

MCQs

1 Binge eating is required for a diagnosis of:

- a anorexia nervosa
- b eating disorder NOS
- c bulimia nervosa
- d pica
- e obesity.

2 The leading evidence-based treatment recommended by NICE for bulimia nervosa is:

- a interpersonal psychotherapy
- b a specific form of CBT
- c in-patient treatment

- d antidepressant drugs
- e self-help.

3 In binge eating disorder:

- a overeating does not occur
- b weight restoration is an important goal
- c self-induced vomiting occurs frequently
- d excessive exercise is a major problem
- e obesity is often a significant co-existing clinical problem.

4 Interpersonal psychotherapy:

- a is a treatment only for depression

- b is not used in the treatment of bulimia nervosa
- c involves many more sessions than CBT
- d is an alternative to CBT but is slower to work
- e focuses on dieting.

5 The most common eating disorder seen in clinical practice is:

- a eating disorder NOS
- b anorexia nervosa
- c bulimia nervosa
- d purging disorder
- e binge eating disorder.

POEM

'Lament for the Patients' by U. A. Fanthorpe

Selected by Femi Oyeboade

U.A. Fanthorpe was born in 1929. She read English at St Anne's College, Oxford and later taught English at Cheltenham Ladies' College. She is of interest to psychiatrists because she worked as a receptionist at the Burden Hospital in Bristol from 1974 to 1989. This poem is drawn from her experience at the Burden Hospital. She was appointed CBE in 2001 and awarded the Queen's Medal for Poetry in 2003. 'Patients' is reproduced from *Collected Poems 1978–2003*, by U.A. Fanthorpe (Peterloo Poets, 2005). © U.A. Fanthorpe.

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These were far from lovely in their lives,
And when they died, they were instantly forgotten.

These were the permanent patients, the ones
Whose disease was living. Their trophy, death,
Being to no one's advantage, was kept dark.

These had quiet funerals (*no flowers, Please*),
silent incinerations, hushed-up autopsies;
Their dying figured in obituary columns
Of local papers only.

On these specialists had practised specialities;
Had weighed and measured; had taken samples
Of blood and urine; had tested IQs,
Reflexes, patience; had applied
Shock treatment, drugs and nice hot cups of tea.

Of these specialists had washed their hands,
Having failed to arrive at a satisfactory
Diagnosis (anglicè: having failed to infect them
With a reason for living). Therefore they died.

To me came the news of their dying:
From the police (*Was this individual
A patient of yours?*); from ambulance
Control (*Our team report this patient
You sent us to fetch is deceased already*);
From tight-lipped telephoning widowers
(*My wife died in her sleep last night*);
From carboned discharge letters (*I note*

*That you have preserved the brain. We would
certainly*

Be very interested in this specimen);
From curt press cuttings (*Man found dead.
Foul play not suspected*). I annotated their notes
With their final symptom: *died*.
Therefore I remember them.

These I remember:
Sonia, David, Penny, who chose death.
Lynne and Gillian, who died undiagnosed.
Peter, whose death was enigmatic.
Simple Betty, who suddenly stopped living.
Lionhearted Gertrude, who persevered to the end.
Patricia, so sorry for herself,
For whom I was not sufficiently sorry.
Julian, the interesting case. Alan,
Broken by a lorry, resurrected by surgeons,
Who nevertheless contrived at length to die.

Not for these the proper ceremonies, the solemn
crowds,
The stripped gun-carriage, the slow march from
Saul,
The tumultus, the friendly possessions
At hand in the dark. Not even
The pauper's deal coffin, brief office
Of the uncared-for. Only the recital
Of disembodied voices in a clerk's ear,
A final emendation of the text.