

COVID has presented unique challenges for people with eating disorders. They'll need support beyond the pandemic

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COVID-19 has changed the way we live, work and interact with one another. It has also changed the way we move, exercise, shop, prepare

food, and eat.

During the pandemic, we've seen marked increases in reports of mental distress across the board. But Australian and international research suggests lockdown measures have presented unique challenges for people living with eating [disorders](#).

Eating disorders are complex mental illnesses

Eating disorders include anorexia nervosa, bulimia nervosa, binge eating disorder and [other diagnoses](#). They center around disordered eating (for example, fasting and dieting, binge eating, or purging behaviors), and often include problems with [body image](#).

Eating disorders are [frequently associated](#) with high levels of depression and anxiety.

For some people with these conditions, rigid routines (around exercise, [food preparation](#) or eating habits), are a way of coping with symptoms and distress.

It's no secret the pandemic has significantly disrupted our usual routines. For example, working from home may have led people to be more sedentary, or allowed more time for exercise. Social distancing has meant we've spent less time seeing others and sharing meals.

COVID-19 restrictions and [social distancing](#) measures, though imperative to reduce the spread of the virus, have resulted in a [significant rise in psychological distress](#), especially for people experiencing [social isolation](#), reduced or uncertain employment, financial strain, or health concerns.

We know people with existing mental health problems have been

[particularly vulnerable](#). However, people with eating disorders are vulnerable not only to these mental stressors; but also to the [physical changes](#) to everyday routines, and social conversations about [eating and body weight](#) which have popped up during lockdowns.

What does the research say?

Research [published early in the pandemic](#) predicted COVID-19 and the associated restrictions may increase eating disorder risk in a few important ways:

- disruptions to daily routines and reduced access to social supports
- increased exposure to anxiety-provoking media (messages about possible links between high [body mass index and COVID](#), or [joking on social media](#) about weight gain during lockdown)
- increased use of videoconferencing where people are exposed to their own image on camera
- anxiety about contracting COVID-19—the authors suggested this may lead people with eating disorders to engage in dieting for perceived immune system benefits.

Australian researchers conducted what was to our knowledge the first [published study](#) on disordered eating behaviors during COVID-19.

Participants with eating disorders reported a worsening of symptoms—they were restricting their food consumption, binge eating and engaging in purging behaviors more often. They also reported doing more exercise, and high levels of depression, anxiety and stress.

Studies from around the world have since shown similar results. They've also found people with eating disorders have [reported increased fears](#) about not being able to find foods consistent with meal plans, while [disruptions to routine](#) have led to heightened [psychological distress](#) and worsening of eating disorder symptoms.

It comes as little surprise demand for eating disorder support has increased significantly. The Butterfly Foundation—Australia's leading support organization for people affected by eating disorders and body image issues—has reported [a 57% increase](#) in calls to its helpline over the course of the pandemic.

Similarly, inpatient and outpatient services around Australia—particularly [in Victoria](#) where residents experienced a prolonged second lockdown—have seen [demand increase](#), resulting in longer wait lists for eating disorder services.

Looking ahead

Although we still don't know what the long-term psychological effects of COVID-19 will be, previous pandemics such as SARS have taught us these sorts of crises can result in [long-term mental health impacts](#), and may trigger the onset of mental illness, including depression and anxiety.

We don't know yet conclusively whether the pandemic has triggered the onset of eating disorder symptoms or increased the incidence of these conditions. It doesn't make it any easier that our understanding of the prevalence of eating disorders in Australia was poor to begin with.

But it does seem highly likely that we will see such increases. The information we have so far suggests pandemic-related challenges can increase the risk for people with eating disorders, or those who may be vulnerable to developing them, in many and varied ways.

In addition, some research suggests food insecurity is associated with increases in [eating disorders](#), and [binge eating](#) in particular.

So even if the pandemic is brought to an end with widespread vaccination, if the associated economic recession results in ongoing

disruptions to food supply chains, or in impoverished households having limited or unreliable access to food, we may see further increases in eating disorders, well beyond the life of COVID-19.

It's critical clinical services and support organizations provide extra support to these groups, not only during the [pandemic](#), but for a significant amount of time after the crisis has resolved. This includes increased access to treatment, as well as online eating disorder supports like [chatbots](#) and telephone hotlines.

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