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Adolescents with eating disorders during the COVID-19 pandemic: Changes in social ties and healthcare modalities

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ABSTRACT

Introduction. The COVID-19 pandemic has had a profound impact on the health of young people worldwide, especially on people with eating disorders (EDs) due to the stress, anxiety, and changes experienced in access to health care.

Objective. To explore adolescents' perceptions on changes in their social ties and the modalities of health care for patients with EDs.

Population and methods. Qualitative study using in-depth interviews with adolescents with EDs seen at a teaching hospital during the COVID-19 pandemic.

Results. Fifteen adolescents were interviewed; their mean age was 18 years; 93% were girls. Anorexia nervosa was observed in 86.6%. The most relevant negative aspects perceived were discomfort with family life (80%) and dissatisfaction with social media content regarding body image and dieting (73%). The aspects perceived as positive were peer support (66%) and improvements in eating habits (66%). The main change identified regarding the management before the COVID-19 pandemic was online follow-up by the mental healthcare team (73%).

Conclusion. The adolescent population with EDs during the mandatory social isolation period reported discomfort with family life and dissatisfaction with social media content regarding body image and dieting. Notwithstanding this, adolescents highlighted peer support and improvements in their eating habits as positive aspects.

Keywords: *adolescent; pandemics; COVID-19; treatment; eating disorders.*

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INTRODUCTION

In March 2020, Argentina established a preventive and mandatory social isolation policy once early COVID-19 cases were detected.[1] This resulted in changes in the routine of adolescents, such as having to share the household with their family constantly, changes in eating habits, social relationships sustained in the virtual world, and online education, which had a profound impact on the youth population.[2] Individuals with preexisting psychiatric conditions became especially vulnerable to the consequences of COVID-19;[3] in addition, patients with eating disorders (EDs) are at a particular risk, as stress and anxiety may worsen disordered eating behaviors and lead to unhealthy behaviors.[4] EDs are complex diseases that primarily affect young women, and the pandemic may have worsened symptoms and resulted in adverse health effects.[5]

Studies have been conducted on the relationship between EDs and the COVID-19 pandemic. A cohort of 73 patients showed that 92% continued receiving health care during the pandemic; however, 47% discontinued some of their treatments.[6] Another study observed that 80% of adolescents with EDs perceived that the pandemic affected their symptoms and increased their feelings of anxiety and depression.[3]

In addition, according to our clinical experience, we observed an increase in consultations and greater severity during that year; therefore, a higher need arose to know in depth the characteristics of the management of patients with EDs during the COVID-19 pandemic, from the perspective of adolescents themselves. We have not found publications in our setting that studied the extent to which the COVID-19 pandemic affected patients with EDs, so our objective was to explore the perceptions of adolescents on the changes in their social ties and the healthcare modalities for patients with EDs.

POPULATION AND METHODS

This was a qualitative study conducted in a case series between December 2021 and June 2022. The study population corresponded to adolescents with EDs, as defined in the DSM-5, who were being treated by an interdisciplinary team working at the Department of Pediatrics of a tertiary care community hospital. The sample was selected by convenience through a telephone or e-mail invitation to participate in an in-depth interview. The inclusion criteria were age younger than 20 years and follow-up by the interdisciplinary team for 6 months prior to the onset of the pandemic, between September 2019 and December 2021. The interview was conducted through the Google Meet video conferencing platform. A written informed consent to participate was requested prior to the beginning of the interview.

The interviews were recorded, but the image of the interviewees was protected by only recording their voice. The identity of interviewees was anonymized by assigning each interview a code consisting of the initials of the first and last name of each patient, known only to the principal investigator, who was also in charge of recording and transcribing the interviews. A word processor was used to facilitate data analysis. The recordings were then eliminated; the written document was registered under its corresponding code.

The content validity of the interview guide was established based on the bibliography and an expert panel made up of 2 pediatricians specialized in adolescence and 2 psychologists specialized in adolescence with experience in the follow-up of adolescents with EDs (*Supplementary material*). The interview guide assessed the following categories: disease characteristics, relationship with the treating team, relationship or quality of the relationship with family members or household members, relationship with peers, social media usage, and involvement with social media.

