



April 2011

DWED is one year old this month. I can't quite believe it. This has without a doubt been the craziest year of my life but all the bloodsugar sweat and tears have been worth it and I still have to pinch myself when I think about how far we've come.

This month has been another busy one for DWED and it is my pleasure to announce that we have 4 new volunteers on the team! DWED is growing and we couldn't be happier.

We also have two new trustees, Dr Stephen Thomas, Consultant Diabetologist from Guys and St Thomas Hospital and Nicola Allen, Diabetic Specialist Nurse from Orsett Hospital. Dr Thomas is also my consultant and I'm really looking forward to working with him in a professional capacity, we all know how important it is to have a good relationship with our health professionals and I'm really honoured that after successfully keeping me alive (no mean feat!) he has now come on board. Sian and I met Nicola about 6 months ago and we were struck immediately by her approach and insight, we knew immediately that we wanted to work with her so we're over the moon that she is now also on the board of trustees.

On a personal note. This month was special for me as I finally faced one of my biggest fears since getting into recovery. I performed. When I was ill this was one of the biggest triggers in my own eating disorder so I was extremely apprehensive. I would just like to thank everyone at DWED and everyone who came along to the gig for supporting me and making sure that this was an entirely different experience. I would especially like to thank Cat Westmacott for playing and our very own Emily for coming all the way from Portsmouth. It was a really special night with a great atmosphere and I couldn't have asked for any more. Oh, and we raised some money too!!!! I can't wait for the next one!

Could you be a Trustee?

By becoming a trustee at DWED you would be helping us improve the lives of thousands of sufferers. Currently we are looking for an Accountant/Book Keeper, Communications Officer and (English Law) Legal Advisor. If you think you could help please get in touch jacq@dwed.org.uk

Beat

As part of Beat's aim to widen their knowledge of issues surrounding eating disorders they are asking for volunteers to participate in online surveys, including one specifically relating to diabetes. Their web page explains: "Beat want to know what issues affected you, or are still affecting you, so that we can raise awareness and support people with similar experiences." This particular survey is titled "Depression, Osteoporosis and Diabetes" and can be complete with your contact details or if preferred, anonymously. DWED very much supports Beat in the collection of such useful information that will hopefully extend their insight and understanding into those dealing with diabetes and eating disorders.

The survey is comprised of four sections: general information about you and your eating disorder, eating disorders and depression, eating disorders and diabetes, and eating disorders and osteoporosis. Beat ask participants to complete the parts of the survey that they can relate to, whether that be just one or all of them. Questions relate to diagnosis and treatment, and include: "Do you feel that it is harder to cope with your eating disorder because of your diabetes?" and "Have you ever abused insulin or altered your intake of insulin to control your weight?"

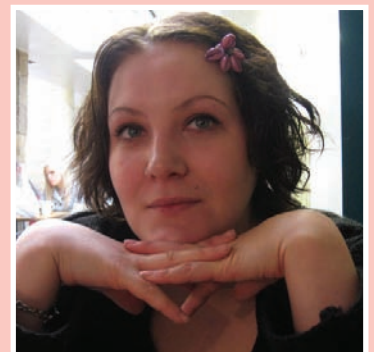
Nicola Albutt, Research office for Beat says: "We are hoping to gather some statistics and some contacts for use in planning future campaigns and raising awareness, as well as some personal experiences from people who have suffered from depression, osteoporosis and/or diabetes alongside their eating disorder. We are hoping that this survey, and future ones, will help us identify which issues which should be campaigning on." You can find the Beat survey at: <http://www.b-eat.co.uk/ResearchandMedia/DepressionOsteoporosisandDiabetes>

Please tell them what you think about us too!

Helpline Volunteer Profile

Jacq Allan

On Tuesday and Sunday Jacq Allan is on the helpline, she will also be providing support during the day where possible. Jacq is 29 half scottish half australian and lives in London. She was anorexic and bulimic as a teenager before she developed Type 1 diabetes in her early twenties. She developed ED-DMT1 / Diabulimia shortly after diagnosis. Jacq loves cats and Jeff Buckley in equal measure and is a music nut. She has been in recovery for nearly 3 years.



