# Book Review
# *Prevention and Recovery From Eating Disorders in Type 1 Diabetes: Injecting Hope*
# by Ann-Goebel-Fabbri

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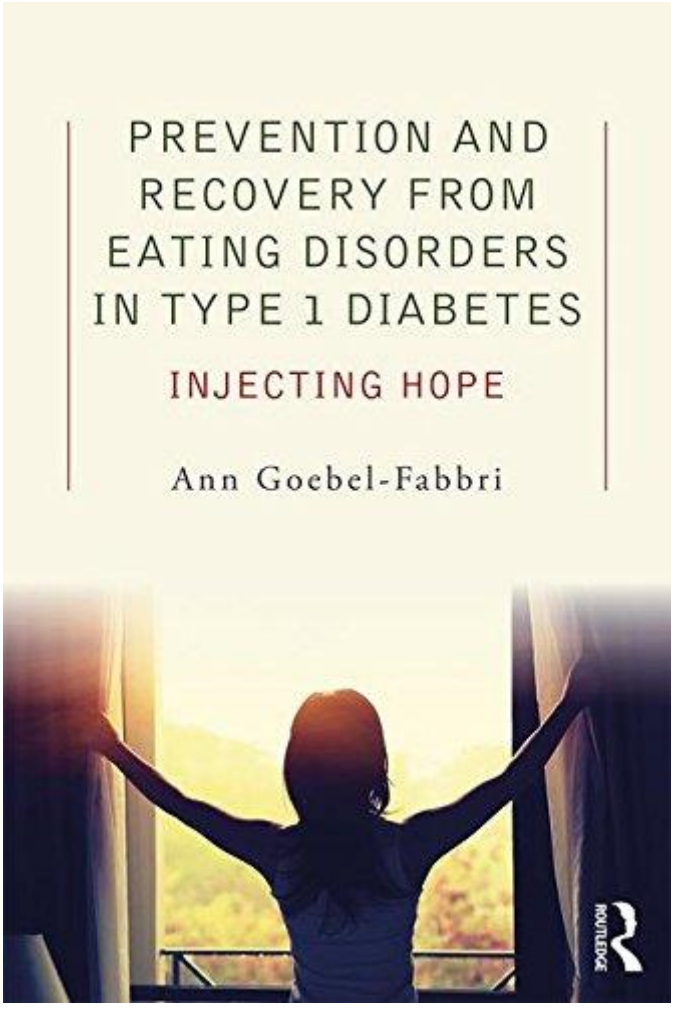
*https://www.amazon.co.uk/Prevention-Recovery-Eating-Disorders-Diabetes/dp/1138890618*




*'Injecting Hope' is a revolutionary and fascinating read. Author Dr Ann Goebel-Fabbri offers unique insight into the roots and predeceasing risk factors involved in development of eating disorders in individual with type 1 diabetes with fine detail. By taking findings from interviews with 25 females with T1DM*

*and an eating disorder, Ann Goebel-Fabbri provides genuine examples to support her assertions, which in turn extends a relatable element to any reader that may be a current or past sufferer themselves. The voices she quotes are powerful and engaging and provide unique insight into what is a complex and yet certainly not untreatable condition. Goebel-Fabbri summarises her findings with a succinct element of hope and emphasis that this is an illness that although is widely misunderstood and often overlooked by health professionals can be treated and managed if approached in the appropriate way.*

Following two forewords, acknowledgements and the preface, chapter one of ***Injecting Hope*** first looks at **What We Know So Far About Eating Disorders In Type 1 Diabetes.** This introductory chapter explains the medical basis of t1diabetes for readers that may be unaware, as well as options for appropriate insulin therapy options. Goebel-Fabbri goes on to discuss the risk factors for Eating disorders in those with T1DM, as well as the proven high prevalence of such and current understanding regarding recommendations for treatment.

> *"When it comes to this dual diagnosis, the team should include more members, such as an endocrinologist, a diabetes nurse educator, a nutritionist with eating disorder and/or diabetes training and a psychologist or social worker to provide weekly individual therapy. Ideally, the therapist should have expertise in both eating disorders and diabetes, but professionals with both these skill sets are hard to find. At a minimum, he or she should be an eating disorder specialist who is interested and willing to learn about the role T1DM plays in this unique eating disorder...All members of the team should be in close communication, share the same treatment goals, and be open to learn from each other."* [pg. 7]

Goebel-Fabbri talks of an understanding by health care providers that they should be *"working collaboratively with the patient."* [pg. 7] as well as setting small, realistic goals and helping patients to *"identify and anticipate possible challenges"* [pg. 8] including oedema, 'false alarm hypos' and the importance of reducing blood glucose levels gradually to elevate the risk of possible complications.

