

# Understanding the Impact of Covid Quarantine on Incidence of Eating Disorders 2020-2021

PRESENTATION TO UNIVERSITY COLLEGE DUBLIN SCHOOL OF MEDICINE  
ACADEMIC CHILD AND ADOLESCENT PSYCHIATRY (ACAP)  
COVID-19 WEBINAR SERIES

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# Brief Overview of Eating Disorders Diagnoses & Treatment



# Eating Disorders

- Anorexia Nervosa Restricting Type ANR
- Anorexia Nervosa Binge Purge Type ANBP
- Atypical Anorexia Nervosa
- ARFID
- Bulimia Nervosa
- Binge Eating Disorder

## Atypical AN

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These are most commonly young people who were previously at a higher than average or obese weight, who began to significantly restrict food and/ or to exercise and subsequently developed AN

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At the time these young people present for care they may have had very significant weight loss, often rapid weight loss, but their weight status remains in normal or above normal range

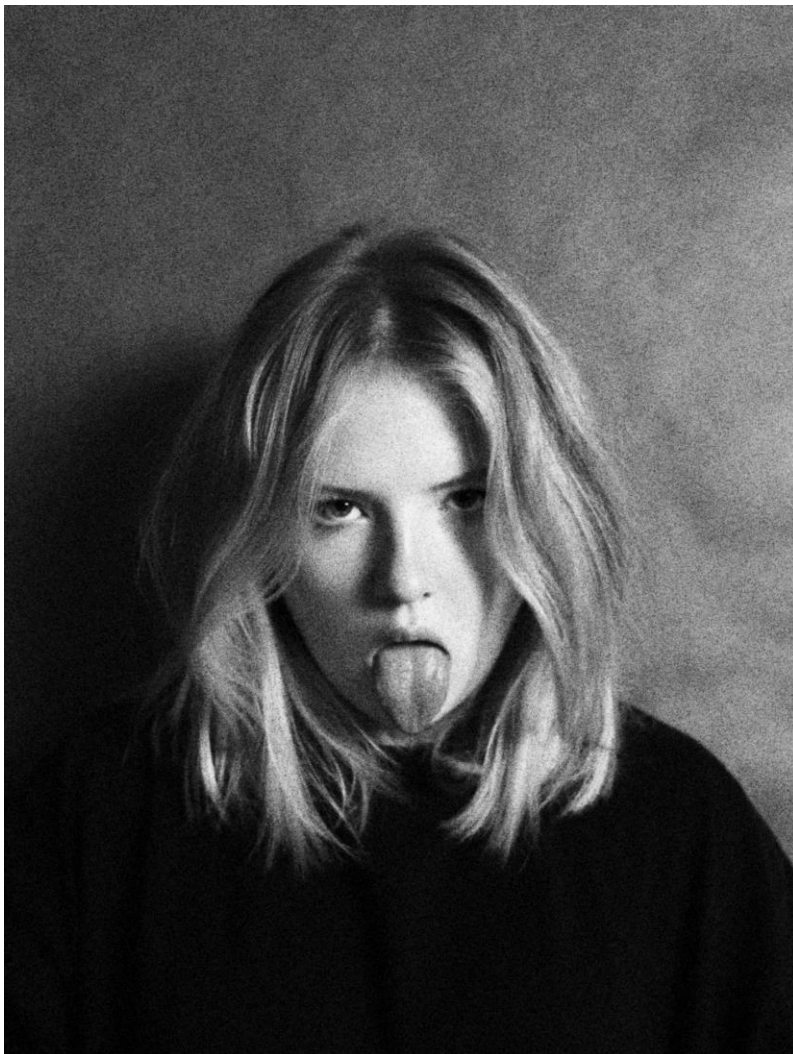
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The seriousness of the illness and its associated medical risks can be missed in these young people due to the fact they are not medically underweight

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Young people with Atypical AN often have been ill for a long time before they receive care and psychologically their illness is very advanced