The hospital works with an interdisciplinary team made up of healthcare providers from various specialties —adolescence, pediatric nutrition, child psychiatry, child and adolescent psychology— using a patient-centered, comprehensive healthcare modality.[7] During the mandatory isolation period, patient follow-up was conducted in a hybrid manner (face-to-face and online) and allowed for the continuity of care.

The following variables were collected: age, sex, current level of education (none, primary, secondary, tertiary and/or university), age at symptom onset, age at treatment onset, initial and definitive diagnosis, use of psychotropic drugs (yes, no), and presence of psychiatric comorbidities (yes, no).

For data analysis, successive iterative readings and discussion meetings were held with the study team throughout the process. This team was made up of 4 investigators: a pediatrician and psychologist specialized in adolescence, members of the eating disorders team, a pediatrician specialized in adolescence, and a resident pediatrician, who was the study principal investigator, so as to provide feedback, assist with improvements and develop the resulting categories based on the discourse from the interviews of the studied sample.

The data were organized by transcribing and coding the interviews, through a triangulation process; once the categorization and coding of the text units was organized (by similarity or proximity), the interviews were coded and the information was organized according to subject areas (categorization and coding). Codes served as labels to mark the text and then recover or index it. Coding was carried out by 3 people to ensure reliability. The definition of conclusions and verification of findings resulted from triangulation.

Categorical variables were described as absolute and relative numbers, while quantitative variables, as median and interquartile range 25–75.

The study was approved by our hospital's Ethics and Research Protocols Committee (no. 6228).

POPULATION AND METHODS

The 25 adolescents eligible according to the inclusion criteria were invited to participate; 15 agreed to participate in the study (response rate: 60%); 4 patients refused to participate and 6 patients did not respond to the invitation.

Most respondents were females (93%), with a median age of 18 years; the most frequent diagnosis was anorexia nervosa. All participants in the sample were students and had health insurance that allowed them to receive health care at our hospital. The other demographic characteristics and type of EDs are shown in *Table 1*.

Table 2 describes aspects perceived as beneficial during the pandemic; the most frequent ones were improvement in eating habits (66%) and peer support in relation to treatment (66%).

Table 3 describes the perceived detrimental aspects during the COVID-19 pandemic. The most important ones were discomfort with family life (80%) and dissatisfaction with social media content regarding body image and dieting (73%).

Table 4 describes the changes perceived in treatment compared to that received before the COVID-19 pandemic. The main change perceived was the online follow-up by the mental health care team.

DISCUSSION

In this study, he most relevant negative aspects perceived were discomfort with family life and dissatisfaction with social media content regarding body image and dieting. The aspects perceived as positive were peer support and improvements in eating habits. The main change identified regarding the management before the COVID-19 pandemic was online follow-up by the mental healthcare team.

Table 1. Characteristics regarding demographic data and eating disorders among adolescents during the COVID-19 pandemic (n = 15)

Sex, n	Female Male	14/15 1/15	
Age in years, median (IQR)		18	16–18
Initial diagnosis, n	Anorexia nervosa Bulimia nervosa	13/15 2/15	
Final diagnosis, n	Anorexia nervosa Bulimia nervosa	12/15 3/15	
Level of education, n	Secondary education Tertiary education University education	7/15 1/15 7/15	
Age at symptom onset, median (IQR)		13	12-14
Age at treatment initiation, median (IQR)		14	14-15
Psychiatric comorbidities, n		15/15	
Psychotropic drug requirement, n		8/15	

IQR: interquartile range 25–75.
n: number.

Most participants in the sample were females. The primary diagnosis was anorexia nervosa, which is consistent with the bibliography that indicates that the majority of EDs affect females.[8] The distribution and prevalence of EDs are variable. A review reported prevalence rates of anorexia nervosa of up to 4% among females and 0.3% among males, while for bulimia nervosa, the rates reported over their lifetime were of up to 3% among females and more than 1% among males.[9] Although anorexia nervosa accounts for a low percentage in the general population, in referral hospitals, it is the most frequent diagnosis. All participants in the sample were students and had health insurance, which describes the socioeconomic profile of the population seen in our hospital.

