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# Dr Sue Martin

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- ❖ Graduated in Medicine, University of Tasmania 1989
- ❖ Fellow of Royal Australian College of General Practitioners
- ❖ Graduate Diploma in Primary Care Psychiatry, UWA
- ❖ Worked in General Practice since 1992
- ❖ Worked with patients and their families with eating disorders for over 20 years
- ❖ Currently working at Oxford Street Medical Centre, Leederville

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# As a GP

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- ❖ Identifying eating disorders is only the first step
- ❖ Assessment of the severity of eating disorders is something that many GPs do not have sufficient knowledge of
- ❖ Referral pathways are not clear

- ❖ Patients with eating disorders are often complex
- ❖ They often have co-morbidities
- ❖ They often require longer consultations which are not adequately reimbursed by Medicare if they are bulk-billed

- ❖ Eating disorders are very common
- ❖ GPs do not have the time to assess and manage all patients with eating disorders
- ❖ GPs are assessing and treating their patients with the most severe eating disorders
- ❖ GPs have very limited/no pathways for referral of patients with less severe eating disorders

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# What do patients need (from their GP)?

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- ❖ Knowledge to identify the eating disorder
- ❖ Assessment of the severity of the disorder
- ❖ Appropriate treatment and referral
- ❖ Appropriate treatment of the medical complications of their eating disorder
- ❖ Appropriate treatment of any co-morbidities

- ❖ Equitable access across all ages
- ❖ Equitable access across all regions
- ❖ Equitable access for both sexes
- ❖ Equitable access for all incomes
- ❖ Access for treatment not dependent on having private health cover

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# What do GPs need?

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- ❖ Further knowledge to help them feel more confident in managing the eating disorder patients they have
- ❖ Referral pathways that involve a multidisciplinary approach with not just psychologists, but also dietitians. Some patients will require consultation by psychiatrists and/or general physicians
- ❖ Eating disorder patients will require more than 10 sessions a year with a psychologist

- ❖ A clear team approach (and 'backup') to help the GP feel more confident in managing these complex patients
- ❖ 'Backup' needs to be reliable and predictable
- ❖ Referral pathways for those with 'early' eating disorders
- ❖ Referral pathways for those with 'less severe' eating disorders
- ❖ Referral pathways for those with severe morbidity, but low risk of mortality



❖ GPs are doing their best

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## In summary ....

I think that there is much more that needs to be done before we can have a stepped approach to the provision of care for those with Eating Disorders in WA

