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# Diabulimia

**D**iabulimia is a term used to describe an eating and body image disorder that exclusively affects individuals with type 1 diabetes. It involves the manipulation (omission or restriction) of insulin to manage weight and/or body image, which often leads to frequent episodes of sustained hyperglycemia and can even trigger diabetic ketoacidosis.

One of the biggest issues when discussing diabulimia is its underdiagnosis, as it is not recognized in major diagnostic classifications as an eating disorder (ED). As a result, most diagnoses are incorrectly labeled under other conditions, failing to properly identify diabulimia.

In fact, in most cases, symptoms may be mistaken for poor diabetes management or a lack of motivation to manage the condition. One predisposing factor could be the weight loss associated with the diagnosis of type 1 diabetes, since starting insulin treatment often leads to the regained weight that was lost. Some individuals find this difficult to cope with, which may lead them to start skipping insulin doses.

Additionally, social media currently plays a significant and complex role in this disorder: misleading messages demonizing insulin facilitate false beliefs such as “insulin makes you gain weight,” which along with the widespread promotion of the “perfect body image” on social media, increases the risk and can trigger diabulimia.

Characteristics of diabulimia

- 1. Preoccupation with body image and/or weight:** Individuals with diabulimia experience persistent, intrusive, and intense thoughts about their body image and/or weight.
- 2. Omission or reduction of insulin doses:** This intentional insulin reduction can lead to hyperglycemia (high blood sugar levels), which, if sustained, may result in recurrent diabetic ketoacidosis episodes.
- 3. Physical and emotional impact:** In addition to physical health complications (such as kidney damage and cardiovascular issues), diabulimia has a significant emotional toll, often leading to anxiety and depression.

Early intervention and a multidisciplinary approach are essential for effective treatment. This involves both psychological and nutritional support:

Nutritional therapy provides flexible nutritional education, empowering individuals to make their own food choices wi-

thout resorting to restrictive or extreme behaviors.

Psychological therapy focuses on emotional, cognitive (e.g., irrational beliefs about food and weight), and behavioral aspects underlying eating disorders. It also addresses self-image perception.

Additionally, it is crucial to inform the medical team treating a person with diabulimia so that the condition is approached correctly. As previously mentioned, diabulimia is often misinterpreted as poor diabetes management rather than an eating disorder.

Education about diabulimia and the promotion of a weight-neutral, insulin-supportive approach (especially on social media) are fundamental to preventing the disorder. Both patients and healthcare professionals should be able to recognize the early warning signs to initiate recovery as soon as possible.

These are the signs and symptoms of diabulimia

#### Clinical/Physiological indicators

- 1. Deterioration in clinical markers:** Increased glycated hemoglobin (HbA1c) levels and unusual glucose fluctuations may signal insulin omission or restriction.
- 2. Sudden changes in weight and/or body image.**
- 3. Unusual eating behaviors:** Avoidance of certain foods, restrictive eating patterns, or binge episodes followed by compensatory behaviors.
- 4. Ketoacidosis symptoms:** Frequent diabetic ketoacidosis (DKA) episodes may indicate insulin manipulation.

#### Psychological indicators

- 1. Excessive concern about body image and/or weight:** Frequent comments about appearance, constant comparisons with others, intense body dissatisfaction, recurring distressing thoughts about body image.
- 2. Denial of the need for insulin or beliefs »**

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IT IS CRUCIAL FOR BOTH PATIENTS AND HEALTH CARE PROFESSIONALS  
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» such as “insulin makes you fat”: Justifications for insulin omission, e.g., “I don’t need it” or “I only inject when I eat.”

3. **Avoidance of social activities, especially those involving food.**
4. **Perfectionistic coping style:** Setting unrealistic standards for weight and diabetes management.
5. **Low self-esteem or intense self-criticism,** particularly regarding eating, diabetes management, and body image.
6. **Constant concerns about food** and its effect on body image and diabetes, sometimes linked to binge-restriction cycles followed by guilt.
7. **Avoidance of medical or psychological appointments,** even when health issues arise.

#### Nutritional indicators

1. **Unintentional weight loss:** Significant changes in body weight without conscious effort.
2. **Hair loss, fatigue, bone issues, etc.:** Symptoms related to

nutritional deficiencies (such as vitamin and mineral deficiencies) due to food restriction.

#### 3. Abnormal eating patterns:

- **Severe restriction:** Avoiding entire food groups, especially carbohydrates.
  - **Binge episodes followed by restriction:** Overeating in short periods followed by insulin omission.
4. **Alterations in carbohydrate intake:** Underestimating or ignoring carbohydrate consumption to avoid insulin administration.
  5. **Energy imbalance:** A significant calorie deficit, leading to weight loss or poor diabetes management.
  6. **Frequent hypoglycemia episodes:** These may result from insulin manipulation and caloric restriction.
  7. **Laboratory findings:**
    - **Malnutrition markers:** Abnormal protein, lipid, and micronutrient levels. **D**

## CONCLUSIONS

Diabulimia is a diabetes-specific eating disorder characterized by the manipulation (omission or restriction) of insulin doses, driven by a desire for weight loss or body image modification. It is often overlooked as it is not included in major diagnostic categories, frequently leading to misinterpretation as poor diabetes management rather than an eating disorder. Recognizing psychological, nutritional, and medical indicators is crucial for early and effective intervention. Additionally, responsible social media messaging—free from insulin demonization and weight-centric approaches—is key to challenging the irrational beliefs that fuel diabulimia. A multidisciplinary approach is essential in supporting recovery from this condition.

## REFERENCES

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