

### **How can we build bridges? - questions, dilemmas and answers in eating disorders.**

Psychiatry is an atypical speciality, being a clear cut medical speciality, but largely depending on the progress of research in neuroscience (as psychiatric disorders are brain disorders) and even more atypical because of its strong relationship with cultural and social aspects. Being at the boarder of so many sources of knowledge might explain that bridges are difficult to build. We will enlight some of these difficulties with the example of eating disorders.

Accordingly, around 10% of patients with anorexia nervosa will dye prematurely because of the eating disorder.

50% of these deaths are explained by suicide, the other half being related to somatic failures (mainly cardiac events), which means that 50% are of psychiatric origins and 50% are somatic, therefore requiring both specialistes.

Patients with anorexia nervosa have access to various medical care, largely depending on where patients live. In this regard, after severe weight loss, patients may be refered to either a somatic or a psychiatric ward, with limited capacity to choose. Interestingly, departments specialized on eating disorders have some specialists from both fields.

Being at the border of different disorders, specialities and origins, also means that few teams are interested in developing this atypical and highly demanding care. The consequence is that there is a lack of access to quick and appropriate care.

The EPA developed a VOT project (value of treatment), in order to demonstrate that investing money in new structures, or improvement of the existing ones, will transform, at the end of the day, in quicker access to care, more efficient treatment, then better prognosis, and therefore saving money. The analyses of this group will be shared during the presentation (in prep).

Creating bridges also means some efforts made by all clinicians specialized in mental health care. In this regard, filling in questionnaires, making regular reports and transmitting them to the GP and the patients seem relatively rare for psychiatrists, increasing the negative image the other specialists have on our practice.