Skype: meeshathecat

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Diabetes and Borderline Personality Disorder

by Tayler Remi Hackett

The diagnosis of borderline personality disorder is often based upon symptoms such as emotional instability (trouble regulating emotions), feelings of depression and emptiness, fear of abandonment and problems with emotional identity. Sufferers may display signs of impulsive behaviour, such as angry outbursts, self harming, shopping sprees, sexual promiscuity or substance misuse, however these signs can vary from one person to the next, the important thing to focus on whilst suspecting BPD is the impulsive tendencies. As well as mood swings (often between happiness and love, and emotional turmoil and hate), sufferers will also often see things very 'black and white' i.e. perfect/imperfect, good/evil, all/nothing. This can apply to relationships, themselves or even food patterns, body image or health. This is where Type 1 Diabetes and eating disorders fit in.



As most people with Type 1 Diabetes will appreciate, the condition can often display many of the above symptoms if the blood sugars are not well controlled. Depression and emptiness from the physical strains of the disease, struggling to find identity (seeing ones self as simply a 'diabetic' or as 'sick'), angry outbursts and mood swings due to erratic blood sugars, and particularly, the 'black and white' outlook on things - 'my blood sugar is either excellent or unacceptable, I will either eat all of it and be done with it or eat none of it and not need to bolus for it or feel guilty, my weight is either good or bad' and so on. With diabetes it can be very hard to see the 'in between', particularly when vigilant focus on good blood sugars, healthy eating habits, weight management and exercise is encouraged by most health professionals.

This, alongside an eating disorder that either is pre-existing or 'triggered' by the tribulations of Type 1 Diabetes, can also present another feature of borderline; self harm. 'Self harm' has a wide spectrum, but negligence to ones self through lack of diabetes self-care is definitely now considered by psychiatrists and doctors as an extremely dangerous and life threatening form of self harming. Many diabetics that omit insulin to lose weight will often at points feel that 'it is not so much about the weight anymore' simply because the relief from using the Diabetes to self harm will often soothe the feelings of emotional turmoil and anxiety that BPD presents. Omitting insulin is also considered as a impulsive behaviour, and although the sufferer will more than likely be aware of the consequences, the impulsive urge to self harm wins.

So how is it treated? Unfortunately having Diabetes, an eating disorder and a personality disorder is a three fold problem, and sometimes each needs treating separately whilst each treatment plan is communicated across to the other, however often eating disorders themselves can be treated alongside the borderline as they often co-exist with one another. The main things to remember when treating BPD is concentrating on the things the sufferer needs most; a need to feel safe and able to trust the people working with them, dependable resources for a swift response in times of acute crisis and consistency/stability regarding treatment plans and professionals. Unfortunately a huge barrier to this is the fact that BPD sometimes has a 'stigma' attached to it due to the irregularity and 'difficulty' of the patients complex needs, making some professionals reluctant to work with them, but the good news is is that there are also many whose interest in the condition is increasingly growing, as well as their empathy and willingness to help.

Events Update

Unfortunately due to time and financial constraints we have postponed the retreat until such time as we can run it without apprehension. We are still fully intending on running the retreat we just want to make sure that when we do everything is safe, accessible and affordable.



Although there are no psychiatric drugs to specifically target BPD, it has been shown that DBT (dialectical behaviour therapy), CAT (cognitive analytical therapy) and CBT (cognitive behavioural therapy) are the most successful treatments to manage the disorder and often result in very positive outcomes. Research has shown that 50%-75% of BPD sufferers will display little to no symptoms 10-15 years after diagnosis, particularly if the patient is a younger adult when diagnosed. Whilst it has not been suggested that one can 'recover' from BPD, it is certainly thought that learning to manage the symptoms and managing to make their life one that is truly full and worth living absolutely possible.

If you feel you or a loved one are suffering from BPD, please make an appointment with your GP to discuss the symptoms, where you should be referred to a community mental health team. Even if you are showing symptoms of a chronic eating disorder, sometimes a recovery process that is perhaps struggling can be significantly improved if an underlying, undiagnosed condition begins to be treated.

For more information, help and support, please refer to http://www.mind.org.uk/help/diagnoses_and_conditions/borderline_personality_disorder

An open letter to Channel 4...

Dear Channel 4.

I am writing from the organisation DWED, which stands for Diabetics With Eating Disorders. We are a UK organisation working towards charitable status aiming to create awareness and make changes relating to the treatment and support available to sufferers of what the media has named 'Diabulimia', a condition we prefer to refer to as ED-DMT1. The reason for my letter is to raise some specific concerns with you regarding the content of some of your recent programming.