# Avoidant Restrictive Food Intake Disorder - ARFID



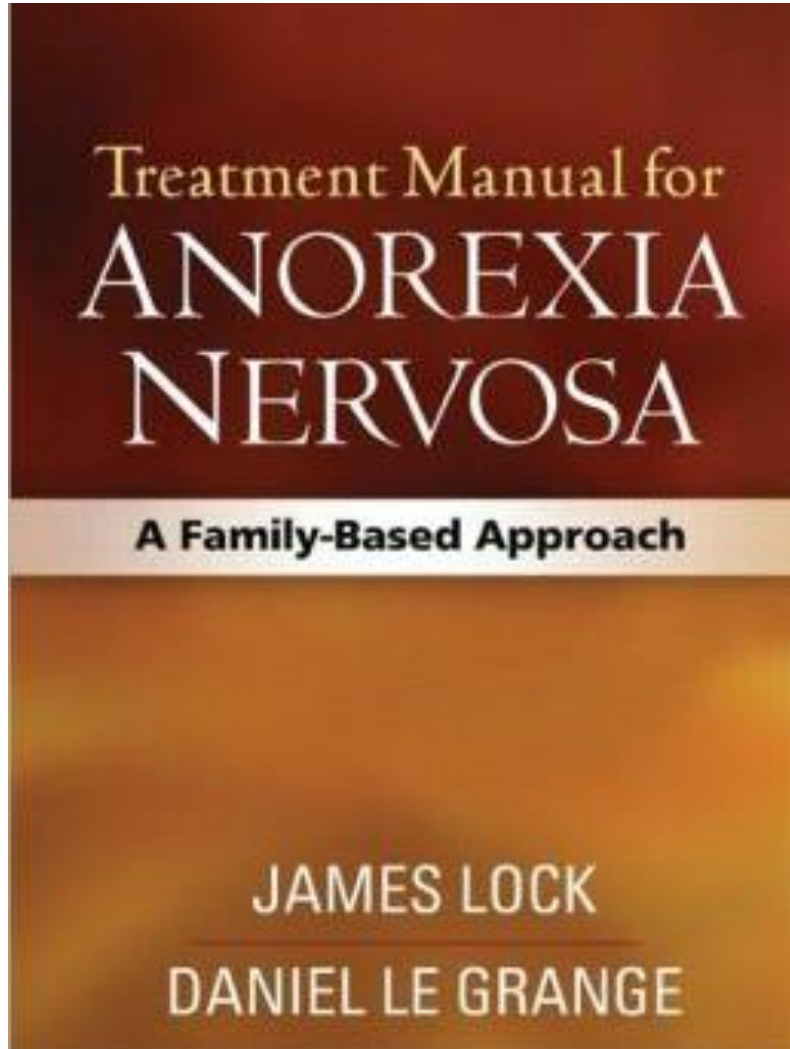
AN EATING OR FEEDING DISTURBANCE (E.G., APPARENT **LACK OF INTEREST** IN EATING OR FOOD; **AVOIDANCE** BASED ON THE **SENSORY** CHARACTERISTICS OF FOOD; CONCERN ABOUT **AVERSIVE CONSEQUENCES** OF EATING) AS MANIFESTED BY PERSISTENT FAILURE TO MEET APPROPRIATE NUTRITIONAL AND/OR ENERGY NEEDS ASSOCIATED WITH ONE (OR MORE) OF THE FOLLOWING:

SIGNIFICANT WEIGHT LOSS (OR FAILURE TO ACHIEVE EXPECTED WEIGHT GAIN OR FALTERING GROWTH IN CHILDREN)

SIGNIFICANT NUTRITIONAL DEFICIENCY  
DEPENDENCE ON ENTERAL FEEDING OR ORAL NUTRITIONAL SUPPLEMENTS

MARKED INTERFERENCE WITH PSYCHOSOCIAL FUNCTIONING


## Family Based Treatment for AN



FAMILY-BASED TREATMENT (FBT) IS AN EVIDENCE BASED TREATMENT FOR ADOLESCENT ANOREXIA NERVOSA (AN)

ADOLESCENTS WITH AN TX WITH FBT HAVE RECOVERY RATES OF 40-50% DEMONSTRATE IMPROVEMENTS IN WEIGHT AND EATING RELATED COGNITIONS AND DO SO WITH LESS HOSPITALIZATION AND LOWER TREATMENT COSTS CLINICAL IMPROVEMENTS ARE MAINTAINED AT 4-5 YEARS POST TREATMENT CURRENT CLINICAL GUIDELINES SUGGEST FBT IS THE FIRST LINE TREATMENT FOR ADOLESCENTS WITH AN


