

MIDER

QI 1331 Improving hospital identification of Type 1 diabetes and disordered eating (HiT1DE)

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QI-1331 Improving Hospital Identification of Type 1 Diabetes and Disordered Eating (HiT1DE)

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Project Aim: To establish the effectiveness of screening patients with DKA in identifying those with previously undiagnosed eating disorders.

Summary:

Young people with Type 1 Diabetes have elevated rates of eating disorders, resulting in increased complications and mortality. A 2024 UK Parliamentary report emphasises the importance of early recognition and intervention for **Type 1 Diabetes with Disordered Eating (T1DE)**. T1DE poses unique diagnostic and treatment challenges, exacerbated by under-reporting and limited clinician training.

Disordered eating in this population has a **high level of physical risk**, as patients affected may omit their insulin in order to reduce their weight or prevent weight gain. This can result in uncontrolled blood sugars, frequent episodes of DKA and increased risk of long-term complications (nephropathy, retinopathy, neuropathy). While screening tools exist for T1DE, there is no overarching structure for screening, and at risk patients may not be approached to access appropriate support. Screening possible patients for T1DE offers an opportunity to identify patients who might otherwise not present to services and try to engage them in treatment.

People living with Type 1 Diabetes are also recognised as having **increased rates of other mental health problems** compared to the general population. 'Diabetes distress' describes the emotional and psychological challenges of living with the illness, and depression is up to 3 times more common for these patients. **Liaison Psychiatry Teams** can support Diabetes Services to assess mental health needs for patients with Type 1 Diabetes. This project assesses the **value of T1DE screening combined with psychiatric assessment** via outpatient liaison services.



Measures:

- Proportion of patients who:
- Are identified and accept screening.
 - Screen positive for T1DE on either or both screening tools.
 - Are confirmed as having T1DE on further assessment.
 - Engage in treatment.



Definitions:

- MHLT - Mental Health Liaison Team
- DKA - Diabetic Ketoacidosis
- DSN - Disability Specialist Nurse
- T1DE - Type 1 Diabetes with Disordered Eating
- HbA1c - Glycated haemoglobin (blood test to measure average blood glucose levels)
- DEPS-R = Diabetes Eating Problems Survey Revised



Outcomes:

Revealed a **significant mental health need** within a small referral group:

- 2-month pilot led to **5 patient referrals** - 4 (80%) attended assessment appointments.
- **All attendees met the threshold** for ongoing secondary care - Only 1 continued with MHLT outpatients.
- 3 patients were identified as high or medium risk for T1DE - **2 accepted referral to specialist T1DE clinic.**

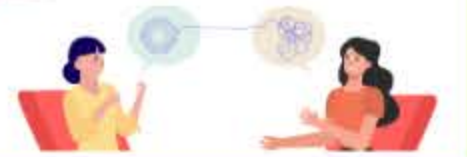
Suggested there are **benefits of carrying out screening:**

- ✓ Demonstrates **feasibility.**
- ✓ Demonstrates **unmet mental health needs** of this population locally.
- ✓ Assessors able to offer **appropriate support** plans for those referred.

- ★ **Strengthening collaboration** between the Mental Health Liaison Team and local diabetes services.
- ★ **Results presented at the National Conference for Diabetes & Eating Disorders at Warwick University.**

"I was finally on the path to receiving the help I'd been needing ... Without this intervention I don't know where I'd be ... For the first time in a long time, I have a quality of life."

Quote from a patient who has been living with type 1 diabetes for 18 years



Piloting the Process:

Step 1: Identification

Eligible patients identified at two hospital sites locally:
Group 1: ≥ 2 DKA admissions in 1 year;
Group 2: Outpatients with HbA1c ≥ 86 , persistently high.

Step 2: Initial Contact

Patients offered inclusion in the project by DSNs at routine review or during hospital admission. If consenting, referred to Mental Health Liaison Team.

Step 3: MHLT Assessment

Group 1 during hospital admission if possible.
Group 2 outpatient service.
HiT1DE framework & DEPS-R survey, alongside psychosocial needs and risk assessment.

Step 4: Patient Outcomes

(High or medium risk of T1DE) - Referral to 'Specialist Diabetes and Eating Disorders Clinic' offered. Referral to secondary care services. Interventions within MHLT outpatients offered.



Next Steps:

- Apply for Research grant to continue the screening and clinic.
- Clarify referral process - consider adding this cohort of patients to local outpatient liaison referral criteria.
- Awareness/engagement sessions for referrers (MHLT staff).
- Establish measures of effectiveness for the service (numbers of referrals, patient outcomes, etc).

