Eating disorders

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Clinical features in insulin-treated diabetes with comorbid diabulimia, disordered eating behaviors and eating disorders

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Adherence to self-management and medication regimens is required to achieve blood glucose control in diabetic patients. Therefore, diabulimia, the deliberate insulin restriction/omission to lose weight, and other disordered eating behaviors (DEBs) or eating disorders (EDs), place these patients at risk of complications.

We aimed to establish the frequency of diabulimia, DEBs and EDs among patients with type 1 and 2 diabetes (T1DM and T2DM) and their association with other clinical features.

A total of 211 insulin-treated diabetic patients (13–55 years old) answered the Diabetes Eating Problem Survey-Revised (DEPS-R), a diabetes-specific screening tool for DEBs, and the Eating Disorders Inventory-3 (EDI-3). SCID-I modified according to DSM-5 criteria was used to diagnose EDs.

At the DEPS-R, 20.8% of the sample scored above the cutoff, more frequently females ($P = 0.005$), patients with T1DM ($P = 0.045$), with a diagnosis of ED ($P < 0.001$), positive to the EDI-3 ($P \leq 0.001$), with physical comorbidities ($P = 0.003$), with HbA1c > 7% ($P = 0.020$). Combining data from the interview with the results at the DEPS-R, 60.2% of the sample presented diabulimia. Dividing the sample by gender, we found that diabulimic females more frequently used diet pills ($P = 0.006$), had significantly higher HbA1c ($P = 0.019$) and STAI-Y1 scores ($P = 0.004$). Other DEBs comprised dietary restraint (51.8% of the sample), binge eating (42.2%), vomiting (6.2%), diet pills (7.1%) or laxatives (1.9%) or diuretics use (4.3%). Overall, 21.8% of the sample, mostly females ($P < 0.001$) met criteria for at least one DSM-5 diagnosis of ED.

Diabetic patients, especially women, should be carefully monitored for the presence of diabulimia, BEDs and EDs.

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Gender and age differences in eating and drinking risk behaviors in Italian high school students

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Drunkorexia, limiting food intake before alcohol consumption, increases teenagers and young adults' risk for negative alcohol-related health consequences.

The purpose of the present study is to explore gender and age differences regarding weight management behaviors and alcohol consumption among 3004 students aged 13 to 24 years.

The following questionnaires were administered: Eating Disorder Inventory-3 (EDI-3), Alcohol Use Disorders Identification Test (AUDIT) and Compensatory Eating and Behaviors in Response to Alcohol Consumption Scale (CEBRACS).

EDI-3 showed that 11.3% of the sample met the threshold on the "Drive for Thinness" (DT) scale, 28.9% on the "Bulimia" (B) scale, 17.2% on the "Body Dissatisfaction" (BD) scale. Females presented a higher risk at DT, B and BD scales ($P < 0.001$), and the risk of bulimia was higher in those aged ≤ 16 years ($P = 0.028$). AUDIT revealed a greater clinical risk of alcohol-related problems in males ($P < 0.001$) and in those aged > 16 years ($P < 0.001$). Drunkorexia was found in 44% of the sample, without significant difference in relation to gender and age.

Girls and younger students have more weight concerns, while boys and older students are at greater risk of alcohol use disorders. Therefore, no specific group should be considered risk-free with respect to drunkorexia.

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The prevalence and correlates of haematological abnormalities in adult inpatients with anorexia nervosa

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Introduction There is only limited literature concerning haematological abnormalities in anorexia nervosa (AN), with little past investigation into these abnormalities in adult AN patients admitted to inpatient eating disorder (ED) units.

Objectives This study sought to determine the prevalence and severity of haematological abnormalities in admitted AN patients, and to examine correlates of these abnormalities.

Methods All adult patients with a clinical diagnosis of AN admitted to the Cotswold House specialist ED inpatient unit between November 2013 and December 2014 were included in the study. Demographic, anthropometric and haematological parameters were systematically recorded for the duration of each admission. The proportions of patients affected by haematological abnormalities (anaemia, leucocytopaenia, neutropaenia, thrombocytopaenia and pancytopaenia) were selected as primary outcomes, and binary logistic regression was performed using SPSS 22.0.

Results A total of 37 AN patients (91.9% female; mean age: 29.7 years) were included in this study, with a mean admission BMI of 13.7 kg/m^2 (SD: 1.8) and a mean admission duration of 128 days; 54.1% of patients were anaemic, 64.9% of patients experienced leucocytopaenia, 56.8% of patients developed neutropaenia, 16.2% of patients suffered thrombocytopaenia, and 8.1% of patients were pancytopaenic. Logistic regression identified low admission BMI ($P = 0.009$) and low serum albumin level ($P = 0.017$) as significant correlates of anaemia, and isolated increased age ($P = 0.034$) as a significant associate of leucocytopaenia.

Conclusions Haematological abnormalities occur frequently in AN inpatients. Given the frequency at which abnormalities occurred in this cohort, further large-scale and prospective studies examining haematological abnormalities in inpatient AN populations are warranted.

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