THE UNIVERSITY OF BRITISH COLUMBIA
Continuing Professional Development
Faculty of Medicine

UBC CPD
The Division of
Continuing Professional Development
Faculty of Medicine
City Square, 200-555 W 12th Ave
Vancouver BC Canada V5Z 3X7
T 604.675.3777
ubccpd.ca

COVID-19 IMPACTS: CHILD AND YOUTH EATING DISORDERS

Webinar date: **April 14, 2021**
Recording and resources: **https://ubccpd.ca/covid-19-impacts-child-and-youth-eating-disorders**

Disclaimer: Information on COVID-19 is rapidly changing and much of the research is preliminary. Assessment and management protocols are suggestions only; they do not take the place of clinical judgement. Please check with your own health authorities and local medical health officers as policies and support for the suggested approaches to patient care may vary between regions.

This summary was prepared by Dr. Birinder Narang and not by the speakers.

Webinar Summary

'In the Shadow of the Pandemic' Presentation

- **Direct Impacts of COVID 19: Pediatric Deaths**
  - Children were 0.00-0.19% of all COVID -19 deaths + 10 states reported zero child deaths
  - In U.S. reporting, 0.00-0.03% of all child COVID-19 cases resulted in death
- **COVID-19 – Pediatric Deaths**
  - Large majority (~80%) non-White
    - 44.6% Hispanic, 29% Black,
  - ~1/3 died at home or in the Emergency Department
- **Unintended Consequences**
  - Surge in child abuse and harm
  - Abuse of babies went up by 1/5th during COVID
  - Eating disorders among teens/adults surged & Sick Kids intake increased
    - Wait time at Sick Kids doubled during the pandemic with a 30% increase in admissions of Eating Disorders and an additional 63% increase in inpatient admissions at CHEO

        - St Georges Hospital intakes in London, UK, increased by 250% in cases compared to 2019
        - Similar trend in Australia
        - In BC there was a significant increase in new diagnoses and cases hospitalized
- **What is contributing?**
    - Lack of access to treatment
    - Worsening of symptoms
    - Feeling out of control
    - Need for support
    - Disruptions in family dynamics, routines, schools, social circles, parents employment and finances
    - Combination of increased risk (disruption + social isolation) plus Lower protective capacity/access to care (social support) results in eating disorder risk and symptoms
- **Recommendations from Consensus Panel**
    - Strong recommendation
        - In-person medical evaluation when necessary, for children/adolescents with Eating Disorders
    - Weak
        - Telehealth family-based treatment
        - Online guided parental self-help
        - Virtual parent meal support training
        - Moderated online caregiver forums and support groups
- **Evidence for emerging adults**
    - Strong
        - CBT based virtual group therapy
        - Internet CBT based guide self-help
        - Internet-based Maudsley Model of Anorexia Nervosa Treatment for Adults (MANTRA) guided self help
- **Practice Points**
    - Seeing children and adolescents in person regularly (weekly if possible)
    - Send to ER if **HR < 45, SBP < 85, DBP < 45** or any blood work abnormality
    - Blood work 1-2 weekly if purging/laxative use is a feature
    - Communicate with therapist regularly—most vital information is the trend in weight and medical stability
    - Weights
        - 1 layer of clothing, no shoes
        - Preferably do not show/discuss weight young person, only with parents

    - Vitals—must be orthostatic
    - Examine any changes physically (especially if known patient). Once layers of clothing are removed, look for SH marks.
- **Resources**
    - Eating Disorders Toolkit for Primary Care Practitioners
    - To confirm the secondary ED program in your area, check Kelty MH website
    - Private therapy resources
- **Child Welfare + Pandemics**
    - Policy solutions to mitigate the impact on children
        - Informed by current knowledge of COVID-19 + specifically targeted to most vulnerable
    - Address risk + protective factors at the level of individual, family, community + society

'Reflections on Eating Disorder Treatment during COVID' Presentation

- **Objectives**
    - Outline psychological components to a biopsychosocial to eating disorders
    - Introduction to emotion coaching approach for eating disorders used at BCCH
    - Review of medications used in eating disorder at BCCH
- **Eating Disorders**
    - Anorexia Nervosa
        - Restricting Type
        - Binge Eating/Purging Type
    - Bulimia Nervosa
- **Tangled Rope of Recovery**
    - Different trajectories that can happen
    - Recovery can be a marathon, not a sprint
    - Patient stage of change can be a huge factor
- **Caring for Caregiver**
    - Caregiving can be a marathon, not a sprint
    - Containing the Container: Parents, Community, School, Health Care Providers
        - Organizing the emotions/frustrations that come at you
    - Validating language
        - No way to fully "self-care" – compassionately discuss what parents can do to create safe spaces and support their child
        - Separate stress from the stressor
    - Reminder that all of this is grounded in love

