

## Knowledge Synthesis: COVID-19 in Mental Health and Substance Use

### Instructions:

The [Operating Grant: Knowledge Synthesis: COVID-19 in Mental Health and Substance Use](#) was designed to enable the development of rapid and timely knowledge syntheses and related knowledge mobilization plans to address evidence gaps and build the evidence base as part of the mental health and substance use response to COVID-19.

As outlined in the decision letters sent to successful applicants, this template is being provided in order to facilitate the rapid sharing of results with relevant [knowledge users](#). Information recorded in this report may be made available to policy makers, healthcare and service providers, partners, and the general public, and will be used to populate a website and inform a variety of CIHR knowledge mobilization products. Responses should be written in plain language, respecting word limits where indicated.

Email completed report to [COVID19MH-COVID19SM@cihr-irsc.gc.ca](mailto:COVID19MH-COVID19SM@cihr-irsc.gc.ca) by **November 23, 2020**.

**Synthesis Title:** The COVID-19 Pandemic and Eating Disorders in Children, Adolescents, and Emerging Adults: Recommendations from the Canadian Consensus Panel

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**Target/priority population(s) in synthesis:**

- Children, adolescents, and emerging adults ( $\leq 25$  years of age) diagnosed with an eating disorder.

**What is the issue?**

The COVID-19 pandemic has negatively impacted individuals with eating disorders (EDs), including increases in ED symptoms and behaviours, heightened anxiety, and greater risk of ED relapse. As most programs in Canada were not prepared for a major transition to virtual care, and hospital administrators struggled to support the surge in telemedicine, clinicians face challenges in offering optimal care for these vulnerable populations. As such, evidence-based guidelines focusing on the provision of virtual care and online support for child and adolescent ED treatment are needed. This will ensure that clinicians, administrators, and policymakers can provide the best possible care in these unprecedented times and beyond, as well as help treatment-seeking individuals and families facing very real risks of mortality should they not receive the care they require.

**Key messages (max 100 words):**

- COVID-19 created a demand for virtual care for children/adolescents and emerging adults with EDs.
- In EDs, telehealth includes videoconferencing/telephone services (for family-based treatment [FBT] and cognitive behavioural therapy [CBT]), smartphone apps, and self-help.
- CBT-based virtual group therapy and guided self-help, internet-based Maudsley Model guided self-help, and guided parental self-help CBT are strongly recommended.
- Telehealth FBT, Maudsley Model relapse prevention, online parental self-help FBT, CBT-based apps (adjunctive treatment), virtual parent meal support training, moderated online caregiver forums and support groups, and unguided caregiver psychoeducation self-help are weakly recommended.
- Research on COVID-19's impact on equity-seeking groups is lacking and should be prioritized.

**How was the synthesis conducted?**

A scoping review of the literature was used to identify the impact of COVID-19 on children/adolescents and emerging adults with EDs and their families and clinicians, as well as virtual treatments and supports available in this field. All literature including quantitative and qualitative papers from the last 20 years, and in all languages were included in the search. Studies involving primarily adults ( $>25$  years) were excluded. The literature search was completed using Medline, PsycINFO, EMBASE, Cochrane Database of Systematic Reviews (CENTRAL), and CINAHL databases. The search strategy included various combinations of the following terms: Anorexia Nervosa, Bulimia Nervosa, Eating Disorder Not Otherwise Specified, eating disorder, Other Specified Feeding and Eating Disorder, Avoidant/Restrictive Food Intake Disorder, Atypical Anorexia Nervosa, AND virtual care, self-help, telemedicine, telehealth, videoconferencing, COVID-19, coronavirus, or pandemic. Grey literature (from 2010-2020) was also searched including conference proceedings from the International Conference on Eating Disorders, clinicaltrials.gov, and hand searching the International Journal of Eating Disorders. The Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) system was used to grade the evidence, of which we created evidence profiles of included studies. Evidence profiles and preliminary recommendations were presented to a panel of stakeholders from across Canada, followed by a voting system and arrival at consensus on the recommendations. The Appraisal of Guidelines, Research and Evaluation (AGREE II) tool was used to inform guidelines development and reporting.

**What did the synthesis find? Provide a lay summary of the outcomes (max 300 words):**

The COVID-19 pandemic has had a negative impact on individuals with eating disorders (EDs) who are experiencing heightened psychological distress and symptoms, and reduced motivation for recovery. Caregivers are struggling with first-time home monitoring for their child and clinicians are challenged with providing the same level of care virtually, while using unfamiliar technology with little direction. Virtual care holds promise for individuals with EDs during the pandemic and beyond. For emerging adults (18-25 years), CBT-based virtual group therapy for Bulimia Nervosa (BN), internet CBT-based guided self-help for Anorexia Nervosa (AN), BN, Binge Eating Disorder (BED), and Eating Disorder Not Otherwise Specified (EDNOS), and internet-based Maudsley Model of AN Treatment for Adults (MANTRA) guided self-help for AN are strongly recommended; weak recommendations include telehealth relapse prevention using MANTRA for AN, and CBT-based smartphone apps (as treatment adjuncts) for AN. For children and adolescents ( $\leq 18$  years) with AN, weak recommendations include telehealth Family-Based Treatment (FBT) and online guided parental self-help FBT. Guided parental self-help CBT for AN or BN is strongly recommended for caregivers of emerging adults, while unguided caregiver psychoeducation self-help is weakly recommended for most ED diagnoses. For caregivers of children/adolescents, virtual parent meal support training and moderated online caregiver forums and support groups are weakly recommended. Despite evidence supporting telehealth care for EDs, it should be especially noted that in-person medical evaluation is necessary at times for children/adolescents and emerging adults with EDs and is strongly recommended. Several gaps for future work were identified including the impact of sex, gender, race, and socioeconomic status on virtual care among children, adolescents, and emerging adults with EDs, as well as research on more intensive services, such as virtual day hospitals.

**What are the implications of this synthesis?**

- Evidence-based guidelines have been created to guide professionals in providing the most effective virtual care for children/adolescents and emerging adults with EDs and their families.
- Different types of virtual care are more effective in children/adolescents versus emerging adults, and vice versa, which should be considered when clinicians deliver therapy.
- Future research investigating the impact of other virtual therapies, such as email and text messaging therapy (as treatment adjuncts) in the child/adolescent and emerging adult ED population is needed.
- The impact of sex, gender, and other considerations on virtual care among children/adolescents and emerging adults with EDs is a gap in the literature that also requires future study.
- Clinicians should remain up to date on evidence-based recommendations for optimal delivery of virtual care and remote monitoring strategies.

**List up to 10 keywords specific to this synthesis to facilitate website search filters and sorting:** (e.g. depression, virtual care, autism, opioids, racism, chronic pain, sleep, etc.)

- Eating disorders
- COVID-19
- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Virtual care
- Self-help
- Telehealth
- Children/Adolescents

- Emerging adults