# Eating Disorder Treatment in HSE Ireland




National Clinical Programme  
for Eating Disorders

## Eating Disorder Services

HSE MODEL OF CARE FOR IRELAND



Clinical Strategy and Programmes Division

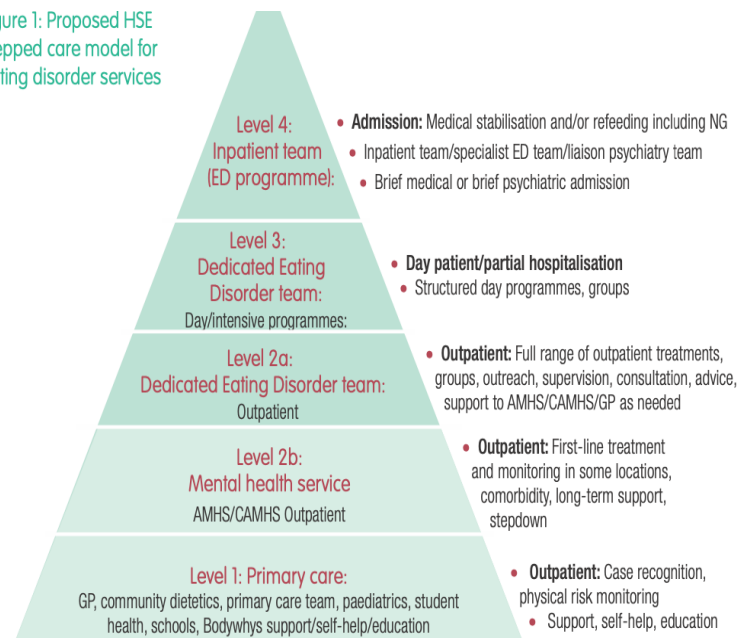


HSE Mental Health Services

MOST CHILDREN AND ADOLESCENTS WITH EDS IN IRELAND ARE BEING TREATED IN CAMHS TEAMS, SOME IN ED SPECIALIST TEAMS

MOST ARE OFFERED FBT AS FIRST LINE TX

Figure 1: Proposed HSE stepped care model for eating disorder services



## Impact of Covid Quarantine





## March 2020 Covid Quarantine Period Begins. In California:



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Most stores closed, with exception of essential services such as pharmacies, grocery stores, restaurants - for food take out & delivery only, car repair, home repair stores, garden supply,  
And of course, Starbucks (!)

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Schools closed – moved to online classes but most of them did not get this in place until the Fall term began in 2020

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Almost all businesses moved to an online system with employees working from home

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Stanford Mental Health Teams moved to conducting sessions entirely by Telehealth. Some medical appointments continued to be in person, but some conducted by telehealth

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# Some Effects of Quarantine

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Profound increase in existential anxiety

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Disruption to living situation & routine

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Increased social isolation & reduced access to support networks

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Increased stress in family relationships

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Changes to usual physical activity rates

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Loss of psychologically and socially protective activities for young people e.g. activities such as sports, art, drama, music classes

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Reduced access to healthcare services

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Diminishment of sense of perceived control

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Changes to routine of eating/ meals.

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Increased exposure to triggering messages about body image on Social Media

## Strain on Relationships Affected Almost Everyone



MAY 2020 ON WHATSAPP

ANYONE GETTING TO THE POINT WHERE IT  
WOULD BE OK IF JOLENE CAME AND TOOK  
YOUR MAN?

# Profound Social Unrest, Anger, Despair in US Summer 2020



January 2021



# Young People's Use of Social Media During Quarantine



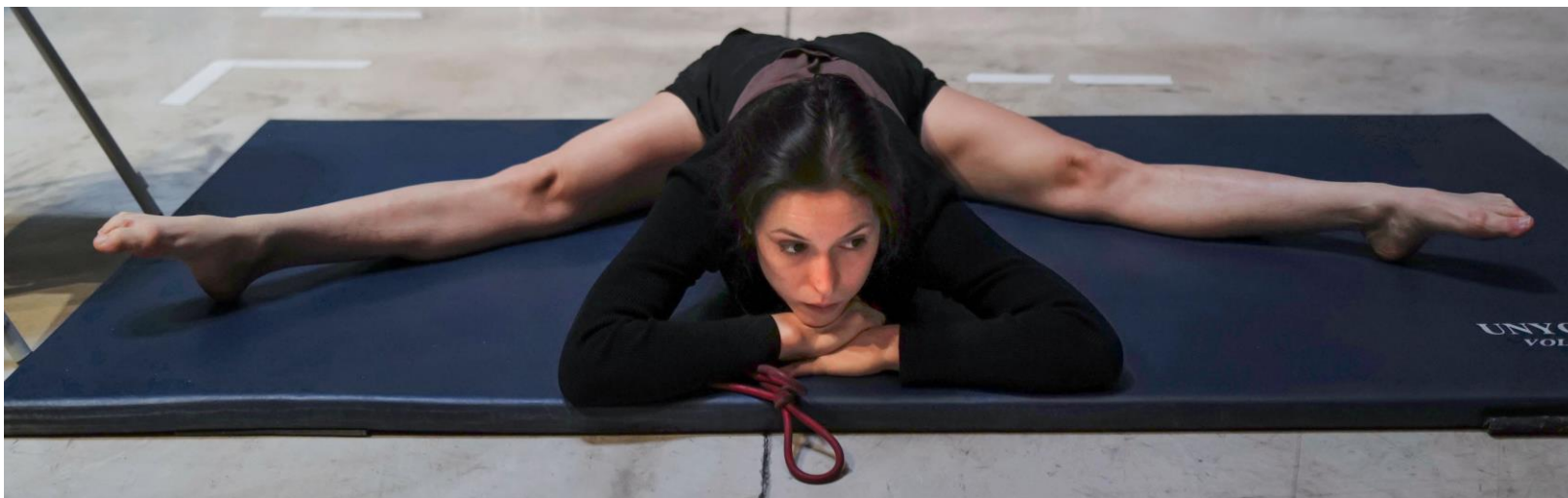
## Social Media and Quarantine

AS IN OTHER PARTS OF THE WORLD, IN EARLY MONTHS OF QUARANTINE ESPECIALLY, THERE WAS A LOT OF CHATTER IN SOCIAL MEDIA ABOUT USING THE TIME AT HOME TO 'GET FIT' AND/OR 'EAT HEALTHY'

