

In the Shadow of the Pandemic:

The Unintended Impacts of the Response to COVID-19 on Children

Dr Peiyoong Lam

Division of Adolescent Medicine

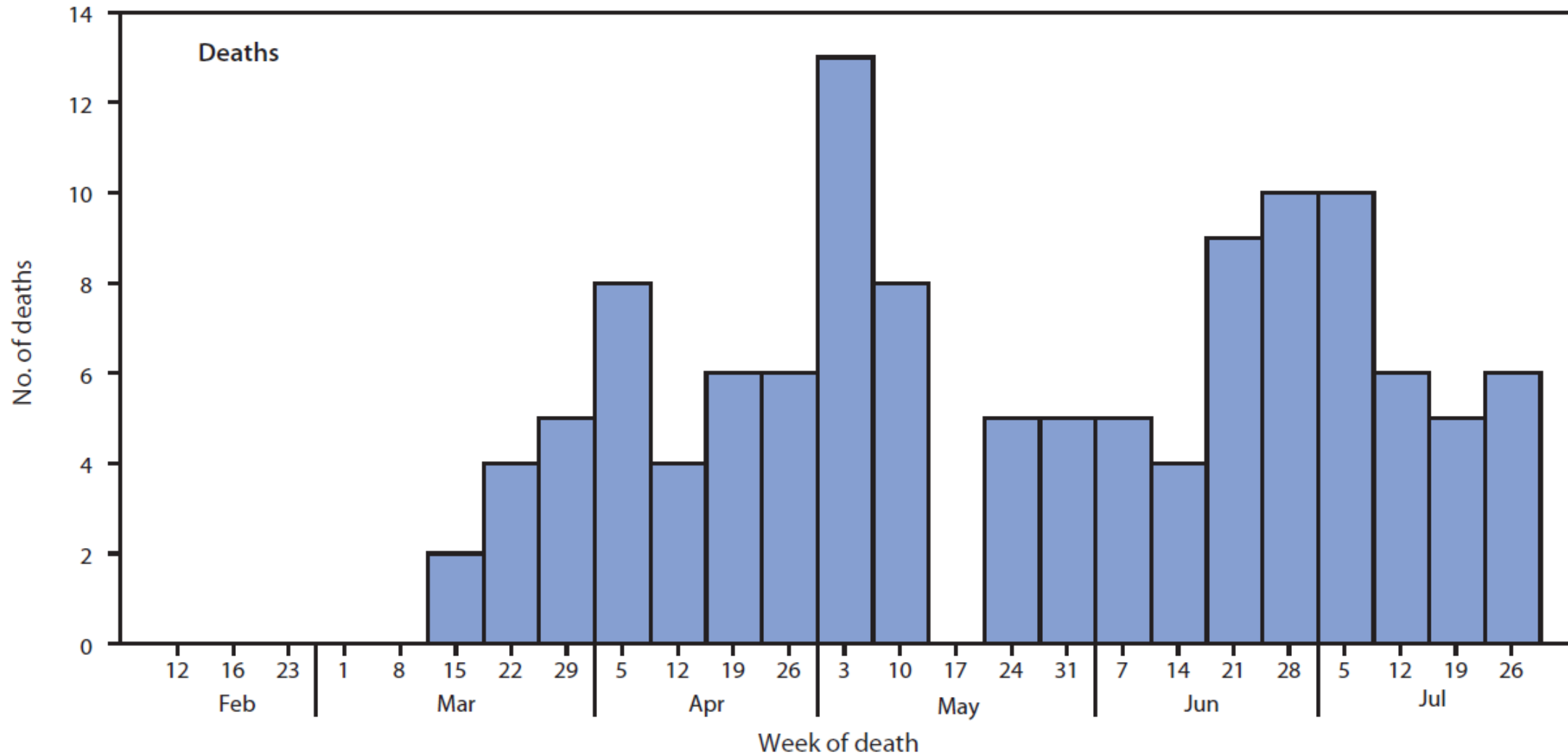
Medical Director, Provincial Specialized Eating Disorders Program
for Children and Adolescents



- To review the unintended local and global impacts of the response to the COVID-19 pandemic on patients with an eating disorder
- To examine the trends in patients with eating disorders in British Columbia during the COVID-19 pandemic
- To review recommendations for care of the patient with an eating disorder as outlined by *The COVID-19 Pandemic and Eating Disorders in Children, Adolescents, and Emerging Adults: Recommendations from the Canadian Consensus Panel*