The median age of symptom onset was 13 years, in agreement with data pointing to puberty as a time of vulnerability for the onset of EDs.[10] Since patients with EDs often hide major symptoms and delay seeking specialized care due to feelings of shame and stigmatization,[11] EDs are considered underdiagnosed and undertreated.[12] The median age at treatment initiation was 14 years; this indicates a high index of suspicion in our population.[13]

Table 2. Aspects perceived as beneficial by adolescents regarding the management of eating disorders during the COVID-19 pandemic (n = 15)

Category	Description	n	Verbatim
1 Improvement in eating habits	Defined as self-perceived improvements in eating behaviors	10/15	RJ *“...it changed a lot, but for me, it was for the better, I mean, things that I could not solve before the pandemic, I did during the lockdown.”*
2 Peer support in relation to treatment	Positive acknowledgment of support from friends	10/15	RJ “*...they helped me improve, when I was surrounded by my friends, I felt like I had more freedom.”*
3 Ease of access to the treating team	Improvements perceived in the possibility of access to the treating team	6/15	RL*”...I don’t live that close to the hospital, so it’s difficult for me…” / “During the pandemic, teleconsultation made it much easier, because traveling to the hospital was very cumbersome.”* RJ *“...teleconsultations were available, I had my doctors’ numbers, if anything happened…” / “...I had the option to communicate often…”*
4 Mood benefits	Positive changes identified in their emotional life	4/15 ,	RL “*…it helped my self-esteem to be more with myself.” / “...being with my family, alone in my house, I didn’t have to worry about how others saw me, it was no longer a priority.”*ROL *“...I gained more self-confidence, I accepted myself a little bit more.”*
5 Social media support	Social media with a beneficial effect on ED-related content	4/15	CC *“...I shared my story on a website,* it *helped me a lot and I received a lot of support.”*
6 Improved family climate	Relationship and favorable bonding with family and household members	3/15	RJ *“…I think the family climate was better than when there was no pandemic, it was weird, but we got along pretty well.”* *SM “…the pandemic brought us closer as a family.”*

ED: eating disorder.
n: number.

Table 3. Aspects perceived as detrimental by adolescents regarding the management of eating disorders during the COVID-19 pandemic (n = 15)

Category	Description	n	Verbatim
1 Discomfort with family life	Relationship and unfavorable bonding with family and household members	12/15	GP "*I was fighting with my parents, we had kind of a cold war, there was an uncomfortable atmosphere like you're walking on eggshells, it was a very hard couple of years.*" MVM *"It was the most challenging thing I had to face: the family dynamics, many problems in my family, a rather heavy history, it was terrible, and terrible is an understatement."*
2 Dissatisfaction with social media content	Social media with a detrimental effect on ED-related content	11/15	ZS "*For people with EDs, there is nothing worse than social media.*" *RL "...social media are rather toxic; those nutritionist profiles were harmful to me at a time when I was lost, when I didn't know which path to follow, when I didn't know how to interpret the information; they play tricks on you, that information in my hands was dangerous."* MVM *"...on TikTok there are completely sick influencers who start giving advice, romanticizing EDs, and the information is repeated and replicated; it's horrible."*
3 Emotional distress	Negative changes identified in their emotional life	9/15	ZS *"I had my first anxiety and panic attacks during the pandemic, I began to gradually develop depression and, in 2021, I was depressed all year, having anxiety attacks combined with depression; it was a very complex year."* MVM "*...during the stricter lockdown period, I had a lot of ideation, distress, depression, I had 3 suicide attempts during this period.*" CV "*...due to the pandemic, I had panic attacks, fear of going out, I thought that during the pandemic I had put on weight and it led to more feelings of anxiety.*"
4 Difficulties in communication with the treating team	Problems perceived in the possibility of access to the treating team	9/15	GP *"...since we didn't meet face-to-face and it was all online, it was easier to avoid it or ignore it or postpone it, apart from the technical difficulties on either side."* MVM *"They didn't even know that I was in bed during the sessions, when I was completely overtaken by distress; they had no control as they did before, I could do whatever I wanted."* CV "*...and many times I didn't want to show my face because I didn't feel comfortable and I didn't like it.*"
5 Difficulties in relation to eating	Worsened eating disorder symptoms related to eating	5/15	GP *"Yes, it had a negative effect, the biggest problem was being isolated for so long... it made me have even stranger tendencies with food..."* RS *"...severe relapses, there were moments of more anxiety, difficult, with me binge eating, it was a bit desperate."*
6 Interference from peers in relation to treatment	The negative influence of peers in relation to treatment	2/15	MVM "*I had changed schools, I never made very close friends...*" / "*...I learned to understand that there are people who may not be prepared to provide support with such heavy situations.*"

