

Diabetes, Body Satisfaction, and Eating Behaviours – Responding to Questions of the DEPS-R, mSCOFF, and SCOFF

This guidance recommends the use of the Diabetes Eating Problem Survey-Revised (DEPS-R: Markowitz et al., 2010) and Modified SCOFF (mSCOFF: Zuidwijk et al., 2014) for those using insulin. The SCOFF measure is appropriate for tāngata whaiora not using insulin (Morgan et al., 2000).

Responses to the different questions are grouped into the three categories of which this guidance is based - diabetes, body satisfaction and eating behaviours. Please note, there is considerable overlap across all the groupings and the recommendations are not exhaustive but rather a guide for kaimahi.

Questions related to Body Satisfaction – DEPS-R items 1, 6, 8, 11, 16; mSCOFF items S, O, first F

- Thank your tāngata whaiora and normalise and validate with a compassionate response. Validate that diabetes makes you more body aware and body is checked at appointments (e.g., stomach for pump and injection sites, weight, foot checks), and focus is on numbers (e.g., weight, time-in-range, BGLs, HbA1c).
- Identify patterns to behaviours. Are there particular triggers or time points where compensatory behaviours are more likely to occur? Afternoons and evenings are known to be more problematic. Focus on one trigger or time point at a time.
- Introduce mindfulness and diabetes related positive affirmations to emphasise paying attention to the current situation rather than past or the future, reduce distress, and delay an unhealthy response.
- Determine if their 'criteria for success' or expectations of themselves (e.g., weight, body shape, glycaemia) is unrealistic or skewed from where they are at currently or ever. Identify small realistic and manageable steps to work on.
- Determine what 'thin' means to them and what motivates them to achieve thinness (e.g., weight number, body shape, body type, hair, skin). Work through plan with them using problem solving.
- Focus on health and wellbeing rather than weight. What does healthy look like to them? Introduce other ways to provide self-care.
- Explore their past experiences with weight, body satisfaction, and kai. This may be influencing their current experiences.
- Explore what else might be influencing their thoughts, feelings, and behaviours. Cultural expectations and norms, social media, peers, whānau, kaimahi and interactions.
- Identify all of their current methods for weight loss (e.g., excessive exercise, restricting kai intake, drugs and alcohol, laxatives), as well as behaviour around diabetes related to body satisfaction (e.g., reduced insulin doses, run glucose levels higher, missed medication doses). Discuss risks associated with these and provide education around this or refer to other helping services.

Questions related to Eating Behaviours – DEPS-R items 2, 3, 5, 10, 13, 14, 15; mSCOFF items S and C

- Normalise and validate and provide a compassionate response: we know this is common in tāngata whaiora with diabetes.
- Consider using the RAVES model as first intervention focussing initially on R and A.
- Use a kai diary or kai intake recall if appropriate to gain a picture of the day/week and typical eating patterns.
- Ensure you have a shared understanding of the behaviours being discussed; overeating, bingeing, skipping meals, loss of control, restricting kai types (e.g., carbohydrates, using a keto diet, gym challenges etc). Problem solve with your tāngata whaiora ways to address.

Questions related to Eating Behaviours – DEPS-R items 2, 3, 5, 10, 13, 14, 15; mSCOFF items S and C

- What thoughts and feelings are associated with eating behaviours? Common emotions are anxiety, sadness, anger, guilt, and shame. Remind your tangata whaiora that strong emotions are okay and that they are natural response to a stressful situation (diabetes!). It is how they respond to them that they have the most control over.
- Reality check the sense of being out of control. Determine your own biases on this to remove personal judgement. How does it fit with whānau eating patterns? Would others describe this as out of control? Consider a referral to a dietitian. Are there unhelpful/incorrect beliefs imposed by others?
- Gather an understanding of the context to the eating behaviours. Are there specific kai that are being avoided or particular social contexts that managing diabetes whilst eating is difficult? Identify barriers to change and break these down.

Questions related to Diabetes – DEPS-R items 4, 6, 7, 9, 10, 12, 13; mSCOFF item second F.

- Validate their experience. (e.g., “Managing diabetes is really challenging”.)
- Normalise and provide hope. (e.g., “These are common experiences in people living with diabetes. We have helped a lot of people living with diabetes and these challenges you have mentioned”.)
- If the majority of items are highly elevated focus, on medical stability and risk.
- Consider there may be knowledge gaps around diabetes management. Check their understanding around diabetes management, including risks, as there are high health literacy demands.
- Explore specific difficulties or particular contexts that the challenges exist in (e.g., home, peers, strangers) and look at helping with problem solving.
- Enquire about what their understanding is of doing this behaviour and what they are wanting to achieve. Use decision balancing – what are the good things about doing this? What are the not-so good things?
- Determine if behaviour is in response to specific diabetes tasks (e.g., injection pain or side effects of medication) or glucose levels (e.g., hypoglycaemia). Normalise this response as appropriate and help problem solve.
- Discuss the avoidance cycle, which can reduce anxiety and make you feel better in the short-term but in the long term can create further challenges. Reinforce that there is no perfection with diabetes rather progress, and numbers are information.
- Listen for change language and areas where they appear open to change. Target those for further discussion and problem solving.