

In brief

Eating disorders and COVID-19

23 August 2022

Questions

- What is the impact of the COVID-19 pandemic on the prevalence of eating disorders?
- What are the trends in the presentation with eating disorders, especially among children and adolescents?
- What are the innovative or new management strategies or pathways to care for patients with eating disorders?
- What are the workforce implications and changes in workforce supports required?

Summary

Prevalence

- Increase in the prevalence of eating disorders during the pandemic is attributed both to the worsening symptoms among patients with a prior history, and new onset symptoms and diagnosis in the community.¹⁻⁵
- The prevalence of recurring or exacerbated symptoms among patients with pre-existing eating disorders is [57%](#) (meta-analysis of studies with patients with diagnosed eating disorders and who had their mental health disturbances evaluated) during the pandemic.⁶
- An analysis of electronic health records of 5.2 million people in the United States found the overall incidence of first diagnosis of an eating disorder in 2020 to be [15.3%](#) higher than previous years.⁷
- In Australia, the number of children presenting with eating disorders doubled during the pandemic, and accounted for 5.6% of all emergency department presentations compared to 4.0% pre-pandemic.⁸ For anorexia nervosa and atypical anorexia nervosa in adolescents and children, studies reported a [104%-125.9%](#), 63% and 73% increase in total admissions, presentations and repeat admissions within a year, respectively.^{9, 10} Eating disorders were triggered by the COVID-19 restrictions in [40.4%](#) adolescents presenting with symptoms.¹¹
- Studies from multiple countries report an increase in the proportion of eating disorder referrals and presentations in primary care, specialist care, acute care and inpatient care settings during COVID-19 pandemic compared to the pre-pandemic period, especially among children and adolescents, and among [females](#).^{1, 4, 7, 12-22}

Trends in presentation

- Increased [help-seeking behaviours](#) among youth experiencing eating disorders and their caregivers.²³
- An increase in anorexia nervosa diagnosis and presentations.^{7, 12, 24}
 - The increase in hospitalisation is more pronounced among [new on-set anorexia nervosa](#).²⁴

- The weight at admission was higher during pandemic, fewer people had typical clinical signs of [anorexia nervosa](#).²⁰
- An increase in the inpatient [length of stay](#).¹⁶
- An increase in the rates of post-discharge relapse or [readmission](#).^{25, 26}
- Mixed findings in terms of disease severity, some reported no change compared to pre-pandemic period, others reported increased severity and rapid progression.^{20, 22, 24, 27}
- An increase in the proportion of younger age groups (0-18 years) among patients with eating disorders.¹⁶
- A decrease in consultations for anxious decompensation.²⁸
- An increase in suicidal and self-harming behaviour in patients with eating disorders.^{7, 22, 25, 28}
- More pronounced increase in weight and body mass index in patients with [binge eating disorder](#).²⁹
- More pronounced deterioration in psychological functioning in other types of feeding and eating disorders.²⁹

Risk factors

- [Pre-existing psychiatric illnesses](#) and acute stressors^{30, 31}
- Pre-existing [diabetes](#)³²
- Change in lifestyle due to lockdowns or quarantine which leads to change in mood, appetite and diet:
 - Increase in [food consumption](#) or acceleration of [dieting](#)^{27, 31, 33-37}
 - Decreased physical activity or compulsive exercise^{33, 38, 39}
 - Increased [digital and social media addiction](#)^{40, 41}
 - Increased feelings of isolation, [stress](#) and [impulsiveness](#)^{3, 31, 42-44}
 - Increased conflict at home or deteriorated family or peer relationships^{3, 36, 45}
 - Disrupted daily routine and [normal structure](#)⁴⁶
- [Food insecurity](#)^{47, 48}
- Increased exposure to media messaging on [food hygiene](#)¹³
- Increased [videoconferencing](#) (which includes a self-view image on the screen), which leads to an increase in self-focused attention and fear of negative appearance⁴⁹
- Reduced [access to care](#) and professional monitoring, which led to worsening of conditions.⁵⁰

Management of eating disorders

- A review study on the [updates in the treatment of eating disorders in 2021](#) highlights that:
 - Providing collaborative care across both the eating disorder specific and non-specific settings is critical to achieving assessment and therapeutic goals across all symptom domains.