In the second chapter, **Learning From The Experts** Goebel-Fabbri goes through the process by which she came to produce her results for the formation of ***Injecting Hope***. She explains how she recruited 25 women that identified themselves as recovered from their eating disorders from a 'Diabulimia Awareness' Facebook group. All participants included in her study were aged over 18 years and were from the United States.

AGF used an online questionnaires and phone interviews with these 25 women as well as her own prior experience and knowledge to form her conclusions while removing any confidential, identifying information from publication in addition to the censorship of information pertaining to weight so not to be triggering to readers. She also measured factors such as age, material status, hospitalisations and complications by way of statistical percentages. Crucially, AGF mentions that

> *"While not all women with T1DM and eating disorders restrict insulin, all the women interviewed had identified insulin restriction as one of their eating disorder symptoms."* [pg. 11]

Chapter 3 discusses **Ideas About Risk and Prevention** including both those of a biological and psychosocial basis. Most importantly AGF expresses the fact that women with T1DM are exposed to the same risks that women without T1DM are for the possible development of an eating disorder. However, she underlined that they also have *"additional and unique risk factors related to the nature of living with diabetes itself." [*pg. 17]

AGF highlights contributing factors that seem relevant to this fact including weight loss that may occur prior to a T1DM diagnosis, a greater occurrence of anxiety and depression found in T1DM people and the stresses about treatment and the pressure of complying with such that they have to grapple with

Focusing on the onset of eating disorder symptoms and behaviours, AGF relays how some of her interview subjects believed this to have been a gradual and almost accidental process, while others said they learned about insulin omission from well-meaning health care professionals who intended to warn them, or from media sources and social media content. She recommends:

> *"It seems crucial to raise awareness, but it must not take on an instructional tone or glamorize the eating disorder in any way. Rather, it may be more helpful to speak or write about it in a matter-of-a-fact way while emphasizing the seriousness of its acute and long term serious health consequences."* [pg 19-20]

The Relentlessness of T1D as *a "complex set of behaviours without the possibility of taking time off."* [pg. 20] is mentioned as a particular difficulty expressed by the 25 women. They also raised concerns about the use of numbers by clinicians as indicators of how well they were doing as well as unrealistic expectations and judgement that ultimately led to perfectionist ideas about diabetes management. AGF relays her conclusion that fear tactics were found to be unhelpful during treatment of T1DM, as feeling lectured over the likelihood over medical complications often led to "powerlessness and hopelessness that they could ever avoid complications." [pg 22] resulting in disengagement and withdrawal from services. AGF described how emotionally open discussions with healthcare teams are the best approach rather than criticisms.

> *"I might not have volunteered it, but if somebody asked me, you know 'How are you doing? Are you skipping shots? That is something that happens.' I think that...would have allowed me to talk about it and would have allowed me to know I wasn't the only one doing it...[Instead] it was just like, 'You do this, you do this, you do this, you do this, and it should be fine. And if you don't do this, well you're not being very responsible and you might lose a leg.' Chloe"* [pg. 24]

Chapter 4 ***What Did and Didn't Help*** centres on different approaches of support that can be provides by family and loved ones as well as both diabetes and eating disorder treatment teams. **Motivators and Challenges to Recovery** are then discussed during Chapter 5.

> *"I asked my interviewees what their eating disorder cost them along the way – what aspects of life they missed out on because of it, and what parts of their lives it damaged....Without pausing a moment eight of the women emphatically said "everything!"...The large majority described how it robbed them of energy, health, and strength, and left them with deep feelings of depression and anxiety...*

*"Like the folktale of Rip van Winkle they described what seemed like years spent in a frozen of static state and felt bewildered when they came out of their "prolonged sleep."...They struggled with a deep sadness at having lost so many years and also many experiences to their eating disorder."* [pg. 44]

In Chapter 6 AGF states of how further studies are needed into **The Treatment and Recovery Process** as it is unclear as to whether eating disorder or diabetes informed approach is best. It reads:

*"The gold standard for both the treatment of T1DM and eating disorders is coordinated care by a multiplicinary team."* [pg. 51]

AGF then discusses the therapy options that some of her interviewees found to be of use: CBT (Cognitive Behavioural Therapy), Acceptance and Commitment therapy (ACT), Dialectical Behavioural Therapy (DBT).