- **Approach to Treatment**
    - Priorities
        - Parents first line team members
        - Energy In>Energy Out
        - Medical monitoring – follow weights + medical trends
        - Empower parents to health create structure where Energy In is the priority
    - Engaging the patient
        - Common goal:
            - E.g. Health
            - E.g. Stay out of hospital
            - E.g. Have fewer appointments
        - How?
            - Increase energy in plus decrease energy out
- **Increase Energy In: Food Pyramid**
    - Build foundation of adequacy and then advance to balance, variety, challenges, and health
- **Decrease Energy Out**
    - School
    - Extra-Curricular activities
        - "You are more important than your activities and accomplishments"
    - Walks
    - Mental Health Needs vs Medical Needs
- **Eating Disorder Bully**
    - Once in hospital patient is increasing nutrition in and gaining weight, however, mental health can decrease
    - When patient becomes more nourished, then their eating disorder also receives more energy
- **Treatment Factors**
    - Developmental stage
        - Support for E in > E out is a developmental mismatch (paternalism)
        - Look for opportunities to provide developmentally appropriate independence (autonomy)
    - Home environment
        - Relationship with caregivers
        - Safety – emotional and physical
            - Can be a contraindication to family-based therapy, may need secondary/tertiary services

    - Emotional needs
        - Emotion coaching/Emotional Focused Family Therapy (EFFT)

- **Tree Model - EFFT**
    - Top of tree – behaviours you see, denial, avoidance criticism, rejection, which can remove the focus from what the child is trying to alleviate to get rid of those emotions below the surface (fear, grief, helplessness).
    - By meeting needs of emotions below surface, we can show them perhaps do not need to do other behaviours, rather they can develop other repertoires for creative problem solving.
- **Emotion as a Wave**
    - Every emotion as a trigger (conscious or unconscious)
    - Identifying emotions is where we have opportunity to meet needs in a different way
- **The Cycle**
    - In emotion cycle, half of the cycle is in our sphere of influence and if you can make one change in system can have a ripple out effect
- **Validation in Eating Disorders**
    - Attend to emotion: paying attention to what child is feeling,
        - Label it: name it to tame it
        - Slow things down to allow mindful responses
    - Convey understanding of feelings, urges
    - Demonstrate through "BECAUSE" (three apparently optimal)
    - Emotional support:
        - Meet the emotion's associated need: comfort, connection, space, reassurance
    - Practical support if needed and appropriate
    - Redirect (if cannot problem solve) or engage in problem solving
- Summary: focusing on the need of the emotion rather than the behaviour
- **Inpatient Staff/Youth Feedback**
    - Staff:
        - Keep the structure, remind them of rules when necessary, use distractions, and games/trivia, conversation
    - Family:
        - Eat together, play games, have a conversation, do not stare, and no food talk (can be hard for siblings)
- **Emotional Coaching in Meal Support**
    - Validation has been shown to reduce anxiety
        - Reduced anxiety creates space for motivation to grow

- Apology has bene shown to improve relationship
    - Improved relationship with parents challenges eating disorder identity
- Awareness of one's own emotions is associated with improved management of emotions
    - Leads to more effective use of emotion coaching with other and utilization of more meal support strategies (calmer/contained space)

- **Meal Planning & Preparation**
    - Choice is stressful, try to reduce decision-making
    - Structure and organization reduce anxiety
    - Responsibility creates stress
    - Potential ways to decrease stress
        - Less involved with shopping, cooking, serving
        - Decrease/remove choice and responsibility
        - Note: what patients say they want may be what the eating disorder wants; the health part of the may want the opposite
- **Approach to Medications:**
    - Indication:
        - Eating disorder related anxiety/dysphoria
            - Consider Benzodiazepines, 2nd gen antipsychotics, 1st gen antipsychotics, antidepressants
    - Call Compass Line for support
    - Bottom Line
        - Benzodiazepines (lorazepam, clonazepam)
            - Consider anticipated duration of treatment
            - History of substance use disorder, personal + family
        - Antidepressants
            - Fluoxetine high doses (70-80mg)
            - ARFID – Mirtazapine
    - Antipsychotics: Things to Consider
        - Second generation – prn vs once daily dosing
            - Olanzapine – risk of increasing binging/purging
            - Quetiapine – Qtc prolongation
            - Risperidone – consider if ASD comorbidity, aggression, irritability
            - Aripiprazole – consider if OCD comorbidity ot combine w/ SSRI
        - 1st generation – may be used in hospital (loxapine, nozinan)