One of DWED's aims is to ensure that news coverage of Diabetes, particularly Type 1 is done with the highest accuracy, so to not present false information to viewers. Also important to us is the manner in which we feel Type 1 and Type 2 Diabetes needs to be specifically identified as such, so that the two types, which are totally different in their cause and effect, are distinguished as this. All too often the media can refer to 'Diabetes' in relation to subjects such as obesity for example, which is not connected to Type 1 Diabetes. Instead, Type 1 Diabetes is never a result of poor lifestyle choices in any way. As you can imagine hearing phrases such as "you are at risk of becoming Diabetic if you are overweight" does become rather tiring and frustrating for sufferers of Type 1, especially those also experiencing the life-threatening connected illness of an eating disorder.

The first example I wanted to bring up with you is regarding the channel 4 show Will My Crash Diet Kill Me? which contained a specific incident of complete and utter erroneousness. During this programme, one of the volunteers was taking part in a low carbohydrate diet, which can cause the production of ketones in the body. This information was presented to the audience, however, also included was the falsity that ketosis in an otherwise healthy individual can lead onto the highly dangerous state of ketoacidosis. This is entirely incorrect as ketoacidosis only ever occurs in those with Diabetes who do not have sufficient insulin in their body to energise cells and prevent toxicity of the blood. I have commented on your website about this and did receive a response. However I have not been completely satisfied with the technicalities of your reasoning behind the mistake. In particular you passed on the following message from your production team: 'The link between crash diets and ketoacidosis is a grey area, but we acknowledge that we weren't as clear about that in the programme as we might have been'.

I do appreciate your apology and recognition of my point, however I very much fail to see how this 'grey area' exists when scientific and medical fact proves I am right, and that your information was not in any way accurate. By saying that ketoacidosis can be caused by low carbohydrate dieting you are potentially worrying Non-Diabetics that they could end up at risk, and also by suggesting it is a more common occurrence you are disregarding the seriousness of what Diabetics go through when they fall into ketoacidosis.

My second argument is regarding the programme Supersize Vs Superskinny, in particular the recent mini kid's series you aired over four nights. Generally I do

have huge concerns over the content of this show and feel it is exploitive and can often be completely misleading and detrimental for those in recovery of eating relating issues. However, the concern I would like to bring to your attention is more specific than that. I was shocked to watch a scene during the first episode of the kid's special, regarding a young boy called Ieuan and his mother. The mother was shown to be injecting herself with insulin, and explained she had been Diabetic for 13 years. Such information, alongside the fact that she was a healthy weight, led me to believe that the mother was a Type 1 Diabetic. The narrator of the programme then said that the "one big reason" the boy sound be concerned about being so overweight was because his mum was diabetic. This statement suggests that the mother being a Type 1 and the likelihood of the boy being obese and at risk of Type 2 diabetes are connected. This is entirely untrue as there would be no correlation between the mother's diabetes and the son's obesity.

by Lucy Travers

You hold my life
But still want more
What else can i do
But cry
On this cold, tiled floor

I'm so trapped
Unable to breathe
Unable to love
Unable to see

This web of thoughts
Being spun in my head
Sometimes I collapse
And wonder
If I'd rather be dead

In the black of night
When darkness
Has beaten light
Lies a tired little girl
A tired little girl
Unable to fight

I hate to feel
Feel so alone
Cold
Beaten
Numb
Numb
Frozen in my bones

In my heart
I've got love to give
One day I'll be strong
One day I will live

But you hold my life
And still want more
So for now
I will cry
On this cold, tiled floor

Take a Look

Remember the major DWED event this year, Type 1 Diabetes and Eating Disorders DWED conference (1 day TBC 27th Aug - Sep 02) You can register your interest for



An open letter to Channel 4... (ctd)

Of course the boy could be more likely to become a Type 1 Diabetic for genetic reasons, but if he were to become Type 2 as a result of his weight, this would in no way be related to his mothers Type 1 Diabetes. The icing on the cake was the narrator adding "while it may well be too late for (the mum) to improve her health, it's not too late for (Ieuan)."

