

How Information Regarding Diabetes is Collected and Used to Inform Treatment in a Community Adult Eating Disorder Service

Introduction

The project explored the frequency with which adults with eating disorder and comorbid diabetes present to the Eating Disorder Service and considered how diabetes data is used during outpatient treatment for eating disorder. Gaining an understanding of how diabetes diagnosis is made use of during outpatient treatment is crucial in establishing how a comprehensive formulation might inform effective, person-centred treatment planning in this complex area. Additionally, exploration of clinicians' experiences and perceptions permits the identification of any strengths or challenges associated with the multidisciplinary assessment and intervention processes, and can offer insight into how existing links between this service and the local diabetes services could be improved.

Results

How many cases of comorbid diabetes are there in the current and 2-year historic caseload?

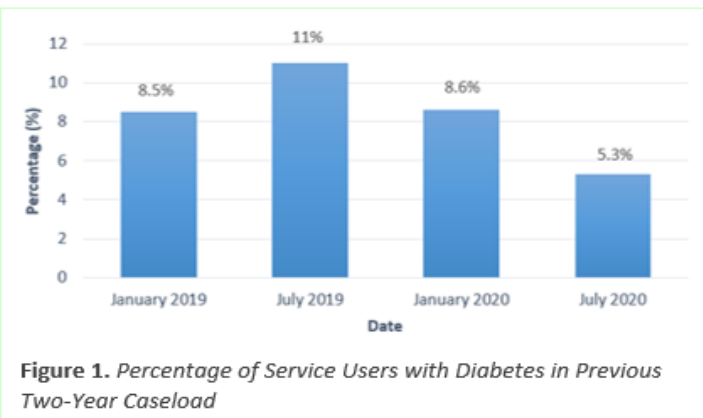


Figure 1. Percentage of Service Users with Diabetes in Previous Two-Year Caseload

The percentage of service users on the caseload with comorbid diabetes ranged from 5.3% to 11% and included fairly even distributions of individuals with type 1 or type 2 diabetes.

How is diabetes-related information made use of during outpatient eating disorder treatment?

A content analysis of Rio case notes highlighted that information about diabetes most commonly referenced the practice of establishing physical safety, and notes regarding the psychological aspects of the work and formulation were much less frequent.

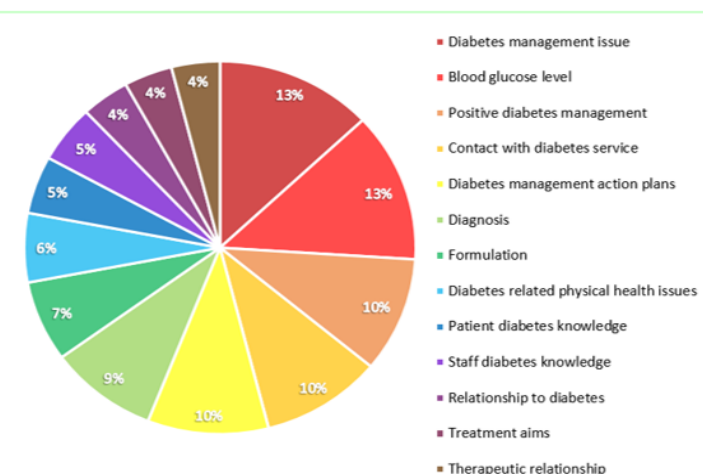


Figure 2. Categories and proportional quantities of diabetes-related clinical notes.

What are clinicians' experiences of gathering information about diabetes and how this might inform treatment?

Five clinicians in the service took part in a focus group to share their experiences of managing this comorbidity. Thematic analysis was conducted on the qualitative data.

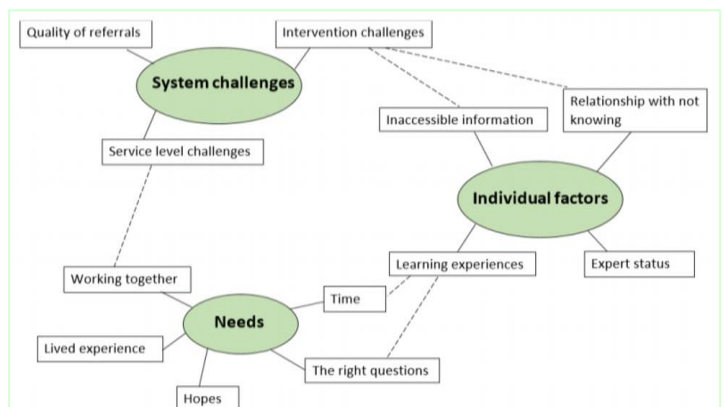


Figure 3. Thematic map of themes and subthemes.

Three main themes identified that: the existing systems within and between services often introduced significant difficulty when managing comorbid diabetes, individual clinician and service user factors also played an influential role in the work, and there were several areas in need of development in the context of managing this comorbidity in the future.

Clinical Implications

- Specialist training, validated assessment tools and resources specific to eating disorder and comorbid diabetes would assist clinicians in offering effective assessment and intervention.
- Multidisciplinary, multi-service treatment pathways would enable clinicians to complement each other's skillsets and improve treatment outcomes.
- Exploring service users' relationship to diabetes could be beneficial.
- Reduced service time pressures would enable clinicians to engage with CPD and valued accounts of lived experience of this complex and multi-faceted presentation.

Conclusions

The most fundamental challenges for healthcare professionals treating disordered eating and comorbid diabetes are the lack of evidence-based clinical guidance, assessment tools, training, and interdisciplinary support, and the emotional burden of working with such complex presentations that often extend beyond clinicians' areas of expertise.