Eating Disorders and COVID-19

Elizabeth Joy, MD, MPH
Senior Medical Director
Wellness & Nutrition
Intermountain Healthcare
No Disclosures
Eating Disorders in Teens Have ‘Exploded’ in the Pandemic

Here's what parents need to know.

How The Pandemic Is Fueling Eating Disorders In Young People

Eating Disorders Surged Among Adolescents in Pandemic

Doctors report steep increases in both hospitalization and outpatient visits, with children coming in sicker than ever
Outline/Objectives

• Review the epidemiology of eating disorders during the COVID-19 pandemic
• Develop an understanding of the underlying causes of eating disorders during the pandemic
• Discuss the care and treatment of people affected by eating disorders during the pandemic
Epidemiology

The National Eating Disorders Association (NEDA) helpline has had a 40% increase in overall call volume since March 2020.

Trends in US Patients Receiving Care for Eating Disorders and Other Common Behavioral Health Conditions Before and During the COVID-19 Pandemic

David A. Asch, MD, MBA; John Buresh, MS; Kelly C. Allison, PhD, MD; Nazmul Islam, PhD, MBA; Natalie E. Sheils, PhD; Jalpa A. Doshi, PhD; Rachel M. Werner, MD, PhD

Figure. Comparison of Inpatient and Outpatient Visits for Eating Disorders and Their Relative Changes

*Anx indicates anxiety; depr, depression; ICD-10, International Statistical Classification of Diseases and Related Health Problems, Tenth Revision; suic, suicide. Claims reflect anorexia nervosa (ICD-10: F50.0), bulimia nervosa (ICD-10: F50.2), other (ICD-10: F50.8), and unspecified eating disorders (ICD-10: F50.9).*
Underlying Causes of an Increase in Eating Disorders During COVID-19

- Pre-existing eating disorder
- Mood disturbance
  - Anxiety, Depression
- Access to food
  - Too Little
    - Food insecurity
    - COVID exposure concerns
  - Too Much
    - Stress/emotional eating
    - Easier access to food
- Family conflict
- Increased online existence
  - Social Media
    - Gaining the "COVID-19" pounds
- Decreased access to health care
- Decreased access to gyms/sport
  - Decreased sport participation
  - INCREASE in (unsupervised) self-directed home exercise
- Health consequences of COVID-19

SOCIAL ISOLATION

"Eating disorders thrive in isolation, so it's not surprising that we're seeing an increase in disordered behaviors."
Teens with stronger feelings of connectedness, especially with schools, are more likely than other youth to have better psychological adjustment and are less likely to engage in many risk behaviors.

An eating disorder can manifest as a trauma response. Our nervous systems were not meant to deal with a long-term pandemic.
Health Consequences of COVID-19 and Eating Disorders

- Loss of taste and smell - anosmia (or altered taste and smell - parosmia)
  - 30-80% of people with COVID-19 (Delta >> Omicron)
  - Majority recover 100%
  - Supporting cells of the olfactory epithelium are infected by the virus leading to the death of the olfactory nerves
  - Genetic risk factor (UGT2A1 and UGT2A2) increases the likelihood a person infected with SARS-CoV-2 will experience a loss of smell or taste by 11%
  - Females are affected 11% more than males
  - Persons 26 – 35 yo make up 73% of those affected
Anxiety & Depression and the COVID-19 Pandemic

Figure 1
Average Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, January-June 2019 vs. January 2021

Younger Adults are More Likely to Report Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic

- Ages 18-24: 56.2%
- Ages 25-49: 48.9%
- Ages 50-64: 39.1%
- Ages 65+: 29.3%

NOTES: Percentages are based on responses to the PHQ-2 and GAD-2 scales. Pulse findings (shown here for January 6–18, 2021) have been stable overall since data collection began in April 2020.

SOURCE: NHIS Early Release Program and U.S. Census Bureau Household Pulse Survey. For more detail on methods, see https://www.cdc.gov/nchs/data/series/sr_08/sr08_203.pdf

Challenges of Virtual Care

• Difficulty in measuring and monitoring vital signs (BP, HR, weight)

• People are more likely to wear baggier clothes at home, and video tends to focus on the face and upper body, making it more difficult to detect weight changes than we can observe in person

• Access to the internet
Strategies to Improve/Augment Virtual Care

• We're all getting better at virtual care!
  • Schedule video sessions over meals or join patients virtually on a walk through the grocery store
• Adding additional digital resources, e.g. Recovery Record
• Connecting patients with "positive" social media
  • Instagram account: @covid19eatingsupport
  • Facebook Group: Food Truce, Body Peace
• Physical activity alternatives
• Grocery delivery services
• Mindfulness meditation apps
Improving Eating Disorder Care & Outcomes

For optimal care pathways, five steps are needed:

1. An improvement in awareness and recognition in primary care to facilitate early engagement in treatment;
2. A reduction in the time to access specialist treatment;
3. An increase in the effectiveness of routine treatment with precision planning and continuous monitoring with the provision of augmentation strategies;
4. Optimization of inpatient care by interventions that bridge the transition from inpatient services to home-based care and increase community support;
5. New rehabilitation approaches and treatment strategies for individuals who do not respond to standard treatment

https://www.thelancet.com/action/showPdf?pii=S2215-0366%2821%2900435-1
What's Working (or Not Working) for You and Your Patients?