

Eating disorders in young people and Covid-19

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1 Over the past year, child and adolescent NHS eating disorder services have experienced
2 almost a doubling in both urgent and routine referrals.¹ Although services managed to meet
3 recommended waiting times at first, waiting lists are now starting to build. Much has been said
4 about the drivers of this observed spike in referrals and hospital admissions.² From social
5 isolation to food insecurity, from pressures to exercise and challenges to lose weight, to loss of
6 routines and disruptions in accessing face-to-face clinical services, it is difficult to think of a
7 scenario which could have catalysed so many risk factors for eating disorders at a societal
8 level. As we carefully return to 'normal life' with the rolling-out of vaccines, the challenges faced
9 by young people and eating disorders services will not suddenly disappear. Now is the time to
10 assess the scale of the issue, its likely drivers, and think of how to formulate a meaningful
11 response.

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13 Gauging the burden of eating disorders in young people is the first step towards mobilizing
14 policy-makers, but these data are still lacking in the UK. Whether the observed spike in referrals
15 reflects broader behavioural changes in young people or exacerbations of symptoms in groups
16 already at greater risk is hard to know. Studies of young people's mental health during the
17 pandemic used screening tools which do not detect eating disorders.^{3,4} A systematic review of
18 the impact of school closure on young people's mental health found no studies examining
19 eating disorders.⁵ Population data are vital to capture presentations that might be missed in
20 clinical settings. Beyond anecdotal evidence, we know little of how the pandemic has affected
21 young people experiencing behaviours such as purging and binge eating. Binge eating
22 disorder is accompanied by feelings of guilt and shame and might be more common in young
23 people with higher weight. Yet, young people with binge eating disorder present to clinical
24 services less often than prevalence studies would predict.

25
26 One concern is that the current rhetoric around individual responsibility for weight loss could
27 create further help-seeking barriers for young people who already feel stigmatised. The
28 pandemic has highlighted the profound schism that exists between the 'obesity' and eating
29 disorder fields. Throughout the past year, public health messages have emphasized the
30 dangers posed by excess weight in exacerbating Covid19 risk. At the height of lockdown,
31 people were only allowed to leave the house for the purpose of physical activity. Exercise
32 became one of the few freedoms that remained, stressing its relative importance, and virtue, for
33 children and young people. Alongside these messages, the Government's new obesity strategy
34 included adding calories to menus and using apps to help with and track weight loss.³ Eating
35 disorders clinicians, researchers, and activists have repeatedly shown that these strategies are

36 ineffective for long-term weight loss in young people⁶, exacerbate eating disorder behaviours in
37 those with established illnesses, and increase eating disorder risk.

38

39 While the potential harms of obesity strategies remain to be fully addressed by existing policies,
40 the number of young people presenting to services with medical instability as a result of drastic
41 dietary restriction and requiring admission has soared. Many of these young people who would
42 have previously been classified as 'overweight' or 'obese', may still be a 'healthy' weight, yet
43 their pulse, blood pressure and blood tests tell an alarming story. It is unlikely that the situation
44 will improve over the coming months. Whilst eating disorder referrals increased during
45 lockdown, they increased even more as lockdown measures were relaxed. This might reflect
46 greater help-seeking, which had declined during lockdown⁷ and the vital role schools play in
47 identifying mental health problems in young people. Or it may be that returning to school, with
48 all the social and academic pressures that presents, might also constitute a period of
49 heightened anxiety which could exacerbate eating disorder risk.

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51 Addressing these challenges will require a multi-disciplinary effort. First, it is of paramount
52 importance that eating disorders stop being seen a niche problem of the elite and are
53 understood instead as a public health concern. A recent Finnish study found that 1 in 6 female
54 youth and young adults and one in 40 males met criteria for a diagnosable eating disorder.⁸
55 Population data are needed to complement clinical activity data in order to plan prevention,
56 screening, and intervention services. More funding for eating disorder services is necessary, as
57 well as new approaches to treatment, developed and evaluated through high quality research.
58 Innovative interventions for specific populations are needed, such as young people with binge
59 eating disorder and those whose illness sits alongside conditions such as autism spectrum
60 disorder. And of course, increased training across health care and among teachers, so that
61 children are promptly identified and referred.

62

63 Parents play a crucial role in early intervention for young people with eating disorders⁹, and
64 need support with how to, and how not to, talk to their child about eating and weight concerns,
65 when to seek help, and how to support their child through treatment. Similarly, we need to
66 ensure that school environments provide balanced information and guidance around weight,
67 food, body image and exercise, and monitor the potential harms of school-based wellbeing
68 initiatives in these areas. Last, it is crucial that policy makers working on campaigns aimed at
69 reducing obesity listen to and collaborate with eating disorder and body image experts. A

70 science-informed, integrated obesity/eating disorders public health approach is possible.¹⁰
71 COVID-19 has provided the imperative to make this a reality.

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