MORE TIME BEING SPENT ON SOCIAL MEDIA

YOUNG PEOPLE REPORTED SIGNIFICANT INCREASE IN SUCH CHATTER ON THE SOCIAL MEDIA SITES WHICH THEY USE – SNAPCHAT, INSTAGRAM

AND ALL HAPPENING AT A TIME WHEN THEY HAD FEW DISTRACTIONS, LOTS OF TIME TO THINK, FEW SOCIAL SUPPORTS



# Survey of Young People in US 2020

AMONG TEENAGERS WHO SOUGHT HEALTH INFORMATION ONLINE BETWEEN SEPTEMBER AND NOVEMBER OF 2020, SEARCHES ON FITNESS AND EXERCISE INFORMATION CAME SECOND ONLY TO SEARCHES FOR CONTENT RELATED TO COVID-19 — AND AHEAD OF SEARCHES ON ANXIETY, STRESS AND DEPRESSION

EXPOSURE TO HATE SPEECH ON SOCIAL MEDIA IS UP SUBSTANTIALLY OVER THE PAST TWO YEARS

ABOUT ONE IN FOUR 14- TO 22-YEAR-OLDS SAY THEY “OFTEN” ENCOUNTER BODY SHAMING (29%), RACIST (27%), SEXIST (26%), OR HOMOPHOBIC (23%) COMMENTS ON SOCIAL MEDIA. TARGETED GROUPS (E.G., BLACKS FOR RACIST COMMENTS, OR LGBTQ+ FOR HOMOPHOBIC ONES) ARE MORE LIKELY THAN OTHERS TO BE EXPOSED TO SUCH COMMENTS

THE FINDINGS OF THIS REPORT ALSO SHOW THE NUMBER OF TEENS AND YOUNG ADULTS WHO REPORT THEY ARE DEPRESSED HAS GROWN SIGNIFICANTLY SINCE 2018

RIDEOUT, V., FOX, S., PEEBLES, A., & ROBB, M. B. (2021). *COPING WITH COVID-19: HOW YOUNG PEOPLE USE DIGITAL MEDIA TO MANAGE THEIR MENTAL HEALTH*. SAN FRANCISCO, CA: COMMON SENSE AND HOPELAB.



## Racism, Sexism Homophobia and Body Shaming on Social Media



AMONG 14- TO 17-YEAR-OLDS, THE FREQUENCY OF ENCOUNTERING SUCH CONTENT ON SOCIAL MEDIA HAS INCREASED SIGNIFICANTLY SINCE 2018

FOR EXAMPLE, THE PERCENT OF TEENS WHO SAY THEY “OFTEN” SEE RACIST CONTENT ON SOCIAL MEDIA HAS NEARLY DOUBLED IN THE PAST 2 YEARS (FROM 12% TO 23%)

WHAT EFFECT DOES EXPOSURE TO SUCH COMMENTS HAVE ON A YOUNG PERSON’S SELF ESTEEM, MENTAL HEALTH, DEVELOPING SENSE OF SELF?

AND IS THERE A RELATIONSHIP BETWEEN BODY SHAMING COMMENTS ON SOCIAL MEDIA AND INCREASED INCIDENCE OF EDs IN 2020?

## Social Media as a Lifeline

SOCIAL MEDIA PLATFORMS HAVE BECOME EVEN MORE IMPORTANT TO YOUNG PEOPLE FOR SUPPORT, COMMUNITY, AND SELF-EXPRESSION OVER THE PAST TWO YEARS, ESPECIALLY FOR THOSE EXPERIENCING DEPRESSION

YOUNG PEOPLE WITH MODERATE TO SEVERE DEPRESSIVE SYMPTOMS ARE NEARLY TWICE AS LIKELY AS THOSE WITHOUT DEPRESSION TO SAY THEY USE SOCIAL MEDIA ALMOST CONSTANTLY (34% vs. 18%)

SOME EXPERTS ARGUE THAT YOUNG PEOPLE'S USE OF SOCIAL MEDIA IS ADDING TO THEIR DEPRESSION; OTHERS THAT THEIR DEPRESSION LEAVES THEM SO UNINTERESTED IN OTHER ACTIVITIES THAT THEY TURN TO SOCIAL MEDIA BY DEFAULT. THIS RESEARCH SUGGESTS A THIRD POSSIBILITY: THAT MANY YOUNG PEOPLE WHO ARE EXPERIENCING DEPRESSION—WHATEVER THE CAUSE—ARE PURPOSELY AND PROACTIVELY USING SOCIAL MEDIA AND OTHER DIGITAL TOOLS TO PROTECT AND PROMOTE THEIR OWN WELL-BEING

DOES SOCIAL MEDIA USE PROTECT A YOUNG PERSON'S WELL BEING?

