EATING DISORDERS ARE FREQUENT AMONG TYPE 2 DIABETIC PATIENTS AND ARE ASSOCIATED WITH WORSE METABOLIC AND PSYCHOLOGICAL OUTCOMES: RESULTS FROM A CROSS SECTIONAL STUDY IN PRIMARY AND SECONDARY CARE SETTINGS

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**Background**
- Data regarding the prevalence of eating disorders (ED) and their influence on clinical outcomes among patients with type 2 diabetes (T2DM) are scarce.
- Binge eating disorder (BED) is the most studied ED in T2DM. It is characterized by eating an objectively large amount of food with a perceived loss of control in a 2-hour period and it is not followed by compensatory behaviors.
- Reported prevalence rates of BED among T2DM range from 2.5% to 25.6%.

**Aims**
- To investigate the frequency of positive screening for ED and, specifically BED in a T2DM sample.
- To analyze whether there are any differences among T2DM subjects with a positive screening for ED or BED.

**Materials and Methods**
- 320 subjects with T2DM were recruited randomly using serial selection from 14 Primary Care settings and the Endocrine Department of a tertiary center in Palma de Mallorca (Spain).
- All participants were evaluated for the presence of ED by completing the “Eating Attitudes Test-26” (EAT26). In addition, the “Questionnaire of Eating and Weight Patterns Revised” (QEWP-R) for the screening of BED was also implemented.
- Sociodemographic, clinical and biochemical parameters were also recorded.

| With EAT26 ≥45 of 329 scored ≥30, in other words, 14% of the sample was indicative of ED |
| According to the QEWP-R 14% (31/230) had an abnormal eating pattern. The frequency of BED was 12.2% |
| Subjects with a pathological EAT26 had higher triglycerides levels compared with T2DM patients without criteria for an ED (177.3 ± 43.1 mg/dl vs 126.3 ± 41.3 mg/dl. p = 0.006) |
| A pathological Beck Depression Inventory test (BDI) was also more frequent among subjects with a positive screening for an ED with the EAT26 compared with subjects with a normal test (p = 0.003/39) |
| No significant differences were seen in any of the parameters assessed. |

**Results**

![Image of results table]

- No significant differences were found in any other of the parameters assessed.

When we assessed for significant clinical symptoms for depressive disorder, there was a positive correlation between the scores obtained with the EAT26 and the ones obtained with the BDI (p = 0.0014):

![Image of scatter plot]

**Conclusions**
- ED among T2DM are frequent. Due to its deleterious effect on different metabolic and psychological outcomes, they should be diagnosed promptly, especially BED.

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