- Incorporating family-based treatment into partial hospitalisation or outpatient programs has been found to be feasible and effective in improving symptoms and reduction in readmission.
- Addressing comorbidities, such as trauma, post-traumatic stress disorder, and borderline personality disorder in eating disorder treatments are suggested for additional and long-term improvement.⁵¹
 - Compared to pre-pandemic periods, patients who received treatment for eating disorders during COVID-19 were more likely to also present with [trauma](#) symptoms, and severity of trauma symptoms found to negatively impact on the treatment effect on eating disorders.⁵²
- For patients that are medically stable, the [options for treatment](#), depending on level of severity, include hospitalisation in residential facilities, partial hospitalisation, intensive outpatient programs, and outpatient level of care.⁵³
- Multidisciplinary care teams, usually consisting of a physician, dietician, psychologist or therapist, and psychiatrist, is considered a cornerstone for treatment of patients with eating disorders.^{53, 54}
- Early interventions for eating disorders in adolescents, such as [emerge-ED program](#) in South Australia, [First Episode Rapid Early Intervention for Eating Disorders program](#) in South London and other youth-centric interventions, which aim early engagement and treatment, are found to be promising in improving treatment uptake and improvement in symptoms.^{55, 56}
- Support interventions for [parents and schools](#) on how to communicate with children and adolescents about eating and weight concerns, and how and when to seek help are recommended.^{54, 57}

Virtual care

- Virtual care (e.g. meal support, psychoeducational groups, goal setting groups and individual acceptance commitment therapy, cognitive-behavioural therapy) for patients with [eating disorder](#) or [caregivers of young children](#) is found to be feasible and have comparable outcomes to face-to-face interventions in terms of change in body mass index, eating disorder symptoms and psychological outcomes.^{22, 27, 44, 58-64}
- Other benefits of virtual care included ensuring service continuity and capacity during lockdowns, and scheduling flexibility for family members to be involved.^{22, 53}
- Access and implementation challenges, such as disparity in access to technology, privacy concerns, and potential for an increase in caregiver burden, impaired rapport building with the therapist, may need to be taken into consideration when designing virtual services.^{2, 44, 53}

Workforce implications

- The increase in eating disorder presentations, service access and hospitalisations has highlighted the need for expansion of eating disorder related clinical services and increasing the number of trained providers.⁵¹
- The barriers to timely and appropriate access to care and treatment also include low detection and diagnosis, and inconsistent treatment of eating disorders in primary care settings. These may require improved training and education.⁵¹

- Short-term, guided therapy provided by non-clinical supports workers or trainees under expert supervision are found to be feasible and effective, including in [one randomised trial](#), and this model could have the potential to help ease the workforce pressure.⁶⁵

Background

Eating disorders are psychiatric disorders which can significantly impact on both psychological and physical functioning of an individual.⁶ The COVID-19 pandemic and its associated control and mitigation measures, such as lockdowns and quarantine, can have both the direct and indirect impacts on people's wellbeing and health, including eating behaviours and mental health.⁶ In Australia, while the total number paediatric emergency department presentations decreased early in the pandemic, the [mental health presentations](#) increased by 47% compared to pre-pandemic period.⁸

Method

To inform this brief, PubMed and Google searches were conducted.

PubMed search terms: ("feeding and eating disorders"[MeSH Terms] OR "eating disorder*"[tiab] OR "bulimia nervosa"[tiab] OR "anorexia nervosa"[tiab]) AND (COVID-19)

Filters: Humans, English

201 hits on 20 July.

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