

Out of Hours

Anorexia and the power of the GP

I'm an FY1 doctor and in recovery from anorexia nervosa. At a time when general practice is receiving a lot of negative press I would like to share my experience as a patient and how I have been inspired to pursue a career in general practice.

My anorexia really took a firm hold when I left home and began studying medicine. My weight plummeted and I first saw a GP in late 2010, concerned with 9 months amenorrhoea. I completely lacked any insight into my condition at this point, but she recognised the signs and quickly made the diagnosis. I was referred to the eating disorders service where I was seen over the next 3 years. Despite this, my GP continued to see me every few weeks just to 'check in', and her listening and compassion at this time was a major turning point in my recovery. Determined, I tried desperately to increase my dietary intake, however, within 2 days, I found I had developed swollen ankles and huge abdominal distension, going from a UK size 6 to a 14. A visit confirmed a weight increase of over 10 kg and I was sent to hospital where a retrospective diagnosis of refeeding syndrome was made. The amount of distress this causes for an anorexic is indescribable, but my GP was a constant source of reassurance throughout and instrumental in liaising with the eating disorders service.

Although the abdominal distention resolved over several weeks, sadly the increased feeling of 'fatness' did not, and I embarked on a dangerous diet. Even at this time despite taking incredible risks with my life and health, I never felt blamed or that I was stupid. Some people told me 'you should know better', and, 'just eat a chocolate bar', but my GP understood that apart from my anorexia nervosa I was a normal 22-year-old and still treated me with respect.

Eventually I was admitted to a specialist eating disorder unit where I remained for 3 months. I initially resisted eating and spent hours attempting to exercise, but consuming



calories was non-negotiable. To my surprise, as my weight crept up my determination to recover got stronger, eating became easier, and I began to imagine a future once more.

I can only imagine how difficult, and at times frustrating, treating a patient with anorexia nervosa must be. How to 'get' the illness when you yourself can eat without thinking. There is no target blood result to aim for, no magic medication or treatment available. It is a chronic and often lifelong disease with a significant mortality rate (20%).¹ When the patient is doing well physically, they are being tortured mentally, and when the patient is doing alright mentally, they are slowly starving to death.

How do you help them? You can't magically fix what's going on inside their head, but what you can do is simply take the time to listen, and the value of this shouldn't be underestimated. I can tell you that having 10 minutes every few weeks where you are able to be completely honest without fear of judgement is incredibly helpful as anorexia can be so isolating. Having a GP who doesn't just give up on you when you have given up on yourself makes a difference, helping you hold on to the belief that recovery is possible. Many people assume as weight improves mental state does too and you require less help, when actually the opposite is true (Box 1). Since my discharge, my

Box 1. Top tips for GPs on managing eating disorders

The average GP will have 1–2 patients with anorexia and many more with other eating disorders

- Don't assume that because weight improves the patient is managing better and needs less support! They are likely to be struggling *more* psychologically than when losing weight.
- Building and maintaining a trusting relationship is vital. This takes time, so seeing the patient to just check in regularly helps (for example, monthly). The patient is then more likely to feel able to consult early in a relapse.
- The eating disorder can make it difficult for the patient to ring up and make appointments: — the disorder may make them feel intensely guilty for seeking help or they may be in denial that there is a problem. I have found that having the next appointment made at the end of each consultation to be extremely helpful.
- Refer early! The longer an eating disorder continues, the stronger the hold it has on the individual.

GP has been a vital source of ongoing support and, although there is no 'cure' for anorexia, I am winning the battle. Do I wish I had never had anorexia nervosa? Definitely not: my experiences have made me more open-minded and empathetic. The growing problem of mental illness means that GPs have a greater than ever role in managing patients. Helping patients with mental health problems learn to live with their illness or recover takes a long time. It's arguably one of the most difficult aspects of being a GP, however, as my GP has shown, doing it well has the power to really help change and give a patient back their life. I have been inspired to become a GP and hope one day to be able to help my patients in the way that I have been supported.

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REFERENCE

1. Beating eating disorders. *Eating disorder statistics*. <http://www.b-eat.co.uk/about-beat/media-centre/information-and-statistics/about-eating-disorders> [accessed 7 Jul 2015].

"When the patient is doing well physically, they are being tortured mentally, and when the patient is doing alright mentally, they are slowly starving to death."