# Teens' Social Media Use & Development of ED Sx

DURING THE PANDEMIC, TEENAGERS HAVE SPENT MORE TIME THAN USUAL ON SOCIAL MEDIA, SCRUTINIZING IMAGES OF PEERS AND INFLUENCERS ON HIGHLY VISUAL SOCIAL MEDIA

THIS HAS IMPLICATIONS FOR EXPERIENCES OF BODY DISSATISFACTION AND DISORDERED EATING. TEENAGERS CAN BE PRONE TO COMPARING THEIR OWN BODIES TO THE IMAGES THEY SEE ONLINE. THAT COMPARISON COULD CREATE A DOWNWARD SPIRAL IN TERMS OF BODY IMAGE AND SELF-ESTEEM AND MAKE THEM MORE LIKELY TO ADOPT UNHEALTHY WEIGHT CONTROL BEHAVIORS

WHAT YOUNG PEOPLE FIND WHEN THEY GO LOOKING FOR FITNESS INFORMATION CAN BE HIGHLY PROBLEMATIC. THEY ARE LIKELY TO COME ACROSS HARMFUL “THINSPIRATION” AND “FITSPIRATION” POSTS CELEBRATING SLIM OR SCULPTED BODIES, OR EVEN SITES THAT ENCOURAGE EATING DISORDERED BEHAVIOR

WORSE, ALGORITHMS RECORD ONLINE SEARCH INFORMATION AND ARE DELIBERATELY DESIGNED TO FEED HARMFUL WEIGHT LOSS CONTENT TO USERS WHO ARE ALREADY STRUGGLING WITH BODY IMAGE, SUCH AS ADVERTISEMENTS FOR DANGEROUS DIET SUPPLEMENTS

# Risk Factors for EDs



# Risk Factors for EDs: Psychological Factors

Anxiety

Intolerance of uncertainty

Perfectionistic, harm avoidant, self-doubting temperaments are at increased risk

OCD



## Risk Factors for EDs: Social & Environmental Factors

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Body Image salience in culture

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Social Preoccupation with  
thinness, dieting

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Participation in activities/ Sports  
that involve a desired body type

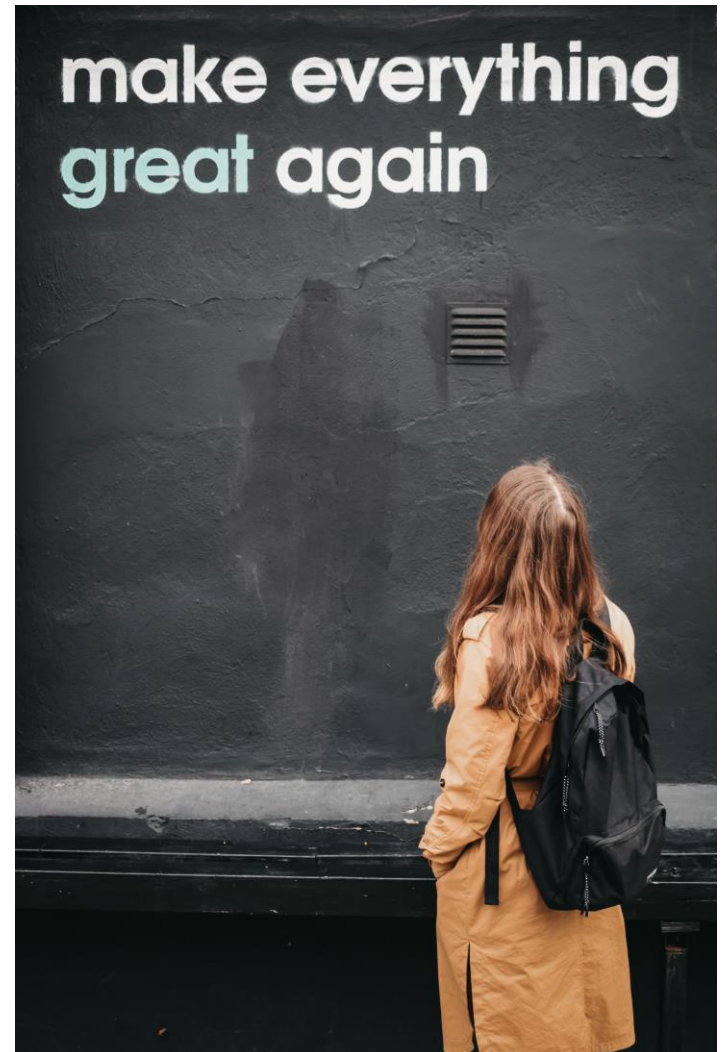
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Stressful life transitions

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Bereavement

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## Risk Factors for Eds: Biological

DIETING IS A MAJOR RISK FACTOR FOR DEVELOPING AN EATING DISORDER. STARVATION AFFECTS THE BRAIN AND INFLUENCES MOOD CHANGES, INCREASES RIGIDITY IN THINKING, ANXIETY AND REDUCTION IN APPETITE. THERE IS STRONG EVIDENCE THAT MANY OF THE SYMPTOMS OF AN EATING DISORDER ARE ACTUALLY SYMPTOMS OF STARVATION. STARVATION AND WEIGHT LOSS MAY CHANGE THE WAY THE BRAIN WORKS IN VULNERABLE INDIVIDUALS, WHICH MAY PERPETUATE RESTRICTIVE EATING BEHAVIORS AND MAKE IT DIFFICULT TO RETURN TO NORMAL EATING HABITS

