**How to Refer to the Hull and East Riding T1DE Service**

Community MDT suspect T1DE in patient, aged 18+ registered with a Hull or East Riding GP (See Box 1. warning signs and screening).

(GPs, CMHT, Community Dietitians, Practice Nurse, Let’s Talk)

Health Professional referral to **HUTH Specialist Diabetes Outpatient Team** via usual route of e- referral or electronic advice and guidance. **Please state T1DE on the referral form.**

Health Professional referral to **Evolve – Hull Community Eating Disorder Service** by:

* Completing online referral form [City Health Care Partnership (chcpcic.org.uk)](https://www.chcpcic.org.uk/chcp-services/evolve/pages/evolve-referrals)

And sending it to [chcp.evolveeatingdisorders@nhs.net](mailto:chcp.evolveeatingdisorders@nhs.net)

**Please state T1DE on the referral form.**

If you suspect a patient may present with T1DE and you wish to speak to a member of the T1DE MDT for further advice, please contact:

Telephone: 01482 230721 Email: [chcp.t1deservice@nhs.net](mailto:chcp.t1deservice@nhs.net)

If you wish to make a direct referral please seek consent from the patient and refer via **any** of the below referral routes. **Patients can also directly self-refer (see separate process).**

Patient self-referral to Evolve - Hull Community Eating Disorder Service by

* Telephone 01482 344083
* Completing the online contact form [City Health Care Partnership (chcpcic.org.uk)](https://www.chcpcic.org.uk/chcp-services/evolve/pages/evolve-referrals)
* Text EVOLVE to 61825

Onward referral from HUTH Specialist Diabetes Outpatient Team or Evolve – Hull Community Eating Disorder Service to T1DE Service via Systm1 T1DE electronic referral form.

Referral declined with advice to the referrer (if not deemed appropriate by the MDT).

T1DE assessment completed.

Referral discussed at T1DE MDT (takes place weekly)

Referral accepted for T1DE assessment

T1DE MDT accept referral and offer treatment

T1DE MDT decline as patient does not meet the proposed diagnostic criteria for T1DE (See Box 2), advice and onward signposting offered to the referrer and patient where appropriate.

**Box 1: Warning Signs and Screening**

Disordered eating can range from subclinical behaviours (e.g., being overly focused on body image, diet, and exercise) to EDs, such as anorexia nervosa, bulimia nervosa and binge eating disorder. Intentional insulin reduction or omission as a symptom of purging is a phenomenon unique to T1 Disordered eating (T1DE). However, not everyone with T1DE and disordered eating engages in this practice.

**Suspected T1DE presentation based on below signs and symptoms:**

• Poor school or work performance

• Trouble with interpersonal relationships

• Poor adherence to blood glucose monitoring, insulin administration

• Depressive symptoms

• Frequent dieting

• Laxative/diuretic use

• Self-induced vomiting

• Extreme focus on body size or shape

• Excessive exercise

• Recurrent exercise-related hypoglycaemia

• Unexplained increase in haemoglobin A1c (HbA1c) levels

• Repeated episodes of diabetic ketoacidosis (DKA)

• Amenorrhea

**Consider completing mSCOFF screening TOOL**

1. Do you make yourself Sick because you feel uncomfortably full?

2. Do you worry you have lost Control over how much you eat?

3. Have you recently lost at least 14 lbs (One stone) in a 3-month period?

4. Do you believe yourself to be Fat when others say you are too thin?

5. Do you ever take less insulin than you should?\*

**Answering yes to 2 or more of the above indicates the need for referral to T1DE for specialist assessment.**

Further information on T1DE see [JDRF\_Ebrief-6\_-Disordered-Eating.pdf (breakthrought1d.org)](https://www.breakthrought1d.org/wp-content/uploads/2020/06/JDRF_Ebrief-6_-Disordered-Eating.pdf)

**Box 2: Diagnostic criteria for T1DE**

People with type 1 diabetes who present with all three criteria:

1. Intense fear of gaining weight, or body image concerns, or fear of insulin promoting weight gain.

2. Recurrent inappropriate direct or indirect\* restriction of insulin (and/or other compensatory behaviour\*\*) to prevent weight gain.

3. Presenting with a degree of insulin restriction, eating or compensatory behaviours that cause at least one of the following:

• harm to health

• clinically significant diabetes distress

• impairment on daily functioning.

\* Indirect restriction of insulin refers to reduced insulin need/use due to significant carbohydrate restriction.

\*\* Dietary restriction, self-induced vomiting, laxative use, excessive exercise, over-use of thyroid hormones, over-use of diabetes medication believed to avoid weight gain or promote weight loss.