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Eat to forget

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Background & Aims: Obesity is an important cardiovascular risk factor and appears often associated with type 2 Diabetes. Its etiology is multifactorial, associated with sedentary, food errors or endocrine pathology. Rarely, may be associated with binge eating behaviours associated with psychiatric pathology.

Methods: Case description.

Results: 63-year-old woman, is part of a nuclear family. Diagnosed in 2013 with type 2 Diabetes, attends regularly to surveillance of Diabetes.

Features a grade I obesity, history of depressive pathology and anxiety. In one of the consultations, during an educational intervention on healthy eating, she verbalizes an important conflict with her husband. She was part of a verbally abusive relationship and victim of frequent criticism of her body image. This caused her feelings of low self-esteem and anxiety, and her way of dealing with the frustration would be eating. This patient had no other emotional support (didn't have any friends, or attended social groups).

Considering that the patient would benefit from a multidisciplinary approach to the treatment of obesity, she was referred to an Obesity centre. This request was refused due to the age of the patient.

In this way, the family doctor, tried the best control of the patient. Thus, the patient was given Metformin 500 mg and Fluoxetine 20 mg and proceeded to psychotherapeutic intervention, with stimulation of coping strategies and creation of relevant and emotionally healthy relations. This intervention has been maintaining over the periodic surveillance of Diabetes.

Conclusion: This case highlights the importance of the biopsychosocial approach of patients overall. Even in the face of an organic disease such as Diabetes, the primary cause of bad control may be associated with social/family dysfunction. After the unsuccessful attempt of collaboration and integration of hospital care, the family doctor, managed the resources at her disposal, guiding this patient: biologically, psychologically and socially.