I’m a family doctor who retrained as a somatic psychotherapist specializing in trauma and chronic illness. I’ve been looking at the research linking trauma to many kinds of chronic illnesses with a special interest in type I diabetes and some findings in type 2 diabetes along the way.

I haven’t focused a lot on diet but have been curious about the role of stress and trauma triggers in relation to blood sugar levels and long term complications.

While disordered eating is certainly one effect of trauma, I suspect it is only one of many factors that influence blood sugar levels and long-term complications.

One of my theories is that both type 1 and type 2 diabetes reflect states of disordered metabolic physiology and that blood sugar levels (and variability as well as ease of control) are unique to each individual’s history (and therefore triggers) just as stressors that trigger symptoms of PTSD are unique to each individual. Some studies support this (see below).

I’ve heard from some type one diabetics over the years that their blood sugar levels can vary significantly from day to day even when they eat the same things and do the same things multiple days in a row. I don’t know if this is true in type 2 diabetes.

I’ve also wondered if a younger age of onset reflects greater exposure to stressors / trauma and whether complications in general might be greater in those with a history of more adversity.

Depression is twice as common in diabetes 1 and 2 (see Holt, below), affecting 1 in 4. QOL is worse, complications are increased, life expectancy reduced. There is a higher risk of diabetes with depression and depression effects are long lasting & recurrent. This may be one effect of trauma that influences eating habits

Attached are a few studies that might be of interest, even though they don’t address diet and eating habits.

*Dahlquist, 1991: stress in year before diagnosis is the only factor affecting* ***age of onset***

*Gonder-Frederick study indicated that IDDM subjects' BG response to an active stressor was idiosyncratic but significantly reliable over time.*

*Holt:Depression.*

*Riazi (a book chapter from 2000): blood sugar levels appear to be idiosyncratic with some individuals having hyperglycemia, others hypoglycemia and some with no response to similar stressors. They also cite a 1950s study by Hinkle (see below) showing that all individuals have changes in glucose levels in response to stress. This response is just higher in diabetes (p 690)*

*Yehuda 2015 cites a study (see below, Yehuda 2009) showing that “there are different responses in glucose use following glucocorticoid injection in those with PTSD compared with unaffected individuals”.*

*Yehuda, R. et al. Changes in relative glucose metabolic rate following cortisol administration in aging veterans with posttraumatic stress disorder: an FDG-PET neuroimaging study. J Neuropsychiatry Clin Neurosci 21, 132-43 (2009).*

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