*Please note, other eating disorders such as ARFID and its specific treatments will not be discussed in detail

The Direct Impacts of COVID-19: Pediatric Deaths



The Direct Impacts of COVID-19: Pediatric Deaths

Race/Ethnicity	
Hispanic	54 (44.6)
American Indian/Alaska Native, non-Hispanic	5 (4.1)
Asian or Pacific Islander, non-Hispanic	5 (4.1)
Black, non-Hispanic	35 (28.9)
White, non-Hispanic	17 (14.0)
Multiple/Other [†]	2 (1.7)
Missing/Unknown	3 (2.5)

- › The large majority (~80%) non-White
- › Almost 1/3 died at home or in the Emergency Department

Healthcare Impacts of the Pandemic

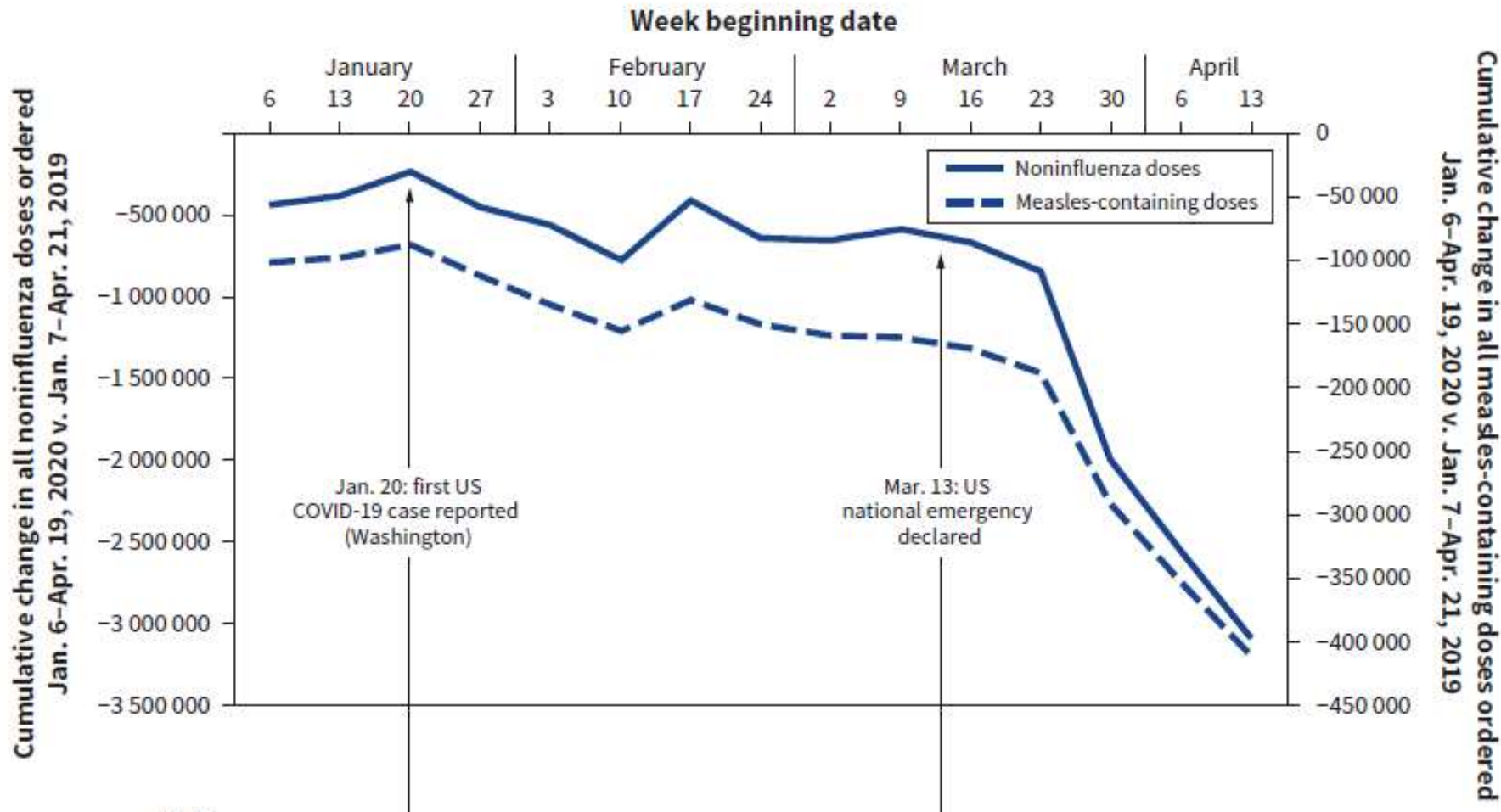


Figure 1: Weekly changes in Vaccines for Children Program provider orders* and Vaccine Safety Datalink doses administered† for routine pediatric vaccines — United States, Jan. 6–Apr. 19, 2020.⁹ *Vaccines for Children Program data represent the difference in cumulative doses of program-funded non-influenza and measles-containing vaccines ordered by health care providers at weekly intervals between Jan. 7–Apr. 21, 2019, and Jan. 6–Apr. 19, 2020. †Vaccine Safety Datalink data depict weekly measles-containing vaccine doses administered by age group (age ≤ 24 mo and > 24 mo–18 yr).

