



Coping with Eating Disorders

Understanding the Need

Eating disorders – a complex and often daunting-to-manage condition with the highest mortality rate of all mental disorders – have now just gotten a whole lot harder to deal with, during these trying COVID-19 times. Patients and clinicians alike have been thrown a new set of restrictions (pun unintended), challenges and triggers.

Eating disorders are often thought of as a means of gaining control over life situations or underlying issues that have caused one to feel so physically or psychologically out of control, helpless and at a loss. The entire COVID-19 pandemic embodies uncertainty and a loss of control like no other thing we have faced in the recent past – put this together with a pre-existing eating disorder, and it is clear why this is such a tricky time for our patients.

1. Access To Care

Understandably, most treatment institutions or clinics are moving greatly towards online platforms for the provision of treatment. Given the current levels of the virus outbreak, this is a great protective measure for both clinicians and their patients who may, due to the ravaging physiological consequences of an eating disorder, have a much-compromised immune system.

Only cases that are deemed medically unstable and/or suicidal are granted face-to-face sessions. This poses a challenge, because the status of one's eating disorder can be a fluid one – eating disorders are insidious, and physical and psychological declines can come quite rapidly. As treating clinicians like to tell their patients, "it's a slippery slope". As if eating disorders were not already complex on their own, they often come with co-morbid conditions such as depression or anxiety, which may be exacerbated during this time.

With virtual care, it can be difficult to assess a person's physical (and sometimes psychological) state, and this is compounded by the secretive nature of the eating disorder which causes patients to at times be untruthful or minimizing of their symptoms and behaviours. Clinicians will have to rely heavily on self-report measures during this season, or the (again, not always accurate) feedback of a loved one living with the patient.



Previously regular face-to-face sessions with a treating physician or therapist which have helped in keeping patients accountable and on track with recovery may have been cancelled or greatly postponed, which has been very destabilizing and worrisome for some. Not only are patients affected, but so too are their now highly anxious loved ones, who already struggle to manage them at home.

2. Triggers

- *Uncertainty, turmoil, and the loss of control* – with the current state of affairs, nobody really knows what to expect; when will certain measures cease? When will this outbreak die down? Will anyone I know get sick or die from this? If the average human being is already feeling out of sorts, multiply that feeling by 10 for someone with an eating disorder. Patients with eating disorders who can tend to be rigid, relying on structure and routine to get through each day may be feeling very displaced and panicked, and are either scrambling to try to do things differently or paralyzed by a sense of helplessness.
- *The presence or lack thereof of food in the living space* - Depending on one's circumstance, there may be either too much or too little food around them during this season, and depending on the type of eating disorder one struggles with, this change could prove to be either positive or negative.

Those with Bulimia may struggle with the notion of stockpiling (or simply, ensuring that there is more food around to last them for a while). When they have previously coped by making sure they have only enough in their fridges or cupboards for the day or two so that they don't succumb to binge urges, they are now faced with their worst fear – an almost endless supply of food. It becomes a vicious cycle when they realize they have given into temptation, binged on everything, and need to go out again (and again) to replenish the supply, therein exposing themselves over and over again with an already compromised immune system.

Individuals with a restricting form of Anorexia may allow their eating disorder to justify their undereating as a means of rationing food during this season. Some have found that as the supermarkets empty out, they are struggling to obtain stock of their "safe foods", and without the capacity to be flexible and adapt to other foods, end up restricting even further.



- *Jokes and memes on social media surrounding food, weight, body image and exercise during this period* – there are many good-spirited and well-intentioned jokes and memes circulating the internet as a means of providing a burst of light-heartedness amidst the other doom-and-gloom articles. However, individuals with an eating disorder may not take kindly to them, nor cope well with them. Jokes about the importance of wearing a mask at home so as not to overeat during this time, as well as Barbie becoming Charbie “Chubby” after quarantine is over, can be rather triggering for patients. I’ve seen many “pre” and “post” quarantine images, depicting a slim-built person morphing into an overweight one. These are all well and good, if you don’t have an eating disorder – but for those who are already worried about how being stuck at home and sedentary can affect their weight status, this can create in them more anxiety.

3. Physical Distancing and Isolation

For some, the enforced isolation has hit them quite badly, as they may have lost that trusted friend, extended family member, or therapist to eat with. With no one to model healthy eating or be accountable to, it is the perfect excuse for the eating disorder to swoop right in and take the driver’s seat – *“you don’t really need to eat then, do you?”* the voice may taunt. Some patients had relied on social cues to eat, and would previously frequent cafes or restaurants during their mealtimes to get a sense of what it feels like to be surrounded by individuals who eat normally, and be reassured to order “normal” portions just by seeing that others around them are doing likewise. With the present closures of food and beverage outlets, this poses a challenge for those.

Already in pre-pandemic times, feelings of boredom, loneliness and aimlessness are well-known triggers to engaging in eating-disordered behaviours. These feelings are escalated in this season, and with very little distraction to keep urges at bay, patients may be finding it difficult to keep to their resolve to stay strong and keep the eating disorder at bay.

Staying at home may also mean that for some, they are stuck with their family of origin; the very people that contributed to the underlying source of the eating disorder. In some cases, this also means that patients are faced daily with people that don’t model healthy eating.



4. Exercise

The topic of exercise, even with the general population, has been much discussed over the past couple of weeks. For those with an eating disorder who use exercise as a means of compensating for eating, are finding the new restrictions quite frightful. Many have had their gyms close down, their personal trainers call to cancel on them, and outdoor workout spaces barricaded. Some have turned to indoor exercise, following various online programs, and may at times feel anxious about not exercising enough, and in the process, end up over-doing it instead.

5. Recovery, in light of a pandemic

Many patients are grappling with the concept of their recovery being important, during this season. “There are worse things happening in this world”, they may be told. While patients had previously already struggled with the gravity of their illness and the necessity for treatment, they may now feel like their struggles with food and body image are utterly trivial and non-essential. Some feel guilty, for even having an eating disorder and struggling with the thoughts that they have during this time.
