Eating Disorder Risk and Strategies During the COVID-19 Pandemic

Rachel W. Goode, PhD, MPH, LCSW
Assistant Professor, UNC-CH School of Social Work and Department of Psychiatry
PREVALENCE OF EATING DISORDERS

It’s estimated that 30 million people in the U.S. will suffer from some type of disordered eating.

Anorexia is the 3rd most common chronic illness among adolescents, after asthma and obesity.

Let’s Talk About Eating Disorders

The way we talk about eating disorders matters. Here are some facts you can use to help shape the conversation around eating disorders.

“Eating disorders are medical illnesses.”
Genetic and environmental factors can influence eating disorders. An eating disorder is not a trend or a choice.

“Eating disorders are serious and can be fatal.”
Eating disorders often involve serious medical complications that can cause permanent damage or death. People with eating disorders also have an increased risk of dying by suicide.

“Eating disorders can affect anyone.”
Eating disorders do not discriminate. They affect people of all ages, races and ethnicities, and genders.

“You can’t tell if someone has an eating disorder by looking at them.”
People with eating disorders can be underweight, normal weight, or overweight.

“Family members can be a patient’s best ally in treatment.”
Eating disorders are caused by a combination of genetic, biological, behavioral, psychological, and social factors. Family members do not cause eating disorders and can be great sources of support.

“It is possible to recover from an eating disorder.”
Complete recovery is possible with treatment and time.

www.nimh.nih.gov/eatingdisorders

NIH: National Institute of Mental Health

SCHOOL OF SOCIAL WORK
Binge Eating Disorder (BED) is the most common eating disorder in the United States. An estimated 2.8 million people have BED. BED was officially recognized as a formal diagnosis in 2013.

- 3.5% of American Women have BED
- 2% of American Men have BED
- 1.6% of Adolescents have BED
Who struggles with eating disorders?
Face of an Eating Disorder: Reality
Eating disorders are Black Women's Issues too:  https://www.youtube.com/watch?v=YVqCZF7Xnc
EATING DISORDERS: Beyond the Stereotypes

- Binge eating disorder most common ED across racial and ethnic groups (Udo & Grilo, 2018).

- Rates of binge eating may be similar and/or higher in racial and ethnic minorities as compared to Whites (Marques et al., 2001; Lydecker et al., 2016; Goode et al., 2020).

- Those experiencing the highest levels of food insecurity, endorse significantly higher levels of binge eating and eating disorder pathology (Becker et al., 2017).

(Taylor et al., 2013)
EATING DISORDERS: Beyond the "Thin Ideal"/Contributing Factors

- Depressive symptoms
- Stress
- Trauma
- Perceived Discrimination
- Poverty
Eating Disorders and COVID-19
How has our eating been impacted by the pandemic?
More than 8 in 10 Americans have altered their food habits as a result of the COVID-19 pandemic

Women, those under age 35, and parents are among some of the most likely to have made changes

Changes to Eating and Food Preparation Due to COVID-19

- Cooking at home more
- Snacking more
- Washing fresh produce more
- Thinking about food more than you usually do
- Eating healthier than you usually do
- Eating more than you usually do
- Eating more pre-made meals from my pantry or freezer
- Getting more meals delivered/take-out
- Eating less healthy than you usually do
- Eating less than you usually do
- Snacking less
- Thinking about food less than you usually do
- Other
- None of the above
- N/A

85% Any Change

41% of consumers under 35 say they are snacking more than normal (vs. 26% who are age 50+). Younger consumers are also more likely to have changed their behavior in many of these ways, both in terms of healthy and less healthy choices.

