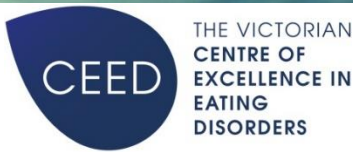


COVID-19 & Eating Disorders

Information for mental health services & clinicians



The emergence of COVID-19 has created new challenges for people with eating disorders, their families and loved ones, and for our health services, which are under increased pressure. This document aims to provide guidance to clinicians around continuing to support clients with eating disorders in light of COVID-19. Now more than ever it is important that we support clients and their families within the community as best we can, as demand on acute health services such as hospitals increases.

It is important that the support and treatment of individuals with eating disorders is maintained due to high risk of deterioration. It is recommended that treatment and recovery is continued even at times when a client is unable to physically attend their treatment service.

ARE MY CLIENTS WITH EATING DISORDERS AT HIGHER RISK?

Physical Risk

To date there has not been any specific data suggesting that clients with eating disorders are at increased risk from COVID-19. However, it is clear that people who are frail and who have co-morbidity, and especially cardiorespiratory co-morbidity, are at increased risk of severe forms of the illness and death. We also understand that chronic malnutrition impairs immunity, and that eating disorders clients often do not mount a typical febrile response. Therefore, diagnosis of infective complications can be delayed. Given these factors, we need to be extremely mindful of clients with eating disorders being particularly vulnerable during this COVID-19 pandemic. For further information about the physical risks of COVID-19 to people with eating disorders, please refer to [COVID 19 and Eating Disorders: Information for Primary Care Practitioners](#)

Psychiatric risk

The emergence of COVID-19 can have significant impacts on mental health in addition to current eating disorder symptoms, and may contribute to deterioration in mental state. Our clients with eating disorders and their supports, may be experiencing additional anxiety about access to adequacy and variety of groceries. People with eating disorders often have significantly higher energy needs and also experience rigid thoughts about what types of foods are acceptable. Majority of people with eating disorders (60-80%) also have co-occurring anxiety disorders, and might be experiencing a deterioration in their symptoms as a result of chaotic and overcrowded supermarkets, limited access to essential items, and anxiety and uncertainty we are experiencing around the world as a result of the COVID-19 pandemic.

WHAT CAN I DO TO SUPPORT MY CLIENTS WITH EATING DISORDERS?

- 1) Community care:** Advocate for comprehensive ongoing community care, to prevent deterioration in mental health and eating disorder related medical risk for clients with eating disorders.
 - Where possible continuing to see clients and families affected by eating disorders will help reduce the risk of deterioration.
 - Clients with eating disorders require regular medical and mental health support; the COVID-19 pandemic will increase the needs of clients so where possible avoid reducing the support you are currently offering.
 - Recommendations for social distancing, isolation and potential for reduced workforce capacity may affect clinician's ability to continue seeing clients in person. If face-to-face sessions are not possible, consider how you can support your client via telehealth.

2) Establish arrangements for routine monitoring (e.g. weight review) if clients are unable to attend clinics in person.

- Monitoring client weight is a key component of most evidence based treatments for eating disorders. In the case that this becomes impossible to do in person due to recommendations around social distancing/ isolation we will need to think creatively about how this can be managed.
- In some situations parents may be able to weigh their children and provide immediate feedback via telehealth. Consideration will need to be given to how you offer emotional support to clients who find this distressing, and how parents can limit use of scales outside of telehealth sessions.
- Clients with eating disorders will still require medical monitoring. Mental health sessions can also be timed more closely to medical appointments so feedback around weights can be monitored by medical professionals and feedback to mental health clinicians prior to eating disorder treatment sessions.

3) Be prepared for a shift in focus from treatment as usual, and supporting with practical problem solving and planning.

- Time spent on supporting clients and families / carers with anxiety management may be required. Australian Psychological Society (APS) have develop a number of resources to help you work with your clients to support their mental wellbeing more generally during this time, particularly to manage the stress, anxiety and changes to day-to-day routines and self care that can arise (<https://www.psychology.org.au/COVID-19-Australians>)
- Be awareness of key triggers that may arise through this unusual situation (e.g. stockpiling, scarcity, etc), and support clients/ families with problem solving and planning around practical issues. For example, food and meals plans when preferred foods are not accessible.
- Consider the impact of an increase in potential triggering messages in the media related to “keeping fit” and “avoiding weight gain” while working from home.

4) Provide additional psychoeducation to clients and families

- Assist clients and their families to access reliable information sources and to practice self care during these times (E.g. COVID-19 and Eating Disorders: Information for people with eating disorders and their carers - <https://www.eatingdisorders.org.au/find-support/covid-19-and-eating-disorders/>)
- Provide self-care messages including: adequate nutrition to protect immunity; continue with mental health appointments / treatment and medical monitoring (with recommended / local precautions)

5) Advocating for clients with eating disorders and other mental health conditions to have (equal access to) good physical health care

- Eating disorders have the highest mortality rate of any psychiatric illness. Clients with eating disorders can become acutely unwell very quickly, and as such it is important that people with eating disorders continue to access regular medical monitoring.
- It may be useful to confirm with the GPs who are part of your care team how they are currently offering services. Some people with EDs struggle to get to the GP as it is, so some additional planning to manage practicalities and fears may be required.
- Support Primary Care Practitioners to access information related to the potential risks of COVID-19 in clients with eating disorders (E.g. [COVID 19 and Eating Disorders: Information for Primary Care Practitioners](#))

6) Practicing your own self-care and noticing challenges to working therapeutically at this time

- As human beings we are all experiencing this extreme shift in our daily lives and sense of security/certainty together. As clinicians we are not immune. We are also likely going to feel the increased need arising within our current clients, and more broadly in the community.
- We encourage you to keep connection with your supports and self care practices more than ever right now.
- Working motivationally is key to supporting people with eating disorders. During this time of increased pressure and some very real increased risks to the wellbeing our clients, we encourage you to lean on this skillset to support your own work and that of your clients.

ADDITIONAL RESOURCES

- COVID-19 and Eating Disorders: Information for people with eating disorders and their carers
<https://www.eatingdisorders.org.au/find-support/covid-19-and-eating-disorders/>
- [COVID-19 and Eating Disorders: Information for Primary Care Practitioners](#)

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