**Title:** Opportunistic Conversations about Eating Disorders: An Encounter from my Pediatrics Elective

**Author names:** Brishti Debnath

**Degrees:** MBBS, BSc (Hons)

**Affiliations:** St George's University Hospitals NHS Foundation Trust

**About the author:** Brishti Debnath is a Foundation Year 1 Doctor, who recently graduated from St George's, University of London.

**Acknowledgment:** Department of Paediatric Medicine, St George's University Hospitals NHS Foundation Trust

**Financing:** N/A

**Conflict of interest statement by authors:** N/A

**Compliance with ethical standards:** N/A

**Authors Contribution Statement**

| Contributor Role | Role Definition | Authors 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|
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**Manuscript word count:** 835

**Number of Figures and Tables:** 0

**Personal, Professional, and Institutional Social Network accounts.**

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**Discussion Points:**

1. During her medical elective, recent graduate Brishti had a thought-provoking encounter with an eating disorder patient, which has made her reflect on her own future practice as a doctor

**THE EXPERIENCE.**

*The Encounter*

My final year elective was starkly different from the one I had envisioned in my earlier years of medical school. Due to the ongoing global pandemic, my university advised against international travel for our elective. As the option to arrange one domestically was still permitted, I was very pleased when I managed secure it in the specialty of paediatrics, an area I wish to pursue for my future career as a qualified doctor. There were many thought-provoking encounters to be had during my time in the paediatrics department. An experience that has stayed with me is the one I am about to write about.

A GP had referred a 17-year-old girl with a family history positive for ulcerative colitis, who was rapidly losing weight. She had a negative faecal calprotectin, coeliac screen and all other blood results were normal. When she entered the room with her mother, I was struck first by how many layers and layers of clothing the patient was wearing despite the summer heat. When she spoke, she conveyed concerns about ongoing weakness and feeling faint. Food, her weight and body image were topics that brought her to silence. It rapidly became clear that this patient required more than a 10 minute consultation, as she was at the early stages of an eating disorder.

I was sat in with a consultant paediatrician, who, despite being time pressured with other patients to see that morning, conducted this appointment with both the patient and her mother for almost an hour. During the interaction, I was struck by how well-spoken, sharp-minded, direct and very much in control the patient projected herself to be. However, I was reminded that despite falling into the category of being one of the older patients met in this particular specialty, she was nonetheless still a child vulnerable to poor consequences without the additional input of those in a position of responsibility.

When pushed, she revealed that she was no longer having her periods. She was constantly cold, occasionally dizzy and eating food had become a chore for her. These were all red flags. “What is the future that you want to experience? Your feelings about food, is that feeling something you desire to keep with you for your future?” I could hear with the words and tone that the consultant was employing - putting in the essential groundwork for a subsequent follow-up in the Children’s Eating Disorder clinic as an outpatient - that she wanted it to hit home that things didn’t have to continue as they were for this young girl. But there was much more complexity underlying this patient’s presentation than could be addressed in this one consultation. These included an experience of assault, previous psychiatry input during her childhood and a lot of competition within her current friendship group at school. The social isolation resulting from repeated lockdowns during this pandemic had also affected the relationship between both mum and daughter. I could see that she was struggling to appreciate how truly unwell she was.

When the doctor communicated her concerns about the patient’s food intake and weight, I could see the gravity of the situation dawning on both mum and patient. Because she was at a stage of the illness where she could still see the broader picture when prompted to, she admitted that she needed help and wanted to get better. I felt overcome with emotion watching her cry with her mum as they both recognised that the battle had only

begun. From witnessing these events, I considered how many young people encountered in the early stages of an eating disorder could potentially be prevented from further deterioration with these admittedly difficult but early conversations.

That had perhaps been the hope of the GP who had referred them to this general paediatrics clinic rather than straight to the Eating Disorder clinic. The term 'eating disorder' had not been broached by the paediatrician until the very end of the consultation and I could sense that this was deliberately timed so as not to lose trust with the patient prematurely. She had described and discussed everything that medically and psychologically we would recognise as features of eating disorders. But she knew that she could do so without alienating this girl with a label. Instead, she guided this patient into seeing for herself that something was not quite right with her relationship with food.

This encounter helped me appreciate how complex the nature of eating disorders can be. Because of the illness, there was a mismatch in this patient's sense of her own wellness compared to everyone else's. I learned not to underestimate the subconscious power eating disorders can have in continuing to influence children vulnerable to their control. But the timing of this conversation in the trajectory of her illness had made her amenable to wanting to make a change.

Courtesy of my reflections on this case, when permitted in my future practice, I shall attempt to be more opportunistic in having conversations with patients and their families, at that critically early stage, about the trajectory of their health without prompt intervention. Empowering patients with knowledge, honest conversations and early support can make all the difference to the outcome we see for them. As healthcare providers, it should be our endeavour to make such a difference.

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