Surge in Child Abuse, Harm During COVID-19 Pandemic Reported

**The
Guardian**

Abuse of babies is up by a fifth during
Covid crisis, Ofsted says

‘Disturbing trend’: Ottawa hospital sees rise in
number of babies with severe head injuries during
second wave of COVID-19

TORONTO STAR

Fri., Jan. 29, 2021

Calgary

Eating disorders during pandemic



< CTV News

BREAKING
Active COVID-19 cases: 83,346 | Recovered: 5

CORONAVIRUS UPDATES
Complete coverage at
CTVNews.ca/Coronavirus

CORONAVIRUS | Analysis

'Perfect storm': Dietitians warn of eating disorders as COVID-19 cases rise

Nicole Bogart CTVNews.ca Writer
@nlynnbogart | Contact

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Anxiety From Pandemic Eating Disorders



Jessica Gold Contributor
Healthcare
I write about mental health.



Pandemic number Sick Kids

Anthony Furey
Jan 05, 2021 • Last Updated



Europe

Pediatricians in U.K. see rise in eating disorders during pandemic, survey shows



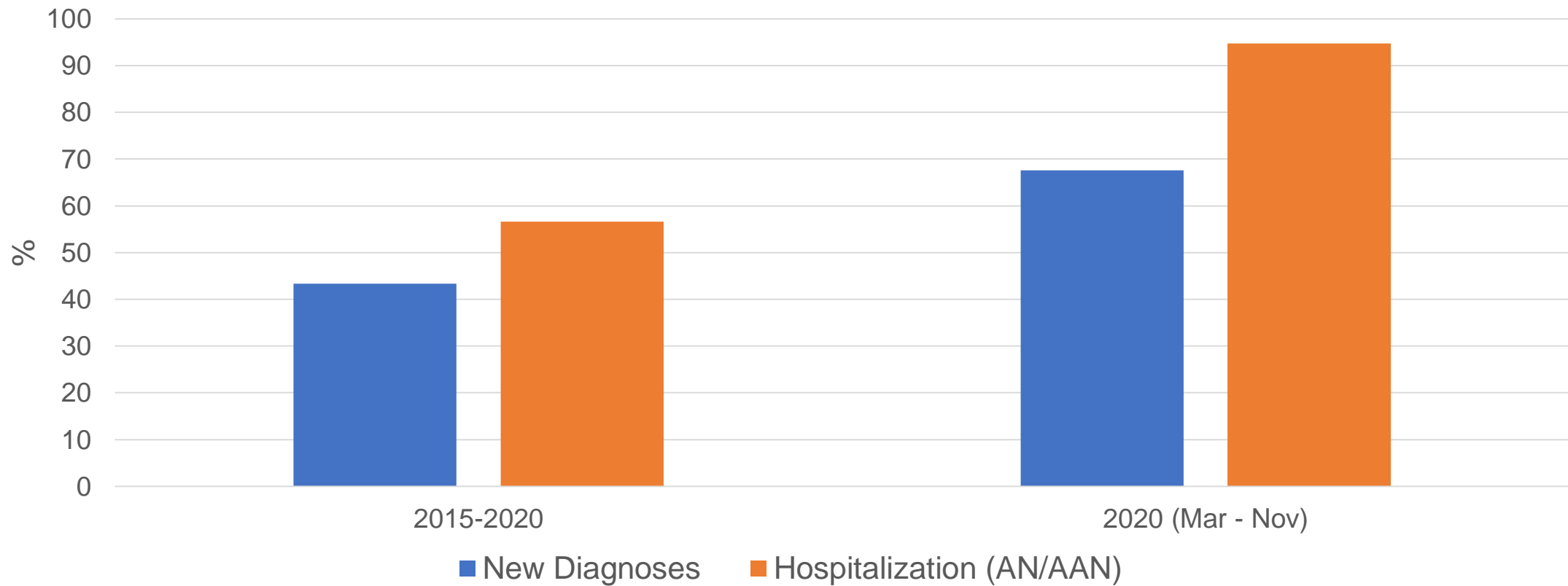
- › Wait time at Sick Kids has almost doubled during the pandemic
- › 30% increase in admissions at Sick Kids Hospital
- › 63% increase in inpatient admissions at CHEO
- › St George's Hospital, London: 250% increase in cases compared with 2019