On Tuesday evening I was using my Twitter account to talk about my anger regarding this incident and received a response from Dr Christian Jessen (@DoctorChristian). He went on to pretty much discount my feelings over this issue by tweeting "he is concerned because of his weight. A correct concern. Perhaps you could focus on more important points?!" to which I responded: "yes, and also concerned about becoming Diabetic. Which type though? TYPE TWO, because Type 1 has nothing to do with being... overweight. Sorry but as a Type 1 Diabetic I am sick of this not being emphasised in the media. I think that's fair...So perhaps you could focus more on getting important facts straight and not presenting sweeping generalisations. Thanks." His subsequent replies included: "its hardly relevant or the point is it?! There is a more important message being told I hope" and "its not really the focus of this show" (sic). He then childishly insulted me just because I was being critical by adding: "gosh, can't wait to read your cheery writings love! X."

As you can imagine I was not too happy with this. Surely someone who presents a programme such as this one should be more sensitive to how people react to the content and to their personal issues surrounding such topics? Instead of reducing the validity of what I feel I had every right to say. I do realise that the show was primarily focusing on the children's weight problems, but that doesn't mean you should not be called up on the use of incorrect material. I feel I have every right to be upset and I doubt very much that I was the only one with Type 1 Diabetes watching to feel this way. I would also like to mention that throughout the show you do refer to 'diabetes' as a blanket term when talking about the consequences of obesity and poor eating choices. Would it be too much difficulty to use the term 'Type TWO diabetes' instead? This is what DWED wants to see more of in all sources of media, so we would appreciate it if you could consider this request.

I do feel that Channel 4 should address the issues I have raised in this letter, most specifically in a public arena, such as a piece during the closing credits of Supersize Vs Superskinny or even a printed explanation or apology. I feel this is the least you can offer us and hope that you will not completely dismiss this suggestion.

Thank you very much for your time. I do hope to hear back from you soon.

Yours sincerely,

Claire Kearns, representative and volunteer writer for www.dwed.org.uk.

Alternative Therapy

by Jeorgia Woodd

I have had Type 1 Diabetes for sixteen years and suffered from ED-DMT1 for ten of those years. I have tried many forms of treatment for Diabetes and ED-DMT1 and have really felt that I have found a lot of useful and positive support in complementary therapies. They have helped my mental and physical state in various different ways.

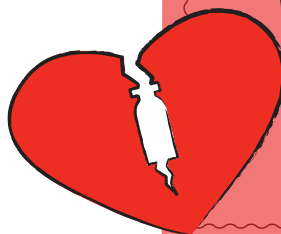
I feel lucky to have been introduced to complementary therapies from a young age. My aunt is a Reiki practitioner as am I. Reiki is a Japanese word meaning universal life. Reiki is the name given to a form of natural healing, it is used for stress reduction and relaxation and also promotes healing. It is administered by "laying on hands" and is based on the idea that an unseen energy flows through us and is what helps us stay healthy. If this is low then we may be more likely to get sick or feel stressed. I treat others and myself with this. Its amazing how much i have found stress plays havoc with my sugar levels and while i was struggling with diabulimia it helped me unwind and assisted in keeping my mind positive and clear.

I have many complications due to the diabetes and gastroparesis being one of them. This can affect people in many different ways , in this case i looked into changing my diet and using Herbal remedies. I am in the middle of studying Herbal Medicine which has really come in handy. One of my favorites being fresh root ginger. Ginger is generally used for helping with sickness and nausea . I use this by cutting it up and pouring boiling water over it and then add some Agave nectar, which is very low GI. Its great having something sweet that doesn't cause huge highs in my sugar levels!

Another favorite of mine is Cinnamon. Cinnamon is said to lower sugar levels and to triple insulin efficiency. Just one teaspoon a day can help reduce glucose in the blood. I usually add this to my porridge in the morning!

One more thing that i have just started taking is Bilberry which is said to help with lowering the risk of retinopathy. All these things cant hurt and are worth a try to give us a little extra help with controlling our diabetes.

