

Signs and Symptoms of ED-DMT1/

Diabulimia

It is important to note that in Type 1 Diabetes, Anorexia and/ or Bulimia can develop as it would in a someone without T1. However an Eating Disorder can also develop independently and have Diabetes specific roots. It is for this reason that these signs and symptoms should be taken into consideration as well as those associated with Anorexia and Bulimia. Please also note that this list is informed by academic research and also input from our members:

- Recurrent episodes of DKA/ Hyperglycaemia
- Recurrent episodes of Hypoglycaemia
- High HbA1c
- Frequent hospitalisations for poor blood sugar control
- Delay in puberty or sexual maturation or irregular menses / amenorrhea
- Frequent trips to the Toilet
- Frequent episodes of thrush/ urine infections
- Nausea and Stomach Cramps
- Loss of appetite/ Eating More and Losing Weight
- Drinking an abnormal amount of fluids
- Hair loss
- Delayed Healing from infections/ bruises.
- Easy Bruising
- Dehydration – Dry Skin
- Dental Problems
- Blurred Vision
- Severe Fluctuations in weight/ Severe weight loss/Rapid weight Gain/Anorexic BMI
- Fractures/ Bone Weakness
- Anaemia and other deficiencies
- Early onset of Diabetic Complications particularly neuropathy, retinopathy, gastroparesis & nephropathy
- Co – occurrence of depression, anxiety or other psychological disturbance i.e. Borderline Personality Disorder.
- Anxiety/ distress over being weighed at appointments
- Frequent Requests to switch meal plans
- Fear of hypoglycaemia
- Fear of injecting/ Extreme distress at injecting
- Continually requesting new meters (for the b.s. Solution)
- Injecting in private
- Insisting on having injected out of view
- Avoidance of Diabetes Related Health Appointments
- Lack of BS testing /Reluctance to test
- Over/ under - treating Hypoglycaemic episodes
- A fundamental belief that insulin makes you fat
- Assigning moral qualities to food (i.e. good for sugars/ bad for sugars)
- An encyclopaedic knowledge of the carbohydrate content of foods
- Persistent requests for weight loss medications
- If T1 is concurrent with hypothyroidism – abuse of levothyroxine
- Metformin abuse

