**Title:**

Eating Disorder Diagnosis & Management Pitfalls.

**Authors:**

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**Background**

Eating disorders including Anorexia Nervosa affect up to 10 % of young people and its incidence is on the rise. It means that there’s at least 1 child in every classroom suffering from a form of this disorder. This is a serious and life-threatening illness. If not recognized and treated early, it has poor prognosis contributing to years of morbidity, recurrent hospitalization across medical and psychiatric disciplines. Compared with other psychiatric conditions it has the highest risk of mortality (approx20%)either due to medical complications or suicide. It affects young people -as young as 6year old, girls and increasingly boys, destroying their childhood and adolescence and robs families of normal life.

**Aim**

Our aim is to educate GP’s about early recognition of eating disorders, use of appropriate language when communicating with these patients and present the importance of establishing a solid treatment team that will support the patient and carers therefore improving survival outcomes.

**Method and results**-

 Presentation of Personal Case studies:

As GPs we are not infrequently asked what we would do if OUR loved one was in the same position as our patients? However, it’s not until we have TRUE and LIVED experience, that we can with absolute empathy, answer this question. This happened to each of us, GP’s navigating a system that we found almost impossible to find help with, each for different reasons. If we as Doctors found the treatment pathway almost impossible, what difficulties do our non-medical families experience? Each of our daughters, by unfortunate coincidence, were diagnosed with eating disorders, specifically Anorexia Nervosa, restrictive subtype, at aged 9.

**Conclusion:**

As GP’s with daughters who have suffered with anorexia, we have firsthand experience of the struggles we encountered and continue to encounter along the way. We would like to not only present the facts about eating disorders but use our personal journeys as case studies.