Top ten things to know when seeing a patient who has ED-DMT1

1. Patient needs to check blood sugar and respond appropriately at the beginning of first appointment of the day. All disciplines are competent to have patient do this.

2. Teach and reinforce, T.I.E., which is, test, take insulin, then eat.

3. Whenever you can, eat a snack or meal with the patient.

4. Determine realistic BG goals for the patient, and do not work on getting the BG's down too rapidly. If the patient is omitting insulin, this is particularly important. Insulin edema is very uncomfortable, and the patients view it as fat. Also, complications are often exacerbated by bringing numbers down too quickly.

5. DO NOT use judgment words, such as "should", "good" or "bad". For example, "You should have tested your blood sugar before you ate dinner", or "Your numbers were so good that day!"(That adds to their guilt when the numbers are not "good".) These patients are filled with shame and guilt and they need to be treated with as little judgment as possible.

6. Determine who on the treatment team is weighing the patient, and how often. Should not be more than once per week, and there should not be comments on the weight. If the therapist is doing weight exposure therapy, the weight should be done with the psychologist. Encourage the patient not to weigh at home.

7. Meal plan should be balanced and consistent. Patients follow a meal plan based on the eating disorder treatment and count the carbs to cover with insulin. It is difficult to cover more than 90 – 100 grams of carb at one time, even though we often hear "you can just cover with insulin".

8. Use records that combine meal plan with diabetes care.

9. Never assume someone knows what they need to know about diabetes. Keep teaching and reviewing, every chance you can. Make it real and pertinent.

10. **Encouragement, praise, baby steps**. Recovery from this combination of diseases can take many years.