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The diet that's too good to be true

Thousands of diabetics control their weight by skipping insulin shots. It's easy, effective -- and potentially lethal.

By Ann Bauer

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Nov. 8, 2007 | Imagine you have a medical condition that causes you to lose weight. And miraculously, the more you eat, the more you lose. Pastry for breakfast, pasta with clam sauce for lunch, a five-course dinner with crusty bread and any dessert you like, plus snacks in between -- the sweeter the better. Follow this diet and you can drop five pounds by tomorrow morning, shrink a dress size for the weekend, show up at your high school reunion enviably trim.

There are a few downsides: Your hair will fall out, you'll be tired all the time, your mind will be muddled, and your extremities might tingle strangely. Over time, you'll likely go blind, lose a limb, end up on dialysis, or suffer a sudden heart attack. But in the meantime, you'd be able to eat anything you want and wear a size 2.



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Thousands of the approximately 1 million people with Type 1 (or juvenile-onset) diabetes are willing to take the risk. Mostly teenagers and young women, they suffer from a unique eating disorder called diabulimia.

These are girls growing up in the same diet-obsessed America as everyone else. They might begin childhood average size, or even a little fleshy. Then, inexplicably, they begin to lose weight no matter how much they eat. The other symptoms of illness -- excessive thirst and fatigue -- are far less compelling than the ability to eat an entire bag of chips without getting fat. But eventually, someone else catches on, a parent or a doctor, and they're diagnosed with diabetes: taught to read food labels as carefully as a scientist; warned to restrict their caloric intake religiously; and put on a medication called insulin that perversely, literally overnight, causes them to plump up like a water-soaked sponge.

Further, they must go through life focused, constantly, on food -- but only its chemical elements, never its comfort or taste. And the cure is hardly attractive: They will gain weight, even eating as ascetically as monks. The untreated disease, however, with its wasting syndrome? Now that has its appeal.

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is. Katie, a young woman from suburban Minnesota, was a competitive gymnast on a team that was Olympics-bound several years ago. At

4-foot-10, she weighed about 60 pounds; she collapsed often, but at the end of every practice, her coach would stand her in front of the other girls. This, he told them, was how a gymnast ought to look.

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One day, Katie's mother took her to the team doctor, not because of her low weight or bouts of fainting, but because the team was going to California for a meet and Katie was afraid to fly. They needed sedatives. Katie's regular physician, a man who'd been ignoring her appearance and (it would later emerge) blood tests, in order to help keep her ultra-slim, happened to be away on an emergency. The doctor who was filling in took one look at the emaciated girl and ordered a series of tests, then ordered an ambulance. Katie's blood sugar levels were the highest he had ever seen and she was on the brink of ketoacidosis, a combination of high blood sugar and dehydration so severe it causes a toxic buildup, deteriorates fat and muscle tissue, and can cause coma or, if untreated, death.

In the hospital, endocrinologists diagnosed severe diabetes, got Katie's glucose (blood sugar) levels under control, and taught her how to test her blood and give herself insulin injections. She left mid-summer weighing 40 pounds more than when she'd gone in -- a sturdy, round-cheeked girl.

The response was horror: from her coach, who banished her from the team, and from her parents, who had dreamed for years of sending their daughter to the Olympics. Her peers weren't horrified; they were amused. People whispered when Katie walked down the halls at school and taunted her constantly about how **fat** she'd become.

At first, Katie didn't make the connection between insulin and her weight. She tried dieting and wound up going into insulin shock (potentially fatal hypoglycemia, or low blood sugar) twice. But it wasn't until college -- after she'd begun eating pizza and drinking beer and bulked up even more -- that Katie realized she was doing things backward. Rather than take her insulin and cut down on her food intake, she had to do just the opposite if she wanted to lose weight.

"I remembered back to the time that I was admitted to the hospital and how skinny I was," she says. "So I started skipping my shots." Also, she ate *only* refined carbs and sugars: bread, brownies, cookies, candy. The opposite of Atkins, this was a diet devoid of protein and most nutrients, but it ensured she would absorb no calories. No matter how many Dove Bars, croissants and bags of M&M's she consumed, the weight fell off.

The "magic" Katie had discovered actually was the most dangerous component of her disease. Insulin, a hormone produced by the healthy pancreas, breaks down sugars and carbohydrates and helps store their component molecules -- and calories -- in the body's cells. With Type 1 diabetes, the pancreas produces little or no insulin, so all the sugars and simple carbs a juvenile diabetic consumes are "wasted," flushed through the body without being stored. It all gets urinated out.

The stress on the kidneys is magnificent -- the equivalent of stuffing an entire Thanksgiving dinner, turkey bones and all, down a garbage disposal, daily -- and requires a very high water intake to get the job of flushing everything out done. Thus, the symptoms: chronic thirst, frequent bathroom visits, severe dehydration, an electrolyte imbalance that can lead to heart irregularities (remember Terri Schiavo?) and, ultimately, kidney failure.

Katie experienced all of those but the last. She spent hours in the bathroom and her heart skipped beats. Yet, she kept on, letting her blood sugars creep higher and higher, losing more and more weight. "The other girls on my dorm floor were so envious," she says. "Every time they saw me I was eating something and I was still about a size 2."

So imagine your body has this particular glitch. You've read this far, you know the dangers. Using a walker for the rest of your life. Waiting for a kidney transplant. Being hooked up to life support in a vegetative state while people picket outside your hospital room, shouting about whether or not your life should end.

But would you do it? Just for this weekend, just for one dance audition, just for your wedding so you can wear that incredibly close-fitting princess waist dress? Would you convince yourself it was only for a couple days? After all, there are a lot of undiagnosed diabetics who walk around with high blood sugars for weeks or months before they're caught. You don't have to restrict yourself; you don't have to vomit. All you have to do is "forget" to take your next shot.

This is the temptation thousands of young people with diabetes face. Diabulimics can eat delicious, fattening foods and remain thin, or they can live by draconian rules and battle to squeeze into their clothes. There are consequences to the first option, but to a teenager they may seem vague and a long way off.

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