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A Case of Diabulimia in a 23-Year-Old Woman with Extensive Comorbidities

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A Case of Diabulimia in a 23-Year-Old Woman with Extensive Comorbidities

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Abstract

- Diabulimia is defined as intentionally withholding insulin injections for the purpose of weight loss in the setting of type 1 diabetes mellitus (T1D).
- It is characterized as an eating disorder (ED), although does not yet have DSM diagnosis status.
- Recognition of the condition among medical professionals is limited but growing.

Literature Review

31%

- Percentage of females with T1D ranging in age from 13-60 years, reporting having intentionally omitted insulin over the course of their disease (1)

9%

- Percentage of respondents indicating that this behavior occurred frequently (1)

50%

- Among those omitting insulin, half stated that weight control was their primary reason for their behavior (1)

30%

- Percentage of teens with T1D reporting depressive symptoms (2)
- Increased severity correlates with increased hospitalizations (3)

7%

- Percentage of adolescents with T1D reporting concurrent eating disorder (4)

Case Study

- 23-year-old Caucasian female evaluated in the critical care unit for diabetic ketoacidosis (DKA) without coma in December 2021.
- Prior to admission, the patient had been restricting her food and insulin intake, sometimes withholding food and insulin for up to several days at a time.
- Denies bingeing or purging.
- Sixth hospitalization for DKA in as many months.
- Admitted to skipping insulin with the intention of losing weight.
- Past medical history
 - Type 1 diabetes mellitus
 - Major depressive disorder
 - Generalized anxiety disorder
 - Post-traumatic stress disorder
 - Complex regional pain syndrome type 1
 - Suicide attempt
- Social history
 - Sexual assault
 - Unstable access to mental healthcare, psychotropic medication, and food
 - Lives alone with father, mother is deceased
 - Unemployed, poor economic support
 - Lack of reliable transportation to medical appointments
 - Baseline level of function was lying in bed most of the time

Treatment

- Hospital course
 - Stabilized with IV insulin drip, thiamine, magnesium, phosphorus, and fluids
 - Started on sertraline, nortriptyline, and prazosin.
- Outcome
 - Admitted to partial in-patient eating disorder program, discharged January 2022
 - Readmitted twice in February 2022 for DKA
 - Discharged to home with home care, intensive outpatient program, ED support group

Discussion

- This case is notable for the extensive comorbidities present and the shortcomings in adequately addressing them.
- Diabulimia patients report negative experiences with the healthcare system (5).
- There is a need for provider education on diabulimia and a multidisciplinary response.

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