41% of parents with children under 18 are snacking more (vs. 29% without children)

Women are more likely than men to report that they are thinking about food more than usual (31% vs. 22%) and eating more than usual (24% vs. 17%)

Food Insecurity

54 million people in America face food insecurity during the pandemic. It could have dire consequences for their health

Bridget Batch, Staff Writer
October 15, 2020

Physicians, researchers, and food policy experts highlight the need for accessible, healthy food to combat poor health in vulnerable populations.
Risk Factors for Individuals with EDs during COVID-19

- Food Access
- Media and media messaging
- Exercise limitations
- Restricted healthcare access
- Anxiety
- Social isolation

(Cooper et al., 2020)
Impact of COVID-19 on Eating Disorder Behavior

Table 4: Impact of COVID-19 on eating disorder behaviors (United States: N = 511, Netherlands: N = 510)

<table>
<thead>
<tr>
<th>Items</th>
<th>Country</th>
<th>Not at all (%)</th>
<th>Once or twice (%)</th>
<th>Frequently (%)</th>
<th>Daily or more (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past 2 weeks, I have binged on food that I (or my family or roommate) have stockpiled</td>
<td>US</td>
<td>51</td>
<td>26</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>NL</td>
<td>71</td>
<td>15</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>In the past 2 weeks, I have restricted my intake more because of COVID-19-related factors</td>
<td>US</td>
<td>23</td>
<td>28</td>
<td>29</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>NL</td>
<td>36</td>
<td>24</td>
<td>25</td>
<td>14</td>
</tr>
<tr>
<td>In the past 2 weeks, I have engaged in more compensatory behaviors (e.g., self-induced vomiting, excessive exercise, misuse of laxatives and/or water pills) because of COVID-19-related factors</td>
<td>US</td>
<td>43</td>
<td>22</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>NL</td>
<td>38</td>
<td>24</td>
<td>23</td>
<td>15</td>
</tr>
<tr>
<td>In the past 2 weeks, I have felt anxious about not being able to exercise</td>
<td>US</td>
<td>18</td>
<td>25</td>
<td>29</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>NL</td>
<td>—</td>
<td>—</td>
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</tbody>
</table>

Note: NL participants were not asked the question about exercise. Percentages on available data are given. US missing data on individual items ranged from 1% (N = 5) to 1.2% (N = 6) and NL missing data on individual items was 3.5% (N = 18).

Abbreviations: NL, Netherlands; US, United States.

(Termorshuizen et al., 2020)
INCREASED RISK
- Media exposure
- Disruption to daily activities
- Social isolation
- Modified Physical activity and sleep
- Negative affect and fear of contagion

LOWER PROTECTIVE CAPACITY AND ACCESS TO CARE
- Social support
- Emotional regulation
- Access to treatment and care

Eating Disorder Risk and Symptoms

(Rodgers, R. F., et al., 2020)
"Listen to Her" Study: Preliminary Results

• **Who:** Black women reporting binge eating episodes in the COVID-19 pandemic (N= 20)

• **Method:** Qualitative, Semi-structured Interviews

• **When:** March 2020 – January 2021

• **Funder:** University Research Council, UNC-Chapel Hill
“I find myself eating ice cream and, cookies three, two or times a day and bedtime, which are things that I never did before COVID, and before COVID I could eat a bite of any dessert and be completely satisfied. Since COVID, I have wanted to eat the whole dessert. That's different. That's very different. And I have been this way for years when it came to dessert, one bite enough, satisfied, done. Since COVID, I'm not satisfied with anything and God it, feels like I'm never done.”
"I'm going to be very clear that that would not be my typical, I think COVID changed things for me...most days of the week is when I'm just not controlling my eating and I'm having binge episodes and they're mostly at night. I would say it's mostly difficult to manage at night and I work a lot. I work really long hours sometimes. And so, at night I'm up late, I'm working, I'm on my computer. And so it's just like, okay, I'm bored...It's just, it's like, it's late, I'm working. I'm tired. Let me go eat something."
COVID-19 has only exacerbated disparities in treatment options.
Treatment for weight problem
- Black women: 29%
- White women: 30%

Treatment for eating problem
- Black women: 7%
- White women: 22%
Table 3. Endorsement of reasons for not seeking treatment by women with eating disorders