EVEN UNINTENTIONAL WEIGHT LOSS MAY PRECIPITATE DISORDERED EATING

HORMONAL CHANGES AT PUBERTY AND ALSO LATER IN LIFE MAY ALSO CONFER RISK

GENETIC FACTORS – FAMILY HISTORY ED

MORE COMMON IN FEMALES BUT MANY MALES HAVE EDS



## By September/ October 2020:

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Significant increase in numbers seeking assessment and treatment. By beginning of 2021 there were anecdotal reports of a two-fold and even three-fold increase in numbers presenting to some Child & Adolescent CAMHS and ED specialist teams in CA

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Majority are new presentations but young people in recovery, or partial recovery, are also relapsing @ ? higher than usual rates

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ED Clinics are overwhelmed by level of demand

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Private practice therapy providers in the community, who normally are the 'safety valve' when clinics are full, are also overwhelmed, saying that they cannot take new patients



# Challenges of Providing Treatment During Quarantine



AND THE SIGNIFICANT INCREASE IN INCIDENCE OF EDs IS HAPPENING AT A TIME THAT PROVIDERS WERE TRYING TO ADJUST TO PROVIDING TREATMENT ONLINE

TREATMENT PROVIDERS REPORT FINDING TELEHEALTH CHALLENGING DUE TO ISSUES RELATED TO CONNECTIVITY PROBLEMS, PRIVACY PROBLEMS, CHALLENGES IN WORKING WITH ENTIRE FAMILIES ON SCREEN AT ONCE IN FAMILY BASED TREATMENT

AND PROVIDERS ARE THEMSELVES SUFFERING IMPACT OF QUARANTINE AND WORKING REMOTELY: CLINICIAN BURNOUT

ALSO DUE TO LACK OF AVAILABLE CHILDCARE OR ELDER CARE CLINICIANS MAY BE NEEDING TO REDUCE THEIR WORKING HOURS, REDUCE CASELOADS

# How Do We Respond the Challenge?



## Referrals Increase to Record Levels

IN A PUBLIC SYSTEM YOU KNOW WHICH PATIENTS YOU ARE RESPONSIBLE FOR. THOUGH YOU MAY NOT HAVE THE RESOURCES TO TREAT ALL THOSE IN NEED, YOU HAVE A GOOD IDEA OF THE LEVEL NEED/ NUMBERS ON YOUR WAITLIST

IN A PRIVATE SYSTEM, SUCH AS IS CASE AT STANFORD, WE HAVE A LIST OF PEOPLE WHO CONTACT US FOR ASSESSMENT AND TREATMENT, BUT THESE PATIENTS ARE ALSO ARE SEEKING CARE IN OTHER CLINICS AND FROM CLINICIANS IN PRIVATE PRACTICE. THERE IS NO NATURAL BOUNDARY OTHER THAN STATE CA

BUT REGARDLESS OF THE SYSTEM OR LOCATION, TEAMS GENERALLY CANNOT STEP UP TO TREAT DOUBLE THE NUMBER OF PATIENTS

# Ethical Dilemmas: How Should We Triage?



Who decides who gets treatment or assessment and who waits?



How do we make these decisions?



Should we see the medically sickest patients first? (but then those already on waitlist will wait longer and likely get sicker too)



What about patients with Atypical AN, who started at a higher than average weight, have had significant weight loss, are psychologically very ill, but at time of presentation are not significantly medically underweight (though may become medically unstable quite suddenly)

## You're not the 'thinnest'

HOW DO WE EXPLAIN OUR TRIAGE DECISIONS TO PATIENTS AND THEIR PARENTS? (YOU'RE NOT SICK ENOUGH? ANOTHER PERSON ON OUR LIST IS SICKER/ THINNER THAN YOU?)

CONSIDER HOW AN IS AN EGO SYNTONIC DISORDER, WHERE YOUNG PEOPLE PURSUE THE ILLNESS AND FREQUENTLY FEEL INADEQUATE IN RELATION TO HOW THEY 'MEASURE UP' TO OTHERS WITH THE ILLNESS

IT IS UNIQUELY PROBLEMATIC FOR ANY PATIENT WITH AN ED TO HEAR THEY ARE NOT THE SICKEST, NO MATTER HOW CAREFULLY THE MESSAGE IS WORDED

