


UNC SCHOOL OF SOCIAL WORK CLINICAL LECTURE SERIES

Eating Disorder Risk and Strategies During the COVID-19 Pandemic

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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.

Hudson et al., 2007
Eating Disorders Foundation (2021)



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."**
Eating disorders are serious mental health conditions that can cause physical damage to health. People with eating disorders also have an increased risk of dying by suicide.
- "Eating disorders are serious and can be fatal."**
Eating disorders often require medical attention that can cause physical damage to health. 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, 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 complex conditions of genetic, biological, behavioral, and social factors. Family members should seek eating disorders help for their sources of support.
- "It is possible to recover from an eating disorder."**
Recovery involves a process of treatment and time.

www.uncshs.edu/eatingdisorders



Binge Eating Disorder (BED)

is the most common eating disorder in the United States.


2.8M in 2013
are estimated to have BED

2013
BED was officially recognized in the DSM-5



3.5% of American adolescents have BED

2% of American men have BED

1.6% of African Americans have BED

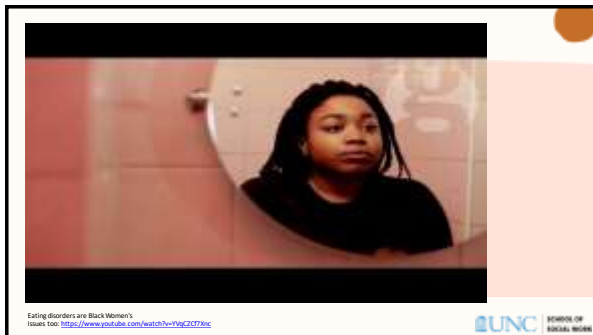


Who struggles with eating disorders?

Face of an Eating Disorder: Reality



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).

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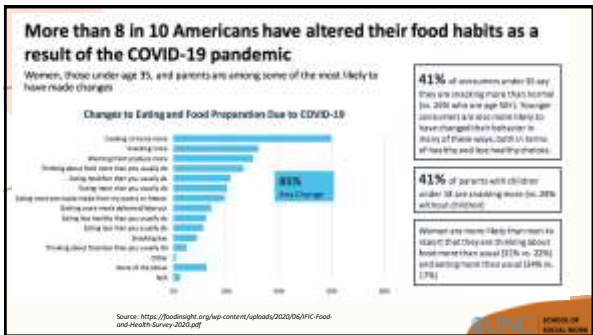
EATING DISORDERS: Beyond the "Thin Ideal"/Contributing Factors

- Depressive symptoms
- Stress
- Trauma
- Perceived Discrimination
- Poverty

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How has our eating been impacted by the pandemic?

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

Food Insecurity

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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)

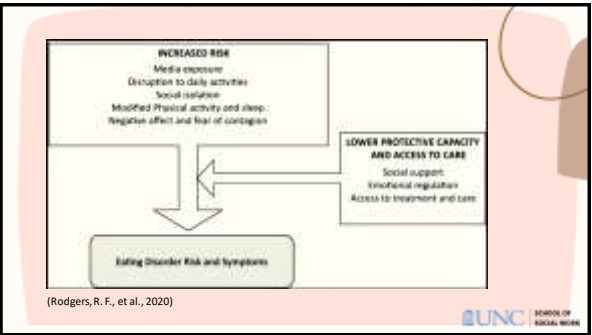
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Impact of COVID-19 on Eating Disorder Behavior

Item	Country	Pre-COVID-19	During COVID-19	Post-COVID-19	Study or survey ID
In the past 2 weeks, I have thought or tried to lose the body weight I am currently at	US	51	58	57	5
In the past 2 weeks, I have gained weight since I began my current eating disorder	US	75	85	85	5
In the past 2 weeks, I have changed my eating behavior because of COVID-19	US	23	38	38	14
In the past 2 weeks, I have engaged in more compulsive behaviors (e.g., self-induced vomiting, laxative use, misuse of diuretics, and/or other pills) because of COVID-19	US	45	53	53	15
In the past 2 weeks, I have not pursued therapy for my eating disorder	US	18	23	23	15

(Termorshuizen et al., 2020)

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"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

Living FREE Lab
Division of Research on Behavioral and Cognitive Health
www.livingfree.org

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In her own words...

"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."

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In her own words...

"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.


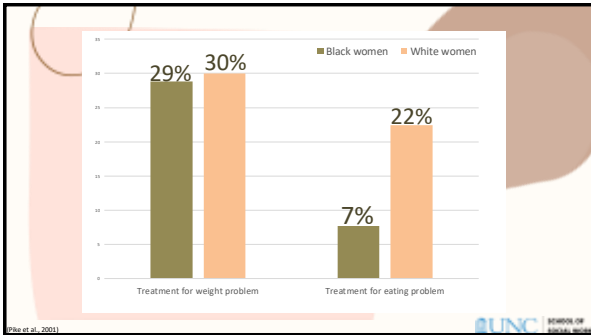




Table 3. Endorsement of reasons for not seeking treatment by women with eating disorders

Reason	Total (n = 20)
Financial difficulties	17 (85.0%)
Lack of insurance	14 (70.0%)
Others can't help	11 (55.0%)
Fear of being labeled	10 (50.0%)
Not knowing about resources	10 (50.0%)
Feelings of shame	9 (45.0%)
Fear of discrimination	6 (30.0%)
Turning instead to other sources	6 (30.0%)
Don't think I have a problem	4 (20.0%)
Counselors not of same ethnic background	3 (15.0%)
Lack of transportation	3 (15.0%)


Note: Individuals may have endorsed more than one barrier.
*Responses of three individuals who expressed that initial treatment contact made them unwilling to seek further treatment are included in this sample.

Cachelin et al., 2000




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)

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The Non-Colorblind Assessment

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

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

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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)

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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

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Implications for Interventions


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- > A harm reduction approach to ED management in COVID-19?
- > Task of recovery may be unattainable for some, and other alternatives may need to be explored
- > Creating goals that increase safety of ED behavior, rather than reduction or abstinence


BMC

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Treatment considerations:
Role of Web-based Information

(Wissman et al., 2020)



Treatment considerations:
Improving access to self-care resources





Technology enabled best practice for eating disorder treatment


Digital Health Tools for Self-Monitoring



Pertinent Interventions (Cooper et al., 2020)

<p>Accessible Treatment Options</p> <ul style="list-style-type: none"> • Telehealth • Guided self-help • Email and text messages • Digital tools for self-monitoring • Online support groups 	<p>Targeting specific eating and food-related challenges</p> <ul style="list-style-type: none"> • Reassessment of meal plans and flexible meal planning • Maintaining daily structures and routines • Focus on internal awareness of satiety and hunger • Use self-compassion toward current struggles • Encourage focus on body functionality • Challenge unhealthy food-related cognitive distortions • Practice exposures to challenging foods
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(Cooper et al., 2020)



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Discussion and Questions




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