ED: eating disorder.
n: number.

Table 4. Changes perceived by adolescents regarding the management of eating disorders compared to that received prior to the COVID-19 pandemic (n = 15)

Category	Description	n	Verbatim
1 Online follow-up by mental health team	Changes perceived by patients about online management with mental healthcare providers	11/15	MVM *"...the virtual world, the limitation of face-to-face meeting imposed by the pandemic was very detrimental."* SS *"…with my psychology consultations, I had a lot of problems with access, I couldn't adapt very well."* ZS: *"I was having mental health consultations every week via WhatsApp, I continued with them."*
2 Frequency of consultations	Comparison perceived by adolescents regarding the frequency of consultations before and during the pandemic	7/15	GP *"Before the pandemic, I traveled to the City of Buenos Aires once a week; I gradually stopped seeing them so often."* MV *"I was already recovering when the pandemic started, I used to go have consultations every 2 weeks, but after the pandemic it was every 2 months."*
3 Nutritional control based on patient reports	Lack of correlation between what was actually ingested and what was reported in the office	5/15	EM *"Many changes, the nutritional control was based on what I told them."* ROL *"The nutritional control was a little difficult for them..." / "...they rather believed what I told them."*
4 Discontinuation of weight recording	Limitations in weight recording	5/15	CV *"Everything changed a lot; they no longer weighed me, they did not control me so much, and there was no physical contact, they no longer examined me, it was all based on what I told them; before the pandemic, they checked on me more."* ZS *"I did not weigh myself for a long time."*

n: number.

Fluctuation from anorexia nervosa to a different diagnosis was observed in a patient in our sample. This was lower than what had been described by Tozzi, who found that 36% of cases of anorexia nervosa shifted to bulimia nervosa within 5 years.[14]

The association of psychiatric comorbidities and psychoemotional disorders is frequent, as shown in our study, where all patients had some type of psychoemotional disorder. Findings from previous studies showed a high prevalence of psychiatric comorbidity in patients with EDs. For example, a study reported that 75% of patients with EDs had at least 1 other psychiatric diagnosis; generalized anxiety disorder was the most common one.[15]

Regarding the relationships and bonds with family and household members, less than one third of patients reported positive experiences, while the majority expressed discomfort during the mandatory isolation period. It is not possible to determine whether distress remained stable before and during the pandemic or whether it increased, as indicated in a study conducted in Spain that found an increase in family conflicts in a quarter of the adolescents, while the rest stated that family relationships remained stable or improved.[16] Although this finding is common in many adolescents, having an ED in the context of the social isolation may have increased such discomfort. Kleiman et al. mentioned the need to adopt new bonding strategies to maintain daily coexistence during the pandemic, especially for adolescents who were forced to stay with their relatives instead of taking steps towards their autonomy and exploring the outside world.[17]