IT IS HEART WRENCHING FOR CLINICIANS TO HAVE TO TELL DESPERATE PARENTS THAT THEY CANNOT MAKE SPACE TO TREAT THEIR CHILD

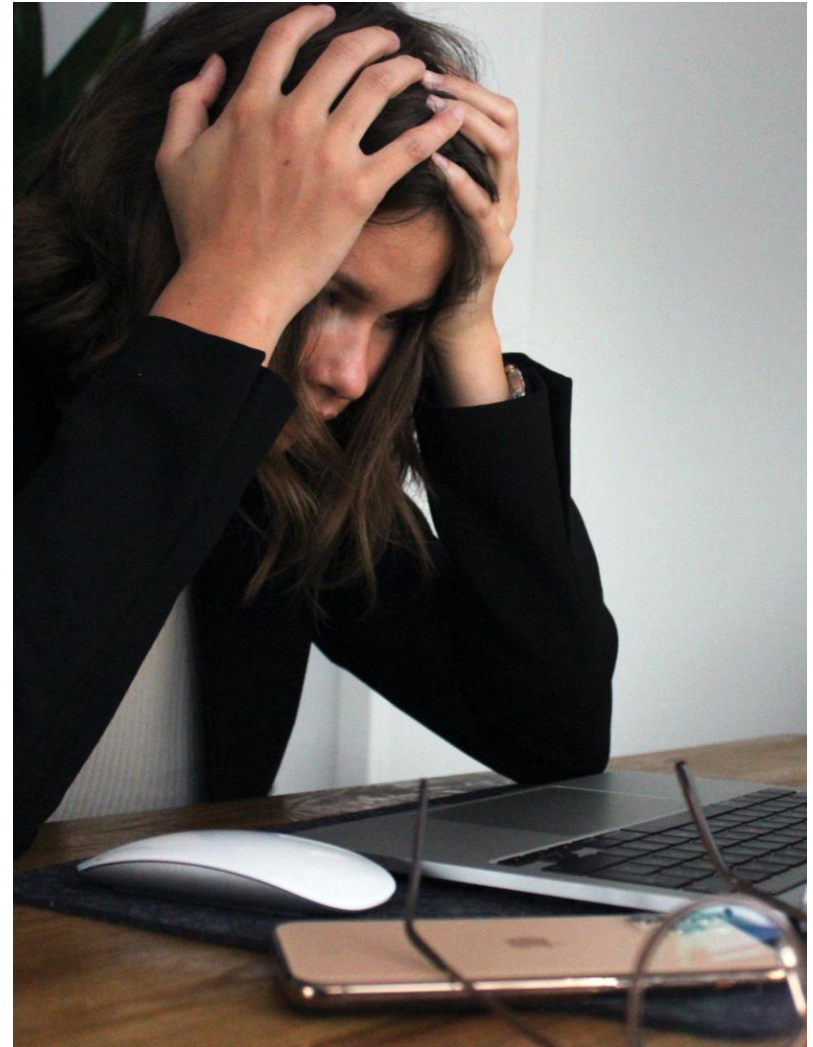
## How do we support our clinicians?

IT'S BEEN MORE THAN 1 YEAR AND THE UNMANAGEABLE LEVEL OF DEMAND FOR CARE IS APPROX. NINE MONTHS

PROVIDERS ARE STRUGGLING TO COPE WITH THE STRESS OF NOT BEING ABLE TO HELP THOSE IN NEED

CLINICIANS HAVE REPORTED FEELING PRESSURED TO PREMATURELY FINISH THERAPY WITH ED PATIENTS WHO ARE NOT FULLY BETTER BUT ARE NOT CRITICALLY ILL, IN ORDER TO BE ABLE TO TREAT PATIENTS WHO ARE SICKER

CLINICIANS REPORT FEELING OVERWHELMED BY DEMAND: "WE ARE NEVER GOING TO BE ABLE TO SEE THESE PEOPLE ON OUR WAIT LIST"



And then for Irish clinicians there came all this:

# 'Callous' ransomware attack has caused 'catastrophic' damage to Irish health care system

The attack has forced health workers to use paper records to keep services operational.

# New Ideas for ED Tx that are Accessible & Scalable

**HSE**

**HSE Clinical Programme for Eating Disorders**

Improving specialist eating disorder care in Ireland

**Better quality** ✓  
**Better access** ✓  
**Better patient experience** ✓  
**Better outcomes** ✓

QR Code

**DOWNLOAD THE SELF CARE APP**  
<https://ncped.selfcareapp.mobi>

**Eating Disorders**

IN ASSOCIATION WITH

APP DEVELOPED BY

ON MARCH 5TH 2020, THE HSE NATIONAL CLINICAL PROGRAMME FOR EATING DISORDERS (NCPED) LAUNCHED A NEW MOBILE APPLICATION FOR EATING DISORDERS

DR SARA McDEVITT, CONSULTANT PSYCHIATRIST, WHO LED THE APP DEVELOPMENT GROUP SAID:

“RESEARCH TELLS US THAT THE MORE UNDERSTANDING SOMEONE HAS ABOUT THEIR HEALTH CONDITION, SUCH AS AN EATING DISORDER, THE MORE CONFIDENT AND ACTIVELY INVOLVED THEY BECOME IN MANAGING THEIR HEALTH.

