## Impact of Confinement on Eating Disorders

## O Impacto do Confinamento nas Perturbações do Comportamento Alimentar

**Keywords:** COVID-19; Feeding and Eating Disorders; Obesity; Pandemics
**Palavras-chave:** COVID-19; Obesidade; Pandemia; Perturbações da Alimentação e da Ingestão de Alimentos

Dear editor,

As the previous issues of this journal have shown, aside from the mortality burden it carries on its own, the COVID-19 pandemic has had a significant impact upon healthcare in general, and across all medical specialties. Firstly, access to healthcare services is less prompt than it used to be, but the very types of medical care have changed, with a gradual shift towards telemedicine whenever possible, as a means to enforce social distancing.

Other than the problem of access to healthcare, we are also confronted with the closure of non-essential economic activities and social distancing. These are important ways to contain the spread of the virus, but they imply that most people became more isolated from friends, family and work or school colleagues; it also means increased numbers of financial, social and occupational stressors for many families. Social distancing, lack of in-person social contact, and confinement to one's own home may increase emotional distress, which in association with difficulties in emotional regulation might pose challenges to people with prior mental health problems. We know that the isolation measures that were implemented during the 2003 SARS outbreak were associated with a significant increase in psychological disorders.[1] Moreover, loneliness and isolation are known risk factors for overall psychological issues.[2] Eating disorders (ED) are no exception to this phenomenon.

Eating disorders are among the deadliest psychiatric illnesses, and about 3.5% – 6.5% of women and 3% – 3.5% of men develop an ED during their lifetime.[3] These disorders, of which the most notorious are anorexia *nervosa* (AN) and bulimia *nervosa* (BN), share potentially harmful coping mechanisms focused on food, body weight and image control, such as eating restriction, excessive exercise, binge eating and purging behaviors. In the current pandemic circumstances, there are obvious contingencies that alter daily routines and even access to goods and services, which may then be associated with an increased risk of exacerbation of ED symptoms, be it a shortage of some kinds of food (e.g.: 'safe food', as in the types of food a person with an ED feels allowed to eat without fear of weight gain) in the supermarket or the closing of gyms. Furthermore, these patients may have experienced an exacerbation of symptoms while living alone or during more frequent contact with their families. The need for control may have been even more exacerbated by the unpredictability of the situation (e.g., in restrictive anorexia), whereas the greater ease of access to food while staying at home may have had negative consequences in patients with binge eating (e.g., bulimia *nervosa* and binge eating disorder).[4]

In fact, several studies have reported findings that reinforce this hypothesis. Most observational studies to date describe 37.5% - 86.7% of ED patients reporting worsening symptoms.[5-9] In one study, over 30% reported that their symptoms were much worse.[9] In an online survey, 64.5% of eating disorder respondents reported a little or a lot more food restriction, 35.5% reported increased binge eating behaviors, whereas 18.9% reported increased purging behaviors. Despite the evident constraints, 34.6% - 48.9% of ED patients reported an increase in physical activity. For those who did report a decrease in activity, the same anxieties around weight gain provided a driver for engaging in increasingly restrictive eating behaviors.[5]

Patients with AN reported increased restriction, fears about being able to find food consistent with their meal plan, and exacerbation of compensatory physical activity.[8] On the other hand, a non-negligible number of AN patients experienced diagnostic crossover to BN. Most patients with BN and binge-eating disorders described increases in binge-eating episodes and the urge to binge. Some patients appeared to be more vulnerable to the impact of confinement, namely patients with BN, with evident exacerbation of binge eating and compensatory physical exercise.[10]

In terms of availability of telemedicine services, online support was mostly described as a positive factor. However, participants described this as falling short of treatment and support received in-person. Some participants even felt that a videoconference was having a detrimental effect on their ED, stating that seeing their own video during the call made them more aware and critical of their appearance.[9]

It is important to raise awareness that, even among the general population, with no prior ED, the same online survey mentioned before found some changes in eating behavior: 27.6% of the general population reported a greater level of food restriction than before COVID-19, and 34.6% reported increased binge eating behaviors.[5]

In conclusion, eating disorders are being left behind. Given its impact on national healthcare systems, efforts to address the COVID-19 pandemic are taking precedence. However, we must keep a close eye on other clinical entities which may worsen during these times, including certain types of psychiatric disorders. Adequate treatment of ED requires a multidisciplinary approach, comprising psychiatry, psychotherapy and nutrition, among others, and telemedicine may not be enough to help many patients.

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**Recebido:** 21 de fevereiro de 2021 - **Aceite:** 01 de abril de 2021 - ***Online issue published*:** 01 de junho de 2021



https://doi.org/10.20344/amp.16023