

## **Eating disorders and Other Specified Feeding or Eating Disorders: a post-pandemic challenge for all nurses**

The COVID-19 pandemic has impacted the lives of very many people in different ways around the world. The impact of the pandemic on delaying cancer diagnosis and subsequent treatment has been well-documented but the pandemic has also had significant consequences for many other patient groups experiencing a wide variety of life-changing and potentially life-ending conditions. In this editorial, the focus will be on the pandemic's impact on individuals experiencing Eating Disorders and Other Specified Feeding or Eating Disorders (OSFED). This is an important issue for all nurses because eating disorders are currently the leading cause of death amongst individuals experiencing mental ill-health.

An eating disorder is a diagnosable mental illness characterised by an obsession with food, either eating too little or too much. Individuals experiencing an eating disorder often use food as a response to intrusive thoughts, which might be around size and shape of food or could be about fear of some types of food, such as carbohydrates or fats. Some individuals might even experience hallucinations and reduced cognitive function related to their eating disorder. OSFED sits on a spectrum somewhere between 'normal eating' and an 'eating disorder' and can be characterised by behaviours such as restrictive eating, binge eating, skipping meals, avoiding food groups, use of diet pills or laxatives and self-induced vomiting. The consequences of OSFED eating can be as serious as eating disorders. Eating disorders and OSFED can lead to serious and life-threatening physical and psychological side-effects and, in a significant number of cases, to death.

During and after the COVID-19 pandemic the prevalence of eating disorders and OSFED eating have grown substantially. This has resulted in increasing demands on many health services in mental health care, primary health care and in general hospital services. Perhaps the biggest challenge is outside mental health where there might already be a significant lack of focus on mental health or where there might be a lack of knowledge and experience around the presentation and management of eating disorders, or the communication skills required to support individuals presenting with eating disorders. Emergency departments, acute medical wards and paediatric wards are examples of extremely busy clinical areas where the multiple demands on nurses, lack of knowledge and experience of caring for people with eating disorders and lack of resources can increase the

demands placed on nurses and can result in inadequate care for individuals seeking support for eating disorders (Rodgers et al., 2020).

There needs to be a shift in thinking about how individuals presenting with eating disorders are supported in hospital settings. It is important that all nurses have an understanding of eating disorders so they are able to provide appropriate care and support to the growing number of individuals requiring this support, wherever it is needed.

The nursing care provided for individuals with eating disorders is highly specialised and draws on unique knowledge and understanding. Individuals with eating disorders might need to have their food intake carefully monitored, which can create challenges if they are being cared for in the wrong environment or are being cared for by nurses who lack the necessary knowledge and experience. Individuals with eating disorders may also undertake compensatory behaviours, such as over-exercising, purging or using laxatives, if they feel guilty about the food they have consumed. Again, ensuring adequate and accurate monitoring can be challenging.

Nurses familiar with caring for individuals with eating disorders will be aware of the need to maintain clear and consistent boundaries. Establishing and maintaining these boundaries can be difficult in acute care settings. Clear communication between all those involved in providing care for people with eating disorders, including their families, can also be challenging in the wrong clinical area or where those providing support lack knowledge and experience.

Nurses unfamiliar with caring for individuals with eating disorders might unintentionally use inappropriate terminology, such as 'you are looking healthier', which can have a detrimental impact on future behaviour (Beat Eating Disorders 2022). It is important to remember that individuals who are recovering from an eating disorder are continuously battling intrusive thoughts about their intake, body image and self-esteem. A one seemingly positive comment from a healthcare practitioner can have negative implications for the individual involved.

Without knowledgeable and experienced support in an appropriate clinical environment, efforts to support individuals with eating disorders may not be as effective as they might otherwise be. The consequences of inadequate support can be devastating, including serious mental and physical health complications

and even death. It is important, therefore, that all nurses, regardless of area of practice, acquire some knowledge and understanding of eating disorders and OSFED. This could be achieved through e-learning, in-house training and annual updates. Nurses will already be familiar with multiple annual training activities but, with the possible exception of resuscitation training, it is unlikely that any other annual training might have a positive impact on so many lives. As the number of individuals needing this support increases, so does the imperative to ensure that nurses everywhere have the knowledge and skills required.

The COVID-19 pandemic had an immense impact on all aspects of everyday life with many people having to drastically change their usual daily routines. The impact of making such changes to everyday life was felt by those with existing mental health illnesses but also by those without existing mental health challenges, many of whom adopted maladaptive coping mechanisms around eating in an attempt to retain a sense of control.

Throughout the United Kingdom (UK) those most affected were children, young people, those already experiencing emotional dysregulation and those with a known eating disorder. These individuals appear to have been most affected because of the high levels of stress and uncertainty caused by the pandemic and limitations imposed on them (Sideli et al., 2021). One of the most important limitations faced by children and young people was the immediate shift to online learning in schools, colleges and universities. Overnight, many children and young people were deprived of important support networks and contact with friends. This impact has also been seen in similar groups around the world but most obviously in higher income countries.

As health services around the world responded to new and significant challenges in delivering healthcare, many hospital appointments were cancelled or moved online. For some, this meant that opportunities for early intervention were missed and for others ongoing support was restricted and less effective. In the UK referrals have increased as COVID-19 restrictions were lifted, with 10,000 children and young people starting interventions for eating disorders between April and December 2021 (Solmi, et, al. 2021). This is an increase of two-thirds since COVID-19 restrictions were in place.

A further complication is that many eating disorders and OSFED service users, including children, young people and adults, are being managed in physical health

teams and settings. This is not the right environment because there is a danger that a lack of experienced mental health input could result in a further decline in an individual's mental health. As part of the *NHS Implementation Plan* in the UK, there will be an opportunity to review the current provision of mental health care outside mental health care settings and how such services are resourced (National Health Service, 2019). People needing support and intervention for eating disorders need specialised support from knowledgeable practitioners that might not always be available in general hospital settings.

The COVID-19 pandemic has resulted in an increase in eating disorders and OSFED around the world. As a consequence, there has also been an increase in critical and life-threatening illnesses in people with eating disorders in different clinical settings. It is, therefore, important that all nurses have an understanding of eating disorders so they can provide the best care possible in any healthcare setting.

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[https://doi.org/10.1016/S2352-4642\(21\)00094-8](https://doi.org/10.1016/S2352-4642(21)00094-8)