Data from Royal Children's Hospital, Melbourne Australia

	2017	2018	2019	2020
Total ED presentations	72	79	80	111
New diagnosis of eating disorder N (%)	69 (95.8)	75 (94.9)	73 (91.3)	102 (91.9)
Admitted patients, N (%)	39 (54.2)	38 (48.1)	44 (55.0)	65 (58.6)

BC Children's Hospital Eating Disorders Program

Proportion of New Diagnoses & Individuals with AN/AAN Hospitalized



What is contributing?

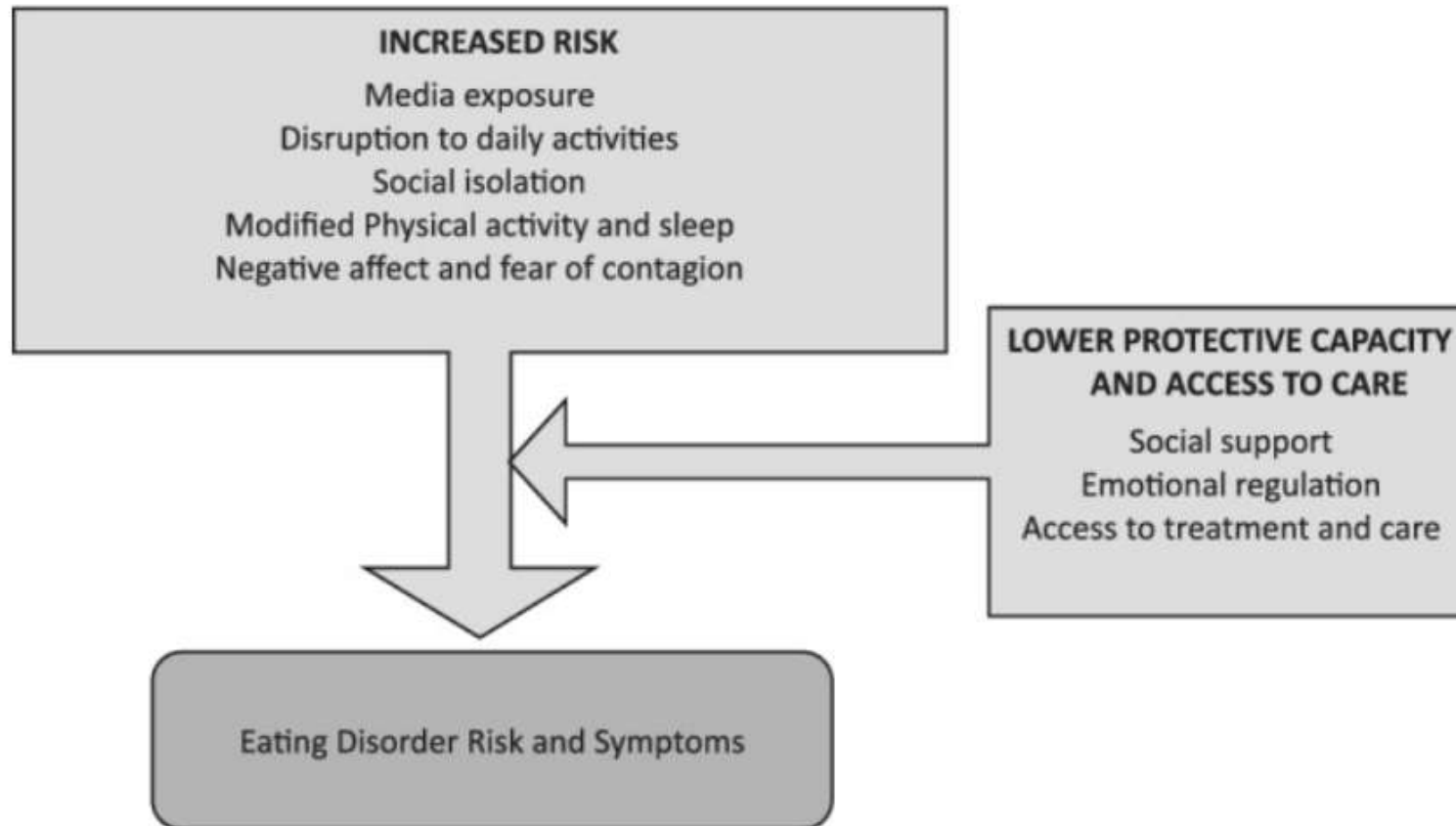
› NEDIC helpline: Four themes

1. Lack of access to treatment
2. Worsening of symptoms
3. Feeling out of control
4. Need for support

› Disruptions

- › Family dynamics
- › Routines
- › School
- › Social circles
- › Parent employment/finances

Hypothesis



Eating Disorders & COVID-19 (Couturier et al., 2020)



Dr Jennifer
Couturier
(McMaster): Lead
Researcher on
CIHR Knowledge
Synthesis

- › Consensus panel: Guidelines and recommendations re: virtual and in-person care available online:
- › https://covid19mentalhealthresearch.ca/wp-content/uploads/2021/01/COUTURIER_CMH-KS-Executive-Lay-Summary-Report-2020-11-23.pdf
- › **Strong recommendation for in-person medical evaluation when necessary for children and adolescents with eating disorders**

Other recommendations for children and adolescents

- › Telehealth family-based treatment (FBT) - weak
- › Online guided parental self-help FBT – weak
- › Virtual parent meal support training – weak
- › Moderated online caregiver forums and support groups - weak

Evidence for emerging adults

- › Cognitive-behavioural therapy (CBT)-based virtual group therapy - strong
- › Internet CBT-based guided self-help – strong
- › Internet-based Maudsley Model of Anorexia Nervosa Treatment for Adults (MANTRA) guided self-help – strong
- › Telehealth relapse prevention using MANTRA and guided CBT-based smartphone apps as treatment adjuncts - weak
- › Guided parental self-help CBT E - strongly recommended
- › Unguided caregiver psychoeducation self-help - weak

Eating Disorders & COVID-19 (Couturier et al., 2020)

