical definition of a particular eating disorder. These eating patterns are referred to as “disturbed eating.”

The Diabetes Connection

Disturbed eating, and possibly the other eating disorders described above, occur more frequently in people with diabetes than in the general population.

People who gain weight because of obsessive eating may develop type 2 diabetes. One study found that most people who have both type 2 diabetes and an eating disorder developed the eating disorder first.

If you weigh your food, count calories, exercise frequently, and try to avoid weight gain, as your diabetes treatment plan recommends, you’re doing all the right things. Unfortunately, however, extremes of these behaviors are also often associated with anorexia. In fact, some scientists suspect that the focus on weight and diet in diabetes treatment may tip a vulnerable person into a full-blown eating disorder.

Eating disorders are especially dangerous for people with diabetes. If someone regularly takes too little insulin to lose weight, blood glucose levels stay high. As a result, the person with diabetes is more likely to get complications and to get them earlier.

Excess weight makes diabetes control harder. So people who binge and gain weight may also be putting themselves at risk for more and earlier complications.

Treatment

Eating disorders have serious consequences, and people who have them need professional help. Friends and family may

need to step in to convince their loved one that he or she has a problem. Severe cases may need to be treated in a hospital.

For people with anorexia, the most urgent needs are to get back up to a healthy weight and to treat malnutrition and other physical and mental problems caused by the anorexia.

For people with bulimia or binge-eating disorder, any substance-abuse problems (if present) should be treated first; then the harmful eating behaviors should be addressed. In some cases, antidepressants have also been found to be helpful.

It's important for those who have these disorders to realize that they have nothing to be ashamed of and that there are

many professional counselors who can help them. Long-term counseling should address both the eating behavior and the underlying beliefs and issues that encourage it. For young people with anorexia, counseling for the whole family is often a good idea. People should also get refresher diabetes education and nutritional counseling to relearn what their bodies need.

Eating disorders are serious illnesses. But help is available to end the compulsions and free people to live a normal life again.

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