Best & Worst Practices

Best Practice

- Ensuring that all professionals involved in the care of the patient are in regular communication
- Clearly understanding the difference between type 1 and type 2 diabetes and demonstrating that to the patient
- Respecting the patient's knowledge of their Type 1 diabetes.
- Ensuring that the patient has checks for other contributory issues particularly hypothyroid-ism, neuropathy and gastroparesis
- Drawing any meal plans in line with good diabetic practice and taking other conditions such as gastroparesis into consideration
- Ensuring that the patient's medications are up to date and won't interfere with Type 1 Diabetes. Ensuring that pain medication is working
- Patient tailored treatment which takes diabetes aspects and eating disorder aspects into consideration.
- Not being afraid to ask questions about diabetes, most people with Type 1 are expert patients and appreciate the interest
- Taking the development of complications into consideration and dropping blood sugar slowly long term
- Often it only takes one health professional who really 'gets it' to help the patient sustain recover. Don't be afraid to take charge
- If you don't know who to refer to. Please see www.dwed.org.uk and we will do our best to find a suitable service.
- If you need to know more then request training, it's what we are here for
- Understanding the mechanisms of Diabetic Ketoacidosis

Worst Practice

- ED-DMT1/ Diabulimia is not a phase, a fad, a denial of diabetes, a short—cut or stupid and to tell our members that it is will automatically ensure a major setback if not a complete disengagement with health services
- People with mental illness may miss appoint-mints, please don't discharge them from a service that they desperately need on the back of one missed appointment
- Our members know more than most the con-sequences of high blood sugar, they know that they are at serious risk of death, please don't assume that they are engaging in this behaviour out of ignorance
- A good diabetes diet is often in direct contra-diction with a standard ED treatment plan. Please do not put our members on a refeeding plan when they are normal weight and do not have anorexia.
- There is no point on feeding someone with Diabulimia and then watching for them being sick or stealing food, the disease operates via a lack of insulin and high blood sugar so the most important thing is to ensure that the in-sullen is administered properly and is matched to the carbohydrate consumed
- Many anorexia treatment plans involve not informing the patient of the composition of what they are eating. Type 1 Diabetics need this information to survive and to know exactly what to inject
- If therapy doesn't involve feelings and thoughts around injecting and diabetes it will fail.
- Weighing is very distressing for many of our members who may be normal/ overweight