<table>
<thead>
<tr>
<th>Reason</th>
<th>Total (n = 29)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial difficulties</td>
<td>17 (58.6%)</td>
</tr>
<tr>
<td>Lack of insurance</td>
<td>14 (48.3%)</td>
</tr>
<tr>
<td>Others can’t help</td>
<td>11 (37.9%)</td>
</tr>
<tr>
<td>Fear of being labeled</td>
<td>10 (34.5%)</td>
</tr>
<tr>
<td>Not knowing about resources</td>
<td>10 (34.5%)</td>
</tr>
<tr>
<td>Feelings of shame</td>
<td>9 (31.0%)</td>
</tr>
<tr>
<td>Fear of discrimination</td>
<td>6 (20.7%)</td>
</tr>
<tr>
<td>Turning instead to other sources</td>
<td>6 (20.7%)</td>
</tr>
<tr>
<td>Don’t think I have a problem</td>
<td>4 (13.8%)</td>
</tr>
<tr>
<td>Counselors not of same ethnic background</td>
<td>3 (10.3%)</td>
</tr>
<tr>
<td>Lack of transportation</td>
<td>3 (10.3%)</td>
</tr>
</tbody>
</table>

Note: Individuals may have endorsed more than one barrier.

*aResponses of three individuals who expressed that initial treatment contact made them unwilling to seek further treatment are included in this sample.*
When presented with identical case studies demonstrating disordered eating symptoms in white, Hispanic and Black women, clinicians were asked to identify if the woman’s eating behavior was problematic:  

- **44%** identified the white woman’s eating behavior as problematic.  
- **41%** identified the Hispanic woman’s eating behavior as problematic.  
- **17%** identified the Black woman’s eating behavior as problematic.

(Gordon et al., 2006)
Treatment considerations during COVID-19
Cultural factors are relevant to all aspects of mental health care

> **16-item Cultural Formulation Interview** can be used to promote culturally competent practice and clarify meanings and expectations of treatment from client perspective.

> Four domains to explore cultural definitions of problem, perceptions of cause, and factors affecting help-seeking

(Aggarwal & Lewis-Fernandez, 2016)
# The Non-Colorblind Assessment

**Asking the "Hard" Questions (Fuller & Small, 2020, p. 24)**

<table>
<thead>
<tr>
<th>Potential Assessment Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is most important to you about your culture/ethnicity?</td>
</tr>
<tr>
<td>What influence has your race/ethnicity, religion, spirituality, gender, class, hair played in shaping your body image?</td>
</tr>
<tr>
<td>What has it been like for you growing up in a culture of racism?</td>
</tr>
<tr>
<td>What messages about food have they received?</td>
</tr>
<tr>
<td>What messages do they tell themselves about food and eating patterns?</td>
</tr>
<tr>
<td>What factors related to oppression does your client discuss?</td>
</tr>
<tr>
<td>Do they identify with being &quot;all&quot; to others (i.e., Strong Black Woman Syndrome)? (Giscombe et al., 2010)</td>
</tr>
<tr>
<td>What are triggers to eat or not eat?</td>
</tr>
</tbody>
</table>
What Therapists of Color Should do:

• **Remember**: Misunderstanding and bias also exists *between* people of color

• Separate your worldview and experiences with oppression from that of your client

• Take time to understand the client's experience with racism, sexism, and gender identity concerns

• Evaluate your racial identity status and consider how this may influence your work with clients of color

• Aware of your bias and implicit bias, seeking continual growth

(Sue & Sue, 2015)
What White Therapists Should do:

• Examine your racial identity and how it has impacted you

• Take time to understand the client's experience with racism, sexism, and gender identity concerns

• Begin or continue a journey to uncover your areas of bias and implicit bias, seeking continual growth

• Invite clients to share on the impact of racism in their lives

• Respect and join in the lived experiences of marginalized populations
Implications for Interventions
COVID19, the pandemic which may exemplify a need for harm-reduction approaches to eating disorders: a reflection from a person living with an eating disorder

Margaret Janse van Rensburg

Abstract
This reflective piece, written by a woman with an eating disorder aims to identify the impact of COVID-19 on persons living with eating disorders and provide a social justice approach as a resolution. The author identifies that eating disorder behaviors may be the only coping tool available for many persons with eating disorders during this time of uncertainty. While she acknowledges the risks associated with eating disorder behaviors, she identifies that this time of uncertainty may be a time to embrace harm-reduction in approaching the health and wellness of persons with eating disorders.