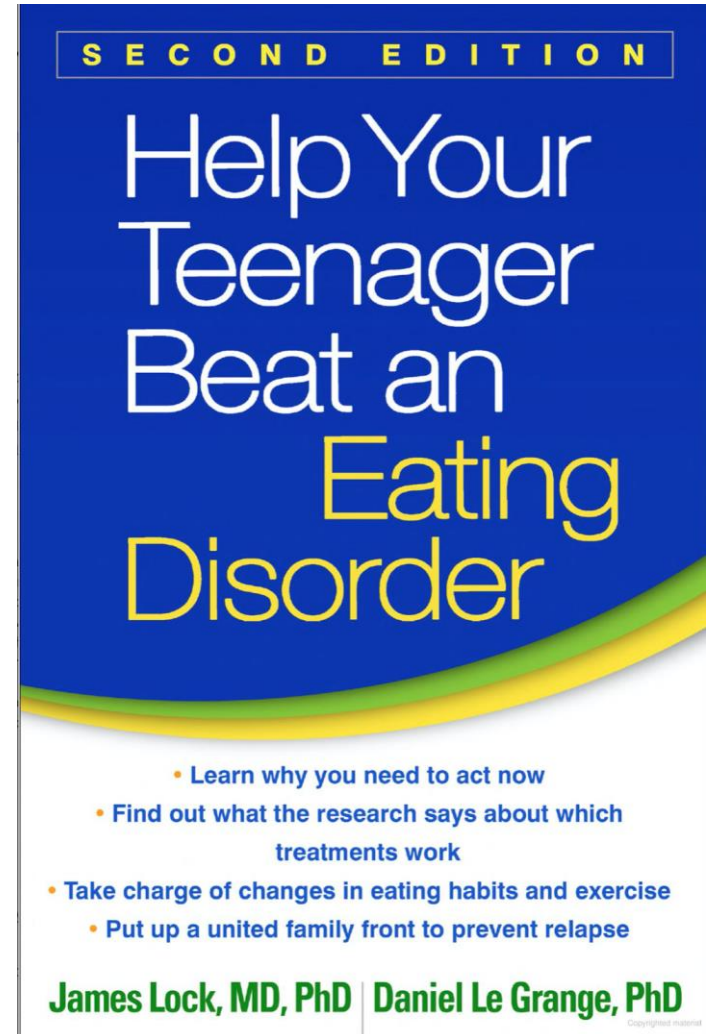
“THIS IN TURN SUPPORTS CLINICAL CARE AND CAN LEAD TO BETTER OUTCOMES AND RECOVERY.”



# New Ideas for ED Tx that are Accessible & Scalable

JIM LOCK'S TEAM AT STANFORD IS DEVELOPING A GUIDED SELF-HELP FBT PROGRAM FOR PARENTS DELIVERED ON A VIRTUAL PLATFORM

WE ALSO RECOMMEND PARENTS READ THE BOOK BY LOCK AND LEGRANGE 'HELP YOUR TEENAGER BEAT AN EATING DISORDER'



## References for Efficacy of FBT

1. LOCK, J., *AN UPDATE ON EVIDENCE BASED PSYCHOSOCIAL INTERVENTIONS FOR CHILDREN AND ADOLESCENTS WITH EATING DISORDERS*. J CLIN CHILD ADOLESC PSYCHOLOGY, 2015. **44**: P. 707-21.
2. LOCK, J., ET AL., *A COMPARISON OF SHORT- AND LONG-TERM FAMILY THERAPY FOR ADOLESCENT ANOREXIA NERVOSA*. J AM ACAD CHILD ADOLESC PSYCHIATRY, 2005. **44**(7): P. 632-639.
3. LOCK, J., ET AL., *A RANDOMIZED CLINICAL TRIAL COMPARING FAMILY BASED TREATMENT TO ADOLESCENT FOCUSED INDIVIDUAL THERAPY FOR ADOLESCENTS WITH ANOREXIA NERVOSA*. ARCH GEN PSYCHIATRY, 2010. **67**(10): P. 1025-1032.
4. LOCK, J., J. COUTURIER, AND W.S. AGRAS, *COMPARISON OF LONG TERM OUTCOMES IN ADOLESCENTS WITH ANOREXIA NERVOSA TREATED WITH FAMILY THERAPY*. J AM ACAD CHILD ADOLESC PSYCHIATRY, 2006. **45**(6): P. 666-672.
5. WATSON, H. AND C. BULIK, *UPDATE ON THE TREATMENT OF ANOREXIA NERVOSA: REVIEW OF CLINICAL TRIALS, PRACTICE GUIDELINES AND EMERGING INTERVENTIONS*. PSYCHOLOGICAL MEDICINE, 2013. **43**(12): P. 2477-2500.
6. LOCK, J., ET AL., *PRACTICE PARAMETER FOR THE ASSESSMENT AND TREATMENT OF CHILDREN AND ADOLESCENTS WITH EATING DISORDERS*. JAACAP, 2015. **54**(5): P. 412-425.
7. LOCK, J. AND D. LE GRANGE, *HELP YOUR TEENAGER BEAT AN EATING DISORDER*. SECOND ED. 2015, NEW YORK: GUILFORD.

*On the other side of a storm is the strength that comes from having navigated through it.  
Raise your sail and begin.*  
Gregory S. Williams



Thank You

Go Raibh Míle Maith Agaibh Go Léir

