

# Eating Disorders and COVID-19: What Healthcare Providers Need to Know

The National Center of Excellence for Eating Disorders (NCEED) partnered with researchers at the University of North Carolina at Chapel Hill and Leiden University Medical Center to examine the impact of COVID-19 on individuals with eating disorders. This large-scale, international study (COVID-ED) was the first of its kind to elucidate the ways in which individuals with eating disorders might be uniquely impacted by COVID-19 and public health measures to flatten the curve. The baseline data from over 1,000 participants are presented in full [here](#). Based on the initial findings from data collected in the United States, NCEED has developed the following recommendations for healthcare providers who are involved in eating disorders care.

- **Be aware that eating disorders and anxiety may worsen during the global pandemic.** COVID-ED participants reported that since the onset of the pandemic, they have experienced increases in behaviors like dietary restriction, binge eating, and compulsive/driven exercise. Additionally, 80% of participants reported increases in their overall anxiety levels.
- **Develop collaborative strategies with patients in 3 key areas:**
  - Lack of structure (particularly around daily schedules and meals)
  - Being in a triggering living environment
  - Lack of social support
- **Harness factors that may lead to positive changes.** COVID-ED participants identified that family mealtimes, connecting with loved ones, and opportunities for self-care have had a positive effect on their eating disorder. Thus, exploring and supporting positive factors may aid in creative treatment planning and facilitate progress toward goals.
- **Be flexible in the approach to delivering remote care and any modifications that might be necessary.** Early data from COVID-ED indicated that although the majority of respondents had transitioned to telehealth (83%), satisfaction with this mode of service delivery varied widely. We recommend frank discussions with patients about what does and does not work in remote care. Results suggest it is unwise to assume that telehealth sessions are automatically experienced as equivalent to in-person interventions. Open discussions may help improve retention and elevate the quality of care delivered.
- **Be mindful that even patients who are recovered or are in recovery are concerned about symptom resurgence or relapse.** Consistent eating disorder-related concerns were reported even among COVID-ED participants who were not currently symptomatic. These results suggest that COVID-19 could pose a risk for relapse, and patients with a history of eating disorders should be encouraged to seek care as needed.

For more information about how to manage eating disorders during COVID-19, please visit the [NCEED COVID-19 information page](#).

Are you new to managing eating disorders in your practice? Visit the [NCEED Healthcare Provider Resource Library](#) for helpful how-tos and the [NCEED Training Center](#) for webinars offering FREE continuing education credits.