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## ABSTRACT

Eating disorders have been increasing in severity and frequency during the COVID-19 pandemic. We as clinicians are seeing an unprecedented time and an increased amount of individuals with eating disorders. Individuals are experiencing lockdown, isolation, increased fear of exposure and contraction, and disruption in regular routine. Clients and clinicians are being encouraged to conduct therapy virtually and through a screen which can create a distance between the individuals and a less genuine connection. Little to no research has been done on telehealth and the effectiveness of treatment of eating disorders during COVID-19. Our proposed research study focuses on the effectiveness of telehealth treatment for eating disorders during COVID-19 in comparison with in-person treatment.

## INTRODUCTION

- During the pandemic, mental health rates of depression, anxiety, and other issues have increased during the past months of COVID-19 (Rudenshine et al., 2020). However, eating disorders are particularly of concern as they carry the highest mortality rate of any psychiatric illness (Arcelus et al., 2011).
- There is no single cause of eating disorders, rather they emerge from a combination of biological, social, and other environmental factors (Smith et al., 2018).
- While some research has been done on the effects of telehealth treatment on eating disorders, this existing research has focused on the fidelity of the therapist; few studies have focused on client outcomes of telehealth in regards to the clients diagnosed with an eating disorder.

## PRIMARY AIM AND HYPOTHESES

- Has telehealth been an effective form of treatment for eating disorders during the COVID-19 pandemic in comparison to in-person treatment?
- We predict that during COVID-19, telehealth is not as effective at treating eating disorders when compared to in-person treatment.

## METHODS

### Participants

- Individuals with eating disorders at a Partial Hospitalization Program level of care at a Seattle-based eating disorder treatment center.
- Clients will be invited to consent for research study upon admitting to the programs.
- Sampling will continue until 30 clients (n=30) have participated in all three series of surveys.

### Procedures

- Two Partial Hospitalization Programs containing 8-10 clients each have been selected at the same eating disorder treatment center. One program is in person and the other is conducted remotely via telehealth.
- For a period of 6 months, when a new client admits to either program they will be given the Eating Disorder Examination Questionnaire (EDE-Q), which measures eating disorder symptoms and severity. This period of time is intended to capture a broad number of new clients when they admit.
- Clients will take the EDE-Q again one month into programming, and a final time upon discharging from the program.
- Inventory scores at each of these three points in time will be compared between the in-person and telehealth programs to ascertain whether effectiveness levels differ.

## MEASURES

- For this study we are using the Eating Disorder Examination Questionnaire (EDE-Q) which is a 28-item self-reported questionnaire.
  - Adapted from the semi-structured interview Eating Disorder Examination (EDE) and designed to assess the range and severity of features associated with a diagnosis of eating disorder.
  - It includes 4 subscales and a global score measuring:
    - Restraint
    - Eating Concern
    - Shape Concern
    - Weight Concern
- Means in EDE-Q scores will be compared between those who are participating in telehealth treatment versus those who are doing in-person treatment.

## RESULTS

- Beginning means of the EDE-Q scores will be compared to the post mean.
  - Analyzing whether or not there is a significant difference between the mean scores of those receiving telehealth care and those receiving care in-person.
  - Means will be compared of the beginning, middle, and end group results of the EDE-Q.
- It is anticipated that results will show a lower mean score on the EDE-Q from those who participated in in-person treatment versus those who participated in telehealth.
  - A lower score indicates a higher treatment success rate.
- We also expect higher successful discharging rates due to the lower EDE-Q scores for those participating in in-person treatment versus those participating online.
  - Differentiation will be made between discharges due to successfully completing treatment and self-discharges against medical advice.

## Discussion

- Limitations to this study include the lack of control over one's environment. Without a controlled environment, this study cannot prove a causation to the effectiveness of telehealth, rather only a correlation. An additional limitation that could present itself would be the ability to find a diverse population. Focusing on one eating disorder treatment center may limit the pool of diverse participants to call upon.
- If, as we hypothesize, the EDE-Q scores for those in-person were lower than telehealth scores, it would suggest that in-person treatment is more effective for eating disorder clients than that of its counterpart, telehealth.
- This study would serve the purpose of determining if treatment of eating disorders is more effective virtually or in person. Therefore serving as a tool for clinicians when determining post COVID-19 treatment services.