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# Eating Disorders During the COVID-19 Pandemic

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Eating disorders (ED) are serious and potentially fatal disorders, with the highest mortality rates of any psychiatric disorder.[1] The HSE National Clinical Programme for Eating Disorders applies across the age range (child and adult). It focusses on the four main eating disorders that are recognised in ICD11 and DSM5 (Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorders (BED), Avoidant Restrictive Food Intake Disorder).[2]

Though ED's present in a variety of settings, and good inter-professional collaboration is essential in management, this may be challenged at the present time due to the COVID-19 Pandemic. While much treatment is community-based, acute medical services support young people and adults who need medical intervention. Many interdisciplinary health professionals support this vulnerable - general practitioners, social workers, nurses, dieticians, psychologists, family therapists, physiotherapists, occupational therapists and indeed active support groups such as Bodywhys, who offer network and group supports for patients and their families.[2]

Acute hospital admission supports medical stabilisation, initiation of weight restoration and psycho-education. International centres are noting increases in acute presentations, particularly with patients with Anorexia Nervosa. We recently presented data at Irish Paediatric Association Annual Conference showing a 25% increase in patient admissions between March & September 2020, compared to the same timeframe in 2019. 40% of admissions were in males, considerably higher to any previous year. The children admitted had lower median BMI than in 2019. This is in the context of a reduction in overall admissions to the hospital during the pandemic. These children are sicker, presenting with lower median BMI, more medically compromised and more unstable.[3] Now, having reviewed the overall year, we note a 66% increase in admissions in 2020 compared to 2019.

Distress, anxiety relating to the pandemic, pre-existing morbidity, the interplay of social and economic factors, the impact of restriction, and losses of protective factors, all likely play a role.[4] Evaluating and assessing these factors are key to understanding the impact of the pandemic on ED risk and recovery. Pandemic experiences may exacerbate stressors and diminish coping strategies, as Rogers et al recognise "it impacts daily routines, constraints to outdoor activities may increase weight and shape concerns, and negatively impact eating, exercise, and sleeping patterns, which may in turn increase ED risk and symptoms".[5] Social restrictions may mean some young people are less able to engage with protective factors. More online time for example, may facilitate increased exposure to ED-specific or anxiety-provoking media. There may be an impact on young people's view of their own health and may increase ED symptoms specifically related to health concerns.[5]

Adequate resourcing of psychological medicine teams at paediatric sites, and the training of paediatricians with an interest in this arena, are vital and urgently needed. For services, the pandemic and restriction present unique challenges in terms of inter-professional working. Psychological medicine services in paediatric hospitals work closely with interdisciplinary professionals and offer expertise in managing mental health issues across the continuum of paediatric illness, working collaboratively with community teams and National Programmes. A Vision for Change[6] envisaged 13-15 Paediatric Liaison Psychiatry teams nationally - these are underdeveloped presently. Across Ireland, this hampers the ability to respond to the acute needs of paediatric patients during the pandemic. We need the right care, at the right time, in the right place.

Community Mental Health services are also rapidly adapting; recognizing the need to support acute and chronic care and modifying approaches to integrate video platforms and virtual methodologies. Innovations have included moving intake assessments and on-going therapeutic work online. Walsh et al report on moving to home-based sessions by telephone or zoom would replace clinic/hospital attendances. The authors recognise significant carer burden and pandemic-related distress, and the need for both close medical and mental health monitoring. By maintaining close contact and collaboration with parents, it was hoped that is would keep face-to-face visits and carer burden to a minimum.[7] Such approaches provide well-evidenced support in a new format.

Planning for the post-pandemic phase, implementation of the National Eating Disorder programme, with specialist community-based teams offering a range of interventions with a crucial and critical mass of experience, would be a good start. The National programmes and the Paediatric Models of Care recognise gaps in transition, and needs for adolescent health and mental health education, training and research. The advent of a new paediatric hospital is an opportunity to reflect on these needs. Given the recognised knowledge gap in this arena, there is recognition of the need for paediatricians and allied health professionals to develop skills in mental health. Several authors describe a lack of confidence amongst interdisciplinary professionals involved in the assessment of eating disorders and several initiatives have attempted to tackle this.[8,9]

Hudson et al recognise this specifically with regards to eating disorders. Oketah et al surveyed Paediatric trainees in Ireland, 84% of whom reported being involved in the management of a child with a mental health disorder in 2019. Only 8% of trainees felt well prepared in dealing with child and adolescent mental health; 64% of trainees also expressing a lack of support in dealing with presentations to their local hospital. All respondents expressed interest in having more educational and training opportunities for mental health disorders introduced as part of their paediatric training. This need is unlikely to diminish with the Pandemic.

The World Health Organization, who defined Interprofessional education thus: "when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes."[10] MDT teams need to work together and inter-professional education programs are crucial to foster care, and foster communication. IPE can support professionals to engage with each other, and with experts by experience. IPE respects difference and diversity between the professions and those with whom they work. Distinctive contributions from participating professionals can be shared and valued. This can improve quality of care, health outcomes and wellbeing. Innovative solutions might see paediatricians and psychiatrists training together or sharing training and teaching opportunities. Perhaps the pandemic, and new ways of working, present an opportunity to develop truly collaborative working relationships, and new ways to meet training and teaching needs to improve Paediatric Eating Disorder Care.

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