The need for an open dialogue and willingness to learn by diabetes HCP's in particular seemed to be of particular importance:

*"Maybe just understanding that I wasn't just non compliant... because there is always some level of control...I did care. I cared a lot about my diabetes, but I didn't feel able to do it...it felt like actually taking real care of myself was impossible. Caroline."* [pg. 59]

I found Chapter 7 particularly poignant and inspirational section of the book, titled **The Gifts of Recovery.**

*"Just as I asked for descriptions of what their eating disorder stole from them, I also asked the woman about what recovery returned to their lives. Similar to the answers to the first question about that the eating disorder took from them, three responded simply with "everything"...All participants went on to describe improvements to their health and energy, clarity of thinking, having a sense of freedom, and stronger self esteem."* [pg. 65]

AGF offers insight into how very worthwhile recovery from an eating disorder can be. Subjects describe reconnecting socially and rejoining work and academia, as well as the reward of being able to see food as source of nourishment, fuel and even enjoyment. They also expressed a change in their relationship with diabetes, with no longer feeling such a strong sense of resentment or seeing it as a 'death sentence'. Instead they felt actively able to engage in their own self care which marked a significant difference.

*"You don't know how tired you are until you're not that tired anymore. Abby."* [pg. 67]

*"I feel like myself again. It took a long time. It took me a long time to figure out who I was...I have my sense of humour again, and I'm witty, and I am smart. I feel more balanced. I just feel like it was everything. I can't say strongly enough that I feel I gained back everything. Caroline."* [pg. 67-68]

*"I don't fight with my diabetes anymore. Julia."* [pg. 69]

Chapter 8 goes on to discuss conclusions on **Lingering Symptoms and Diabetes Complications** that can occur in recovery from T1DM and an eating disorder. She described how all of her subjects

relayed of how they still struggled with body image and weight satisfactions but not those sufficient to trigger a return to insulin restriction.

The women did however express a feeling of an unpredictable and uncertain future, most specifically concerning the physical complications they were left to deal with. AGF talks of how they experienced a *"mixed sense of guilt and a sense of unfairness about finally being in recovery and taking care of themselves yet being faced with complications nonetheless."* [pg. 80]

**Advice For Those Still Struggling** comprises Chapter 9 and offers words of encouragement and support from the 25 women in the study to current sufferers of eating disorders and T1DM:

> *"There are people that have gone through this and come out the other side, and they're not amazing people. They are not shiny, happy people. They are just regular people who never felt like they could do it but did. Caroline."* [pg. 82]
>
> *"Life will open up to you, rather than becoming a prison. Chloe."*
>
> *"You are worth it. ..You are worth taking care of yourself. Janine."*
>
> *"It's not worth a dress size. Kristin."* [pg. 85]

In Chapter 10 AGM offers **Practical Applications of Expert Teaching** for the groups: women and girls with current eating disorders and T1DM; family and loved ones and both mental health and diabetes specialists. She also highlights of how changing language can change the landscape of treatment such as using 'management' instead of 'control' and 'value' instead of 'test'.

> *"People do not have diabetes and restrict insulin because they don't understand how to manage their diabetes but because they are under the control of a psychological condition. This eating disorder is not solely about food or insulin. It is about fear of insulin, fear of calories, fear of weight, and a distorted sense of body size. Unfortunately, simply applying logic and what they know about diabetes is not powerful enough to successfully wage war against their eating disorder. This is an illness."*

Finally, chapter 11, **Realistic Hope** ties the book up with positivity that isn't at all clichéd or false

*"You really have to want to get better... and for everyone, it's a different journey. Julia"*

[pg. 111]

***Injecting Hope*** is unlike any book on diabetes or eating disorders that I have read before, and for good reason. I would certainly recommend it to anyone struggling with an eating disorder and T1DM, and moreover family and friends of sufferers as well as any Health Care Professionals involved in the care of type 1 diabetes or eating disorders. I feel that the book astutely recognises the difficulties of living with type 1 diabetes and how this can make young women most susceptible to mental health concerns including eating disorders. I want as many people to read this book and become aware and more compassionate of this struggle as is possible.

I very much hope that Ann Goebel-Fabbri continues her studies of the subject and publishes further material, and that in turn other academics will take notice and undertake investigations of their own. Essentially, Injecting Hope is a hugely useful resource and one that can be relied on for measured facts as well as evidence shaped from the succinct voices of 25 women that have lived and breathed this struggle, and have come out the other side.

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By Claire Kearns.