There are so many different things out there to try but anything that helps us to relax and stay positive is a welcome part of our lives



Life Story Chelsea, 20

I've struggled with my weight ever since I can remember. I was bullied intensely every single day from fourth grade, all the way to seventh grade (the entire time I spent at this school). I was called every rude and hurtful name in the book. Needless to say, this has affected me tremendously. Did you know, they say that a single instance of bullying can be as traumatic as a sexual assault? So I moved on to high school, believing that I was ugly, horrible, fat, nobody could ever love me. I was constantly going through periods of obsessing and comparing a part of my body to every other girl who passed by me. I went through a month being obsessed about my eyebrows. The next was my hair. The next were my wrists. My stomach. My waistline. My ankles. My ass. It's a body part? You can bet that I've obsessed and wished mine looked different/exactly like that girl over there.

Midway through high school I realized that I could cut and it would help relieve some of the tension I was feeling at all of the voices in my head screaming that I was not good enough (not to mention my parents, saying the same things). It became an addiction. I would cut my arms with anything I could get my hands on. It was never deep enough to actually kill myself; that wasn't what I wanted. It's only ever been about relief, because of this, cutting became my lifeline and my go-to coping mechanism to deal with life. Eventually it evolved to only cutting my stomach and upper legs; places that people can't see. Another way I tried to gain some of this relief, was to binge eat. I ate my feelings, I ate whenever things got hard or stressful.

In eleventh grade, I got diagnosed with Type 1 Diabetes. This should have been a wake up call to get healthy but unfortunately it only spiraled me deeper into darker places: my eating disorder, Diabulimia. I won't go into details on my eating disorder, in case there are vulnerable people with Type 1 Diabetes out there, but let's just say that I manipulate my medication in order to "purge". It's taken over my life. I had to drop out of two college programs because I was so ill. I lost a lot of my friends. I haven't been able to hold down a job for the past three years. I fight every day with suicidal thoughts. Eating disorders are hell. Fortunately, I've been attending outpatient

Twitter

Follow us on twitter
@diabeticswithed

LifeStory LC 42

I got diagnosed with type one diabetes at age 10 with the usual symptoms thirst, and weight loss. At age 16 I developed an eating disorder. I lost some weight by reducing my intake and running track. Then, out of nowhere, I started bingeing. I would buy numerous candy bars and eat them all. Somewhere around that time, I learned that if I did not "cover" those binges with insulin, I would not gain weight. People told me all about complications, but it felt so remote. So I kept going. It became habit.

Now I am 42 years old. I have lost two toes on my left foot, and had a below the knee amputation on my right side last August. I had a wound so big the doctors didn't think it could be saved. I have been in a wheelchair for about 7 years because I could no longer feel my feet. My legs got weak and my balance was terrible.

I have also had about 20 laser surgeries on my eyes. Thankfully, I have not had any extensive kidney damage, though it has been a while since I got that checked.

When I was fifteen, I set the school record for the two-mile run. Now I cannot walk. It's all because of this disorder. If I can get one girl to seek treatment earlier, to try harder, to take that shot, then writing this will have been worth it. You can have diabetes, be active and maintain a healthy body weight.

treatment at an eating disorder clinic for the past six months and I'm slowly working on recovering and treating my body the way it deserves :) It also doesn't hurt that I also have the perfect guy who loves me AND my body for just the way I am.

I love my legs, because they're strong and take me where I need to go. I love my stomach because, for all its jiggliness, it nourishes me and gives me what I need to live, and my boyfriend something to grab ;). I love my arms because they wrap themselves around people that I care about. I love my flat bum, because without it, I couldn't sit and enjoy my favourite movies or tv shows. I love my scars, because they show that I've been down in dark places and survived. I don't need to listen to the voices of the bullies in my head, and neither do you.

It's so sick that we define beauty by how others see us. We need to realize that beautiful is what we make it. The most confident girls are the ones who get noticed the most! To quote my favourite person ever; everyone's perfect in unusual ways.

You can find me at <http://chelseamrae.tumblr.com>. I'm here for ANYONE if you want to talk.

BE BRAVE! JOIN THE REVOLUTION!



A Partners Perspective

Ben Allison

When I first met my wife I already knew about self harm, I already had friends who were anorexic and bulimic but I had never even met someone with Diabetes never mind someone with ED-DMT1. Clare was fairly honest with me straight away about her other eating disorders but we hardly talked about her Diabetes at all.

We started going out whilst we were both at uni. Going to university is a difficult time for everyone, having to strike out on your own, having to make new friends, losing the support of your family and suddenly being put under much more academic pressure than you had every had at school. Clare's response to these worries and anxieties was to try and find areas of life where she could exert total control, these being her eating and her diabetic control.