- › The COVID-19 pandemic has created a demand for virtual delivery of ED care for child and adolescent patients
- › Telemedicine in ED treatment can include videoconferencing and telephone services (for family-based therapy [FBT] and/or cognitive behavioral therapy [CBT]), email and text messaging therapy, smartphone applications, and guided/unguided self-help programs
- › Health care providers delivering virtual care for this population need to prepare for remote monitoring challenges, by addressing privacy concerns, being virtually present during weighing, and ensuring full family engagement in sessions

Practice points*

- › Seeing children and adolescents in person regularly (weekly if possible especially if deteriorating)
- › Send to ER if **HR <45, SBP <85, DBP <45*** or any bloodwork abnormality
- › Bloodwork – 1-2 weekly if purging/laxative use is a feature
- › Communicate with the therapist regularly - most vital information is trend in weight and medical stability

**includes ARFID patients too*

- › Weights –
 - › 1 layer of clothing, no shoes
 - › Preferably do not show/discuss weight with young person, only with parents
- › Vitals – must be **orthostatic**
- › Visualise any changes physically (especially if known patient) – easier to see once layers of clothing removed, look for SH marks

A quick word on resources

2018



Eating Disorders Toolkit for Primary Care Practitioners

- › To confirm the secondary ED program in your area, check Kelty MH website
- › Private therapy resources



- › Policy solutions to mitigate impact on children
 - › Informed by current knowledge of COVID-19 & specifically **targeted to most vulnerable**
 - › Address risk & protective factors at level of **individual, family, community** and **society**
 - › Provide **multi-sectoral, child-specific, coordinated response** for child welfare, education, health, food security, and shelter
 - › Promote **strengthening of family & caregiving environments**