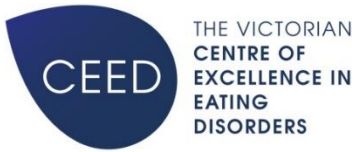


COVID-19 & Eating Disorders

Information for for Primary Care Practitioners



The COVID-19 pandemic is rapidly evolving, and it looms large over our collective consciousness. To date there has not been any specific data suggesting that patients with eating disorders are at increased risk from COVID-19. However, it is clear that patients who are frail and who have co-morbidity, and especially cardiorespiratory co-morbidity, are at increased risk of severe forms of the illness and death. We also understand that chronic malnutrition impairs immunity, and that eating disorders patients often do not mount a typical febrile response. Therefore, **diagnosis of infective complications may be delayed in people who have eating disorders**. Given these factors, we need to be extremely mindful of patients with eating disorders being particularly vulnerable during this COVID-19 pandemic.

POSSIBLE MEDICAL COMPLICATIONS OF COVID-19 IN PEOPLE WITH EATING DISORDERS

Impacts of chronic malnutrition

Chronic malnutrition and reduced body fat stores are understood to result in bone marrow atrophy, which can result in deficits in all three blood cell lines including the white cell line resulting in neutropenia and lymphopenia. Neutrophils and lymphocytes are integral in mounting cell-mediated immunity against infections including viruses and bacteria. Impaired gut-barrier functioning, reduced exocrine secretion of protective substances, defective bactericidal activity of granulocytes, low complement levels, and changes in cytokines have all been reported in patients with significant malnutrition.

Impacts of muscle atrophy

The muscle atrophy seen in many of our patients with eating disorders, and especially those with restricting eating disorders, impairs their ability to clear secretions adequately by mounting a strong cough. The muscle wasting additionally limits respiratory reserve during an acute illness, and an increased requirement for inpatient medical care and mechanical ventilation is possible. Malnourished individuals also have low stores of glycogen (carbohydrate stores), and therefore are at additional risk of hypoglycaemia during periods of stress. Underlying metabolic and electrolyte derangement, especially hypokalaemia resulting from purging, and hypophosphataemia seen in refeeding, may also increase risk for cardiorespiratory failure and arrest.

Attenuated virus responses

Of clinical relevance, many of the typical responses in the face of infection, including fever and an increased heart rate, may be attenuated in patients who are malnourished. A high degree of clinical vigilance is required to make a timely diagnosis of intercurrent sepsis.

RECOMMENDATIONS

It is recommended that patients with eating disorders as well as carers and loved ones follow the measures advised by the Department of Health and Human Services in minimising their risk of contracting COVID-19. No additional precautionary measures for patients with eating disorders are advised at this stage.

It is probable that the Australian health system will be under considerable strain during the COVID-19 pandemic. Hospital emergency departments and wards will be caring for numerous patients with COVID-19 and other respiratory illness during the coming Winter months, and bed shortages are expected.

Nutritional adequacy

Adequate nutrition to meet the needs of the individual's health and recovery is important to protect and support immunity. Renourishment will help facilitate healthy immunity, as well as optimisation of physical and emotional health and recovery. These unprecedented, uncertain and socially isolating times are also likely to be a period of additional stress and anxiety for patients, and their mental status and level of psychiatric risk will need to be closely evaluated. Whilst remote monitoring of heart rate and blood pressure is possible, the appropriateness and safety of relying on this in lieu of in person physical examination will need to be carefully considered on a case by case basis.

Telehealth

Some clinical care will be able to be delivered remotely through Telehealth. A number of COVID-19 Telehealth Item Numbers are now available for use by clinicians. For the reasons already outlined, many of our patients will be eligible for these as they are at greater risk from the virus as they fall into the category of 'people with chronic health conditions or those who are immunocompromised'. Ongoing face to face appointments particularly with GPs and paediatricians/physicians will be necessary in some instances for patients to have adequate assessment to determine their physical wellbeing and to ensure their safety.

Information for consumers and carers

COVID 19 and eatingdisorders information for Consumer and carer is available at:
<https://www.eatingdisorders.org.au/>

SUMMARY

In summary, medical factors indicate that patients with eating disorders are likely to be at increased risk from COVID-19. It is critical now more than ever that people experiencing eating disorders and their families are supported to recover in the safety of their own home whenever possible, to reduce their exposure to COVID-19 in acute health settings, and to reduce the demand on the acute health sector for acute medical care for medically deteriorating patients. Continuity of care of consistent out-patient medical, mental health and nutritional support of patients and their families will be critical in ensuring that patients with eating disorders maintain their health and continue their journey of recovery safely over these coming challenging months.

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