T1DE / Diabulimia

A compassionate guide for understanding, support and recovery

Understanding this presentation

T1DE is a term used for type 1 diabetes with disordered eating. Diabulimia is a commonly used term, rather than a standalone formal diagnosis, for deliberately reducing or omitting insulin in order to influence weight. This is medically dangerous and requires specialist support.

What may be happening underneath

Managing type 1 diabetes already involves close attention to food, carbohydrate, glucose and insulin. For somebody vulnerable to an eating disorder, this constant monitoring can become tangled with body image, fear of weight gain, perfectionism or shame. Insulin restriction may be hidden because the person fears judgement.

Why compassion matters

Eating difficulties and eating-disorder behaviours often make more sense when we understand what they are trying to manage. They may reduce anxiety, create predictability, soothe difficult feelings, respond to sensory distress or provide a temporary sense of control. Understanding does not mean ignoring risk; it gives us a more useful place from which to build change.

Shame usually increases secrecy. Helpful support combines respect for the person with clear attention to physical safety, nourishment and specialist care where needed.

Health, treatment and recovery

Insulin omission can lead to very high blood glucose, diabetic ketoacidosis and serious long-term complications. Symptoms such as vomiting, abdominal pain, deep breathing, dehydration, confusion or drowsiness can signal a medical emergency. Suspected DKA requires urgent emergency assessment.

A gentle place to begin

Try replacing 'What is wrong with me?' with 'What is happening for me, what is this helping me manage, and what would make the next step safer?' A useful step might be telling one trusted person, attending an assessment, noticing a trigger, accepting nourishment, reducing a harmful behaviour or asking for an accommodation.

Supporting yourself or somebody you care about

Treatment needs integrated diabetes and eating-disorder care. The person needs support, not blame, around insulin, nourishment, glucose monitoring, body image and emotional distress. Insulin should never be deliberately reduced for weight control.

If you are supporting somebody, avoid becoming the food police. Keep weight, calories and moral judgements about food out of the conversation where possible. Ask what support feels useful, encourage appropriate professional care and keep room for ordinary life, humour, interests and connection.

When urgent help is needed

Seek urgent medical help for collapse or fainting, chest pain, severe weakness or confusion, severe dehydration, blood in vomit, suspected poisoning or obstruction, signs of diabetic ketoacidosis where relevant, or immediate risk of self-harm. In the UK use 999/A&E; for an emergency or NHS 111 for urgent advice.

> *You do not have to become more unwell to deserve help.*

My T1DE / Diabulimia Diary

Use this page to notice patterns, difficult moments and small wins. There are no right or wrong answers.

How am I feeling today?

What happened around food or eating?

What felt difficult?

What went well - even a little?

What helped me?

What do I need tomorrow?

I am learning. I am growing. I am enough.

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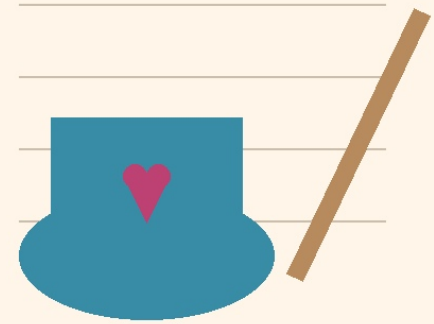
My Recipe for Life

This is not a meal plan. It is a reminder that recovery and wellbeing need many different ingredients.

Ingredients	How I use them
Patience	
Compassion	
Curiosity	
Support	
Rest	
Joy	
My Pace	
Self-Trust	
Small Steps	
Hope	



A message from Maggie

You are so much more than your struggles with food. Please be gentle with yourself. You do not have to prove that you are struggling enough to deserve support. Recovery is allowed to be slow, uneven and personal. Small steps matter, and you deserve patience, understanding and hope.

Maggie