Type 1 diabetes is an endocrine disorder that impairs the body's ability to produce the insulin needed to assimilate glucose and nutrients for healthy cell functioning. Lifelong daily insulin administration and dietary management are key components for good metabolic control. However, adherence to a strict insulin and dietary regimen may present challenges for adolescents who are also transitioning through puberty to adulthood. The importance of taking insulin to avoid serious medical consequences is known by all health care practitioners; however, fewer know that insulin omission is used as a method of weight control (Colton, Olmsted, Daneman, Rydall, & Rodin, 2004).

Insulin omission, which also includes deliberate dose restriction or manipulation, is a uniquely dangerous practice prevalent among young women with type 1 diabetes. Often referred to as diabulimia in the diabetes health care community (Mathieu, 2008), this method of weight control meets the Diagnostic and Statistical Manual of Mental Disorders (fourth edition, text revision; American Psychiatric Association, 2000) criteria for eating disorders. Specifically, insulin omission serves as compensatory purging behavior to prevent weight gain. While insulin helps the body maintain muscle mass, it also promotes fat storage. Hyperglycemia due to inadequate insulin results in glycosuria and, consequently, the excretion of calories, which leads to weight loss (Lewis, Heitkemper, Dirkson, O’Brien, & Bucher, 2007).

The highest rates of insulin restriction are found among adolescent girls with type 1 diabetes; these girls are 2.4 times more likely to have an eating disorder than their nondiabetic counterparts. Insulin omission is also found in other age groups and to a much lesser extent among boys and men (Jones, Lawson, Daneman, Olmsted, & Rodin, 2000). Increased prevalence of insulin omission in adolescence is attributed to a complex interplay between normal growth and development and the presence of diabetes, a life-altering illness.

Puberty is a time of rapid growth and hormonal shifts that result in emotional and psychological changes. The development of secondary sexual characteristics and concerns about body image are paramount. Studies have shown that girls with type 1 dia-
Guest Editorial

Diabetes is a multifaceted illness requiring an integrative approach using the expertise of interdisciplinary health care providers. Medical management, nutritional counseling, and health education are essential, while psychiatric intervention may also assist in providing the best care and preventing future disabilities. Early recognition of adolescents who are struggling with the perfect storm of body image and psychosocial concerns within the context of diabetes can make a life-altering difference.

REFERENCES


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