

Study on the Impact of Phase II of the Lockdown

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Introduction

Many researches have looked at a variety of parameters related to the COVID19 pandemic's effects on the probability of acquiring eating disorder symptoms (EDs). According to the authors, the causes implicated could include a decrease in adaptive coping methods as well as an increase in risk due to social constraints and altering daily routines. Limitations and social constraints placed to prevent the spread of SARS CoV2 infection have had a detrimental influence on people's quality of life (QoL) and, in many cases, have been the cause of the start or aggravation of symptoms associated with eating disorders and a negative body image [1,2].

Description

During the first lockdown, which began in March 2020, Flaudias and colleagues investigated the link between stress from lockdown measures, binge eating, and dietary limitations in a French student population. The researchers observed a correlation between high stress levels and a higher risk of binge eating and dietary restrictions, which were linked to particular characteristics including female sex, poor impulse control, high body discontent, and likely and latent predisposition to EDs.

The origins of this elevated risk have been investigated, and they are connected to disturbances in daily routines and limitations in motor activity, which frequently favour weight gain and negatively impact eating, exercise, and sleep patterns, hence raising the risk and symptoms of EDs. Increased exposure to news from the media and social media were also unfavourable influences. In an interview research, Clark Bryan and colleagues focused primarily on patients with anorexia nervosa (AN) and their careers, identifying four clusters for ED patients: 1. a reduction in access to eating problem therapies; 2. a disruption in routine and social activities; 3. a rise in attempts to self-manage seizures without consulting a doctor; and 4. an increase in attempts to self-manage seizures without consulting a doctor. There were also four caregiver groupings identified: 1. worry about a lack of professional medical assistance for patients; 2. an increase in patient requests; 3. managing the patient's well-being despite social constraints; and 4. novel ways of dealing with the stressors that arose as a result of the pandemic [3].

An interesting analysis of studies conducted on patients with EDs during the COVID19 pandemic found that subjects with anorexia nervosa (AN) were more concerned about which food plan to follow, whereas subjects with bulimia nervosa (BN) or binge eating disorders (BED) had more bingeing episodes than in the pre-pandemic period. Furthermore, anorexic patients have been associated to increased compensatory activity, episodes of disease relapse,

as well as compulsive purging and bingeing behaviours, even if the condition had previously resolved. The pandemic has hampered access to and visits to many outpatient health facilities, including, of course, EDs; these disruptions in everyday activities have added stress to all patients, regardless of specific condition, leading in significant levels of despair and anxiety, especially among youngsters.

After China, Italy became the second country in the world to be infected with the severe acute respiratory syndrome coronavirus 2 (SARSCoV2), and the first in Europe to adopt drastic steps to limit the virus. The Italian government implemented a countrywide lockdown or quarantine on March 5, closing schools and many non-essential business activities (such as gyms, discos, pubs, etc.). Strict restrictions on people's movement and mobility were established, and firms were financially rewarded for clever functioning. Regular hospital activities, such as hospitalizations and routine checks, have been greatly hampered, with COVID19 patients receiving priority [4].

Conclusion

During the COVID19 pandemic, it is critical to focus on nutrition and eating disorders for four reasons: (1) the risk of relapse or worsening of the disease; (2) the increased risk of COVID19 infection among those with EDs; (3) the potential emergence of an ED from scratch or addictive behaviours; and (4) the inadequacy of psychological and psychiatric treatments during the COVID19 emergency [5].

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