

PATIENT'S AND GENERAL PRACTITIONER'S PERSPECTIVES REGARDING DISTURBED EATING

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SUMMARY

Objectives: We wanted to investigate the patient's expectations on the general practitioner's (GP) responsibilities in screening and follow up of disturbed eating behaviour. Then, we looked for remediation for some of the mentioned shortcomings in family medicine. We also examined if online aid (offered by the non-profit organisation "Eetexpert.be") is already known and used.

Subjects and methods: Anonymous patient questionnaires were gathered at 4 treatment centres for eating disorders or were collected with help of the Flemish patients organisation for eating disorders (Vlaamse Vereniging Anorexia Nervosa en Boulimia Nervosa). Later, online enquiries were sent to Flemish GPs.

Results: Out of 123 patients responding to the questionnaire, 44 found their GP to have had an important supportive role in their healing process. Active listening and targeted referral were among the most appreciated interventions by those patients. 71 GPs replied the online enquiry. Only 1 out of 5 knew about the free online assistance of "Eetexpert.be". Responders suggested several additional barriers to care.

Conclusions: In Flanders there is a contrast between expectations and needs of patients on one hand compared to the services provided by GPs on the other. Reassuringly, all responding physicians were open to more education and support regarding eating disorder treatment.

Key words: eating disorder - general practitioner - qualitative research

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INTRODUCTION

Eating disorders, with an estimated prevalence of 2.3% for adult patients in Belgian GP practices (Ansseau et al. 1999), are one of the five most common psychiatric disorders in primary health care. In the daily general practice multiple problems are experienced in dealing with patients with disturbed eating behaviour in terms of screening, diagnosis, treatment, adequate referral and follow-up. Since detecting eating disorders in general practice at an early stage is associated with a better outcome, this is unfortunate. Our objectives were firstly, to gain insight into the role of the general practitioner from a patient perspective with the aim of mapping out any shortcomings in the quality of care and being able to better align the care provided by the general practitioner with the expectation of the patient with an eating disorder. Secondly, we wanted to question the GP's on their opinions concerning help for eating disorders in primary care and if the support from „Eetexpert vzw“ reaches them.

SUBJECTS AND METHODS.

The qualitative research on patient's perspective was based on an anonymous survey conducted with eating disorder patients in four Flemish eating disorder centres (Centrum voor Eetstoornissen UZ Gent, UZ Leuven, Psychiatrische Kliniek Broeders Alexianen Tienen and

eetkliniek Paika UZ Brussel) and via the Flemish association Anorexia Nervosa and Bulimia Nervosa (ANBN). Patients from the age of 16 years were included in the study. No restrictions were imposed on the type of eating disorder or on gender. The data collection ran from November 2015 to January 2016 in Flanders, the most populated and Dutch speaking part of Belgium. The study was approved by the Ethics committee of UZ Brussel. The incomplete surveys were excluded before applying statistical analysis.

The GP's inquiry via an online survey (LimeSurvey) was diffused digitally in Flanders by vzw Eetexpert, the GP organization Domus Medica and ICHO (the Inter University Centre for GP training). It came with an information page and informed consent form. Answers were collected between 1 September 2017 and 31 December 2017.

RESULTS

123 respondents completed the survey. The majority of patients (76.9%) consulted their doctor for complaints about their eating disorder, usually in the context of underweight or weight fluctuations, absence of menstruation, hair loss, fatigue and depression.

In less than half of the cases (45.2%), the GP assessed the underlying eating problem, and when it was, it was more frequently in case of anorexia nervosa (44.4%) than bulimia nervosa (15.4%). The majority of

patients (74.1%), of whose general practitioner was aware of their eating problem, were eventually referred to second and/or third-line care, usually to the psychologist (37.2%), followed by a specialized centre for eating disorders (22.1%) and the dietician (20.9%).

For 39.3% (n=44), the general practitioner played an important supporting role in the healing process, 31.1% (n=36) noted shortcomings and 28.6% (n=32) indicated to be disappointed in the general practitioner. Patients who were referred and actively followed by their GP experienced this as an important support in their healing process. The qualities of GPs that were most appreciated by the respondents were listening comprehension (83.7%), followed by targeted referral to specialists (77.2%) and providing sufficient time during the consultation (70.7%). More than half of them (56.9%) want a regular follow-up by the GP. If the patients feel misunderstood, if there is only attention for body weight and / or insufficient time is given, eating disorder patients will not quickly approach their doctor. Shame, not wanting to give up the eating disorder and denial can also cause serious delay in the use of specialized help for eating disorder patients. The majority of respondents (81.3%) noted that the doctor should explicitly ask about eating disorders, this confronting attitude is experienced by patients as acknowledging their problems and as a doctor's competence. For adolescents, it is important to emphasize professional secrecy.

71 GPs completed the survey. 67.6% indicate they have an active role in the care for patients with disturbed eating behaviour. Barriers for adequate care were given: poorly accessible specialized care, lack of knowledge on personalized care and lack of time. 16.9% of participating general practitioners were aware of the support material offered by "Eetexpert vzw". All responding physicians were open to supplementary training, the need for step-by-step plans was expressed.

DISCUSSION

74.0% (n=91) of patients noticed that generally the GP minimalizes or inadequately recognizes the problems accompanying eating disorders. Most of the barriers mentioned above in the result section concur with previous findings (Linville 2010).

The GP survey was the first in Flanders. Response rates in both groups were unfortunately low and so lack statistical power, so results are descriptive. Furthermore,

the doctors who responded could have been those more interested in eating disorders. Nevertheless, many of the barriers given by the GP's were similar in other regions.

CONCLUSIONS

Based on the results of this study, it can be stated that there is currently a mismatch between the expectations and needs of the patient and the services that some GPs actually offer. Adjustments can cause both to become allies in the fight against eating disorders.

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Contribution of individual authors:

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