Child & Youth Eating Disorders: Resources + Peer Support

Services

- **Jessie's Legacy**
    - Program of Family Services of the North Shore. Offers prevention & education resources, service navigation for individuals' families, educators and health professionals
- **The Looking Glass Foundation - Online Peer Support**
    - The Looking Glass is a non-profit that supports patients aged 14+ at all stages of recovery.
    - Offers many resources that support with service navigation and peer support programs including 1:1 basis, small groups and peer support for caregivers—no referral required.
- BC Children's **Kelty Mental Health Resource Centre**
    - Provides parent peer support, information, and resources for a variety of mental health and substance use challenges, including eating disorders
    - Support families in understanding and connecting to treatment options and support services in their communities
    - Services are offered provincially, by phone (toll-free), email or zoom video call
    - No wait times, no referral required
- **Resources**
    - **Kelty Centre Eating Disorders Website**
        - Provincial website Offering free resources, service navigation map, general information, and treatment options related to eating disorders and disordered eating
        - Eating disorder information fact sheets and videos on meal support for parents/caregivers in a number of languages
    - **Canped: Understanding Eating Disorders In Adolescence**
        - Website of support and resources for those caring for a youth with an eating disorder
    - **Where You Are Podcast** episode: When Parenting Gets Tough, How to Support Your Kids When They're Struggling
    - Book: help your Teenager beat an eating disorder (Lock + Le Grange, 2015)
    - Eating Disorders Toolkit
    - PHSA Introduction to Eating Disorders for Service Providers Course

Questions & Answers

- **What suggestions do you have for early intervention and diagnosis?**
    - Often the school counsellor may have some insight what is happening at the school and there has been a shift since COVID started of course.
    - If parents notice change in children, i.e. not eating with them at dinner, a change in food preferences do not align with family (for example vegan/veg). Losing a period for 1-2 months can be a red flag earlier on.
    - A free questionnaire: located on Pathways and is from the UK
        - S (Do you make yourself sick because you feel uncomfortably full?
        - C (Do you worry about losing control over how much you eat)
        - O (If you have lost more than one stone in treatment period)
        - F (Do you believe yourself to be too fat when others say you're thin)
        - F (Would you say food dominates yourself?
- **Best Practice Recommendations sitting on waitlist for months waiting for services?**
    - Follow their weight in person, look at trends, encourage families to eat with the child more.
    - Get a sense of what they are completing, have a healthy curiosity, do not take things at surface value. Hide the scale at home.
    - Emotion coaching, do what you can to connect with them and spend time with them.
- **Red flags for referral to Eating Disorder Program + ER**
    - ER – HR <45, SBP<85, DBP <45
        - If any abnormalities in blood work
        - Or is ECG HR < 45
        - If suicidal w/ active plan
        - Make sure not missing other dx, IBD, Hyperthyroidism, exclude with some blood tests.
        - Send to ER if K < 3.5 + Blood Glucose <3 send to ER
- **Emotion Coaching Tips**
    - Do not get into argument, trying to focus on behaviours
    - Validate their frustrations
    - Identify emotion, convey understanding, do not agree that it is not a problem
    - Validate emotions without validating the behaviour
    - For athletes, engaging coach with the parent's permission can be helpful
- **Are there resources for skeptical parents?**
    - May need to medicalize it to understand implications, i.e. bone health
    - Discussing gut health is important
- **Supports/Resources for teens who don't want their parents to know their diagnosis**

    - Kelty Centre can help connect to local services, provincially
    - Youth Foundry Virtual is a good option 1:1 counsellor and peer support
    - Kids Help Phone
- **Should we recommend to parents not to have a scale at home? If no, how do you monitor at risk teens?**
    - There are some parents in conjunction with therapist who can keep scale at home safe
    - By at large, most kids will find scales and thus it is safer to not keep at one home
    - Doing it in similar clothing and try to do it blinded
- **Recommendations for Family Doctors as often first point of access?**
    - Try to get them done in-person
    - Try to get seeing them regularly (i.e. monthly)
    - Get a loved one involved early on
- **Common triggers for personality profiles, how common is mental/physical abuse a factor**
    - Traditionally binge/purge behaviours have been associated with borderline traits and Anorexia associated with OCD traits
    - Reinforcing statistics can be helpful to prod you to ask questions and every patient is an individual
    - Physical/Mental abuse – can be components that needs to be screened for, but any form of trauma will be patient led
- **Amidst COVID-19, ED often comorbid with other mental health factors? While in hospital, what would you recommend for expectations for schoolwork, stress management for healthcare professionals, patient and parents?**
    - Immediately whilst in hospital, no schoolwork to allow cognitive function to recover, when discharged need to do it slower, still emphasize rest, approach for graduated return to school + activity
    - Use it as an opportunity to try new hobbies

Thanks to the speakers on the video:

- **Dr. Julia Wong**, Child and Adolescent Psychiatrist, Co-medical Director, Provincial Eating Disorder Program
- **Dr. Pei-Yoong Lam**, Pediatrician, Co-medical Director, Provincial Eating Disorder Program
- **Dr. Michelle Horn**, Program Manager, BC's Children's Kelty Mental Health Resource Centre
- **Dr. Vicki Klassen**, Family Physician
- **Dr. Susan Baer**, Child and Adolescent Psychiatrist, Chief Psychiatrist, BC Children's Hospital