At first, Clare's issues with eating and self-harm were easier to perceive and understand. Every mealtime was a struggle and it was very difficult to be romantic when my dinner date was pushing her food around her plate. Clare would never wear short sleeves even in the height of summer for fear of showing her latest scars. However, I also started to understand how much of an effect Clare's ED-DMT1 was having on her health.

I started to ask Clare about what she should be doing to control her diabetes and as we became closer I was able to see how few times she actually used her insulin. I could see that Clare was often tired and sickly but I still didn't really think that she was doing any long term damage to herself. Clare was very open and honest with me and so that encouraged me to treat the whole thing rather lightly. I understood that Clare was ill and that she struggled with demons I couldn't really fight for her but I was young and in love and thought that we would pull through it together no matter what. Little did I know that as our relationship was growing stronger, so Clare's mental and physical health was going rapidly downhill.

I first really started to understand the danger Clare was putting herself in when she got her first kidney infection. Clare had been complaining of backache for a week or two when I rang to arrange our next date and discovered Clare was in hospital. When I went to see her, she told me that one of the effects of high blood sugar was kidney damage and that the infection was almost definitely caused by this. She was ill for several weeks and I started to feel real anxiety about what Clare was putting her body through. I tried to do what I could to remind her to take her insulin and made more of an effort to understand exactly how the process worked. I also learned more about the damage that insulin misuse could have on the body; how nerve damage could lead to blindness, infertility, digestive problems, and all manner of mobility issues. I felt the hopes and dreams that rest on any young lovers heart drift away as I began to think that there was no way Clare could come into recovery unscathed.

We also talked more about the character of Clare's mental illness. To me, Clare's issues with eating, self-harm and diabetes felt like outside influences, demons that could be separated from the woman I loved and fought. I was constantly trying to treat Clare's mental health issues as an enemy to be destroyed, not understanding that ultimately the enemy was Clare herself. I couldn't understand how a sweet, kind, and courageous woman could also be dark, destructive, and terrifying. The battle was not one I could fight with Clare but one of opposing forces competing for her soul and her body, all I could do is watch and support the Clare that I loved, cheering her victories and consoling her defeats.

During our time at university I was also introduced to the professionals tasked with helping Clare to get better. I was able to see the disjointed system in which she was treated by a diabetes team who knew nothing about mental

DWED is somewhat concerned about a story-line regarding a young diabetic woman in the Australian soap Home And Away. The plot surrounds character called Ruby, played by actress Rebecca Breeds.

Audiences have recently seen 'Ruby', who was diagnosed as a type-one diabetic in late 2009 experience relationship difficulties that have caused her upset and distress.

In turn this has led her into danger and self neglect in relation to her diabetes, and results in her ending up in a precarious state in hospital, her life hanging in the balance. Breeds told digitalspy.co.uk that ruby will be: "so distraught that her health begins to suffer - and it's a big deal because she's diabetic. She's fallen so far into despair that she can't be bothered looking after herself."

It has been shown that such coverage can be damaging if details are not adequately researched and soaps can all too often overlook awareness in favour of sensationalism and drama. Our concern is that the story may be suggestive or triggering to any vulnerable diabetics that may be watching, as will inevitably be the case if this issue is not given the sensitivity it deserves.

DWED are currently trying to make contact with the writers and producers of Home And Away to request more information, and to perhaps assist them in finding ways of presenting this story in the best possible light.

We do urge any members of DWED that may be viewers of the programme, to get in touch if they have any personal issues or problems pertaining to any of the upcoming content of Home And Away.

health, and a mental health team who knew nothing about diabetes. Things really came to a head when Clare was admitted as an inpatient to the eating disorders unit at the local hospital. Clare was given plenty of support to overcome her eating problems with nurses watching every mealtime and encouraging the patients to express themselves through art and music. However these nurses despite their best intentions had no training in diabetes management and so Clare was able to tell them anything she liked about how her diabetes should be managed. When the nurses finally did get instructions from Clare's diabetes team, they were so inflexible that they would not allow Clare to alter her insulin intake according to how much carbohydrate she had had. Clare being in hospital was hard on our relationship too, I was only allowed to visit her for two hours a day and during that time we were not allowed any time alone. We spent our time together doing jigsaws and reading magazines, hardly the most romantic dates for two students in love.

