

Coordination of care for patients with eating disorders in primary care

Case study 1

Melissa is a young woman in her early twenties who presents to her local pharmacy for over the counter laxatives. She advises the pharmacy assistant that she does not have a prescription from her doctor. The pharmacy assistant refers her to the pharmacist when Melissa presents for the second time in the same week.

The pharmacist asks Melissa about her symptoms of constipation and upon questioning, Melissa reveals that she is having problems with managing her stress levels, was not eating regularly and has been 'forgetting to eat'. There is currently a 3 week wait for Melissa to see her GP.

Case study 2

Jaimie is a 17 year boy who has been referred to a physiotherapist for rehabilitation of an ankle injury sustained during an AFL match. Jaimie has been confined to crutches for a period of 8 weeks. His mother takes him to the appointment and mentions to the physiotherapist that Jaimie has been restricting his intake since his injury and has been eating predominantly white foods (potato and chicken breasts).

Since his injury Jaimie spends a lot of time in his room and is quite withdrawn. Prior to injuring himself, Jaimie attended football training twice weekly, played once a week and regularly attended the local 24 hour gym with his friends for weight training. He is an avid reader of Men's Health magazine. Since injuring himself Jaimie has made comments to his mum about his dad 'not having time for him' and not being able to make his dad proud. Jaimie has never seen a psychologist.

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