Recurrent A&E attendances? Remember the Psychosocial History

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Initial Presentation

14 year old teenage girl BIBA from GP

- Headaches, dizziness, thirst and polyuria
- 22kg weight loss over two months
- Blood sugar in hospital = 21.2 mmol/L

Diagnosis: New onset type 1 diabetes

Initial management: Bolus regime of fixed dose insulin (Novorapid) with long acting Lantus daily.

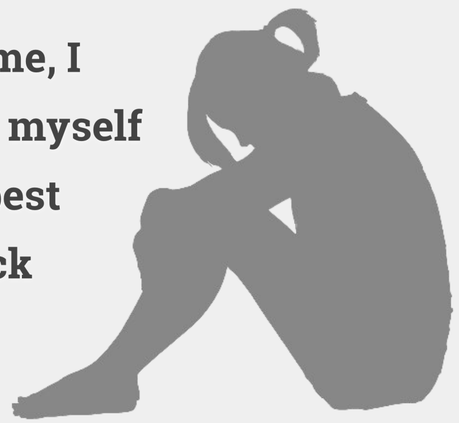
Initial glycaemic control: Poor despite increased Lantus and dose corrections → HbA1c 118 mmol/mol (13%)

Initial Psychosocial Risk Factors

- Early evidence of self-harm marks on arms
- History of being bullied at secondary school
- Lived with father, parents recently divorced
  - ➔ Urgent referral for psychological assessment and support
- Multiple bruises identified, ?self inflicted
- Disclosure of cyberbullying on social media
- Disclosure of binge eating for emotional distress
  - ➔ Urgent referral to CAMHS crisis team
  - ➔ Never attended despite rescheduling efforts.

"Once I go home, I will not inject myself which is the best way to get back into a coma."

– Patient



Subsequent A&E Emergency Attendances

First three months after new diagnosis of T1DM:

- Poor compliance with injections/inappropriate sites
- Unmotivated to improve self-care
- Erratic meals/skipping breakfast

Then frequent DKA admissions within the next year:

- Twice life-threatening, with 4 days in intensive care
- Medication adjustments
- Urgent re-referral to CAMHS
- Urgent MDT scheduled

After further admission deemed unfit for hospital discharge:

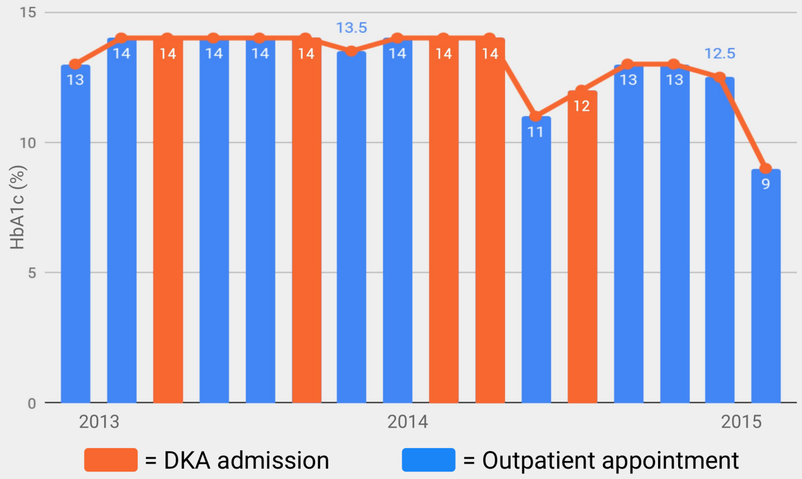
- A detailed inpatient psychiatric assessment identified.
- High score on Eating Disorder Screen
- High suicidal ideation
- Low mood & tearfulness
- Desire for a mother figure
- Grief regarding parental separation
- Severe body image anxiety
- Fears of weight gain
- Omitting insulin doses
- Inappropriate infection sites
- Skipping breakfast
- Chaotic eating habits
- Low self esteem

Further Reading on Diabulimia

Carl David Leith van Heyningen, Karthikeyini Sujay Manohara, **Diabulimia: an easily missed diagnosis?** Br J Diabetes 2018;18:167-170

Medical attendances & HbA1c results

Note: For each DKA re-admission, mortality increases.



Outcome

Diagnosis of "Diabulimia":

- An eating disorder where the patient voluntarily omits insulin to achieve weight loss

Multidisciplinary Team input:

- Regular family therapy
- Ongoing community psychiatric input
- Revised diabetic education to empower self-care

Over 1 year on she is doing well:

- Improved concordance → HbA1c 76 mmol/mol (9%)
- No further life-threatening hospital admissions

Take Home Messages

- **Remember the Importance of psychosocial history**
- Focusing only on the disease or medical condition can risk missing the bigger psychosocial picture
- Recurrent A&E attendances? Stop and think.
- Make referrals for psychological support early.

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