Shortly after Clare came out of hospital, she decided the time had come to move back home to her parents. It was difficult for her to leave her studies and her friends behind and neither of us was sure our relationship would last the separation. We continued to see each other and with the support of her family around her and a new and engaging job, Clare finally started to recover. The personal battle she went through and the courage she showed as she turned this corner was amazing. I began to see more and more of the woman I had fallen in love with and less and less of the demons she had fought. We were able to talk more about our future together now that we were both more certain Clare had one. Hope had become part of our lives together and part of Clare's outlook on the world. This hope for a future drove her further into recovery and her health has since improved enormously.

Today we have been married for three years and it is almost that long since Clare last purposefully skipped taking her insulin, purposefully didn't test her blood sugar, cut herself, made herself sick, binged, or restricted her eating. I am so proud of her for the recovery she has been through. Her strength of character and courage in the face of massive odds are an inspiration to me every day. However, I know that the self-destructive side of the wife I love dearly is still there, bubbling beneath the surface. Every now and again, just as I am starting to drop my guard, just as I am starting to think that I don't need to ask her how her blood sugars are doing any more, Clare will have a bad day, or a bad week, or a bad month. She generally doesn't go all the way back to her destructive behaviours but she is tempted, sorely tempted. The part of her that wants to hurt herself in this way will always be there waiting for moments of weakness, Clare's courage and tenacity is ongoing, she is constantly at war with herself but at the moment she is winning.

There is also always the worry of the damage already done. Clare suffers from nerve pains in her hands and feet caused by the neuropathy from her insulin misuse. There may be damaged capillaries at the back of her eye that could seriously damage her eyesight at any moment. Clare has got off very lightly from the ordeal she has put her body through so far but another relapse may finally push her body beyond its limits. She may be sitting on a time bomb of neuropathy that may take a small trigger to set it off.

There is still hope though. When Clare failed to fall pregnant after two and a half years of trying, we both immediately assumed that that was it, she had permanently damaged her ability to have children. A few months later and she fell pregnant with our beautiful son Amos. She was able to control her blood sugar levels as well if not better than most diabetic mothers who had not suffered from diabulimia/ ED-DMT1 and we are now proud parents of a beautiful and healthy boy.

Loving someone who has Diabulimia/ ED- DMT1 is difficult. You have to watch your love inflicting damage on themselves that you would allow no one else to do. You have to stand by on the sidelines of a battle in whose outcome you have everything to gain and everything to lose. You have to cling to a fragile hope of recovery even though every evidence says you should give up and walk away. And you have to live with the constant fear of relapse, serious illness, and death. But I am still glad to love the woman that I love. The men and women who suffer from diabetes and eating disorders are not to be pitied or talked down to but admired for every moment they survive and thrive through all their troubles.

Bloodsugar Sex Magic

Also a quick reminder that DWED fundraiser BloodSugar Sex Magic will be held on the at Mellomello's on Wednesday, 20 April from 19:00 onwards, get down there and rock out for DWED!!!



www.dwed.org.uk
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Type 1 Diabetes and

ED-DMT1

Deliberate insulin omission/manipulation and disordered eating

Small words... BIG PROBLEM

Signs and Symptoms

- **High HbA1c**
- Frequent hospitalisations for DKA/Hyperglycaemia/Hypoglycaemia
- **Lack of BS testing/Reluctance to test**
- Assigning moral qualities to food (good for sugars/bad for sugars)
- **Loss of appetite/Eating More and Losing Weight**
- Severe Fluctuations in weight
- **Injecting in private/Insisting on injecting out of view**
- Fear of injecting/Extreme distress at injecting
- **Avoidance of Diabetes Related Health Appointments**
- Anxiety/distress over being weighed at appointments
- **A fundamental belief that insulin makes you fat**
- Frequent Requests to switch meal plans
- **Frequent trips to the Toilet**
- Frequent episodes of thrush/urine infections
- **Nausea and Stomach Cramps**
- Drinking an abnormal amount of fluids
- **Dental Problems**
- Early onset Diabetic complications
- **Delay in puberty or sexual maturation**
- Irregular menses/amenorrhea
- **Co-occurrence of depression/anxiety/Borderline Personality Disorder**

D W E D
diabetics with eating disorders

contact: www.dwed.org.uk