Main text
Tooye, Lacey, & Hay [8] published the editorial “Eating disorders in the time of COVID-19,” which outlines the unique impact of COVID-19 for persons with eating disorders (EDs). However, they provide little suggestions for readers as to how this impact can be managed. This letter seeks to promote a harm-reductionist approach to EDs during this uncertain time.

I identify as a person who lives with an eating disorder (ED). I was diagnosed at fifteen. I spent my adolescence and young adulthood in therapeutic settings seeking normalcy. I completed a plethora of programs, therapies, and experimental treatments for my ED. My symptoms had decreased markedly, but I still question ‘recovery’. I have just completed my Master of Social Work which has an ethical commitment to social justice. I believe a social justice approach to EDs would prioritize harm-reduction.

Tooye, Lacey, & Hay [8]’s report of the impacts of COVID-19 on persons with EDs are accurate. For me, grocery shelves becoming empty of my staples caused me great anxiety. “How am I going to adapt my eating schedule?” I asked myself. Social isolation has meant that there was little available for me in terms of ‘crowding out’ the ED with other meaningful activities. While I claim no expertise in this area, I can also imagine that there are a plethora of reasons why persons with EDs may be at higher risk of contracting COVID-19, including persons with EDs having more hand-to-mouth behaviors, having an inability to isolate, and having more contact with health care settings that have COVID-19 outbreaks. I can also extrapolate that COVID-19 has been a real nightmare for care providers, who may be unable to provide, or be forced to adapt, recovery-supported center.

Creating goals that increase safety of ED behavior, rather than reduction or abstinence
Treatment considerations:
Role of Web-based Information

(Weissman et al., 2020)
Treatment considerations: Improving access to self-care resources
Technology enabled best practice for eating disorder treatment

FOR PATIENTS
800,000+ Users. 5 Star Rated

FOR CLINICIANS
Evidence Based. HIPAA Compliant

Digital Health Tools for Self-Monitoring
## Pertinent Interventions (Cooper et al., 2020)

<table>
<thead>
<tr>
<th>Accessible Treatment Options</th>
<th>Targeting specific eating and food-related challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Telehealth</td>
<td>• Reassessment of meal plans and flexible meal planning</td>
</tr>
<tr>
<td>• Guided self-help</td>
<td>• Maintaining daily structures and routines</td>
</tr>
<tr>
<td>• Email and text messages</td>
<td>• Focus on internal awareness of satiety and hunger</td>
</tr>
<tr>
<td>• Digital tools for self-monitoring</td>
<td>• Use self-compassion toward current struggles</td>
</tr>
<tr>
<td>• Online support groups</td>
<td>• Encourage focus on body functionality</td>
</tr>
<tr>
<td></td>
<td>• Challenge unhealthy food-related cognitive distortions</td>
</tr>
<tr>
<td></td>
<td>• Practice exposures to challenging foods</td>
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National Eating Disorder Association

EMAIL me: rwgoode@email.unc.edu

FOLLOW us: @DrRachelGoode; @livingfreelab

VISIT us: www.livingfreelab.org
Discussion and Questions

THE INTERSECTION OF EATING DISORDERS AND COVID-19
MONDAY FEBRUARY 22
@ 12:00 PM - 2:00 PM
Register at cls.unc.edu
With speakers:

Dr. Mazella Fuller  Dr. Rachel Goode  Dr. Charlynn Small
References


• Janse van Rensburg, M., (2020). COVID19, the pandemic which may exemplify a need for harm-reduction approaches to eating disorders: A reflection from a person living with an eating disorder. Journal of Eating Disorders, 8(26).