Regarding involvement with social media, most patients mentioned detrimental aspects of social media content related to EDs, dieting, and exercise. The bibliography identified that it is possible that individuals who have or are at risk for an ED show greater exposure to specific content that increases anxiety in relation to food, exercise, and weight. Combined with an increased usage of social media during the lockdown, it is likely that more attention was paid to weight- and food-related content, and that this may have triggered or exacerbated the symptoms of EDs.[18]

However, a quarter of the interviewed sample identified a favorable use of social media, as they helped them to share their stories about EDs and to establish a positive contact with people with similar disorders. This was also observed in a qualitative study where participants used an online discussion forum to exchange experiences and provide mutual support about EDs during a period of heightened psychiatric distress.[19]

In view of the above, we believe that it is important for healthcare providers who manage patients with EDs to take into account the influence, scope, and possible consequences of social media in this population.

One of the favorable aspects highlighted by more than half of the interviewees was the support provided by their peers, which had a positive impact on treatment adherence. However, a review noted that many patients with EDs faced significant barriers to seeking help, including lack of support from family members and friends.[20] In contrast to our study, where participants were already receiving treatment for at least 6 months prior to the establishment of the mandatory isolation period, the patients in the study mentioned above did not yet have a diagnosis or this was recent.

It is worth noting that more than half of the sample perceived improvements in eating habits, while the rest mentioned difficulties in their relationship with food, especially due to greater compulsions. A European study showed similar results in terms of worsened eating disorder symptoms, such as increased restriction, excessive exercise, worry, and fear of gaining weight.[10] A systematic review reported that 36% of the studies documented worsened eating disorder symptoms and associated such worsening with difficulties in accessing health care.[21] In our hospital, the continuity of care took place in a hybrid modality (face-to-face and online), which may have contributed to the positive results in the relationship with food.

For several years, the potential benefits of telemedicine for improving healthcare systems were envisioned, and its adoption was accelerated by the pandemic.[22] The use of electronic medical records favors the continuity of care by allowing both face-to-face and telemedicine consultations.

Teleconsultations proved to be useful in the treatment of outpatients, including those recently discharged from the hospital.[10,23] However, we have also observed some difficulties, such as patients feeling uncomfortable when seeing themselves on camera during the consultation, which may be challenging for the management of adolescents with EDs due to the exacerbation of symptoms related to body image and self-perception.[24] Some patients preferred to conduct the consultation without turning on the camera to avoid such discomfort. In addition, we identified technical difficulties in online communication and in the development of the provider-patient bond, as well as problems of unexpected disconnection during consultations, aspects that have also been mentioned by other studies.[25]

Despite these limitations, most patients perceived a major change in treatment, which was online mental health follow-up (73% of the sample); previous studies found significant improvements in the reduction of symptoms related to EDs and psychiatric comorbidities with online therapy.[26]

It is worth noting that our study has limitations, such as the fact that it was conducted in a single health center, with access to the health system —which was a protective factor– and that the interviews were conducted via videoconference and so some nonverbal cues may have been missed. In addition, past behaviors were explored, which could have been influenced by a recall bias, and relapses or hospitalizations during the study period were not taken into account.

Despite this, our results are similar to those of other studies conducted worldwide, and we believe that they provide valuable information on the management of adolescents with EDs during the pandemic in our context.

CONCLUSION

The adolescent population with EDs during the mandatory social isolation period reported discomfort with family life and dissatisfaction with social media content regarding body image and dieting. Notwithstanding this, adolescents highlighted peer support and improvements in their eating habits as positive aspects. ■

Supplementary material available at: https://www.sap.org.ar/docs/publicaciones/archivosarg/2024/10275_AO_Lopez_Anexo.pdf

REFERENCES

1. Decreto 297/2020. Aislamiento social preventivo y obligatorio. Boletín oficial República Argentina, Ciudad de Buenos Aires, 19 de marzo de 2020. [Accessed on: February 11th, 2023]. Available at: https://www.boletinoficial.gob.ar/detalleAviso/primera/227042/20200320.
2. Sandoval Obando E. Recomendaciones de salud mental en contexto COVID-19. Universidad Autónoma de Chile, 2020.

[Accessed on: February 10th, 2023]. Available at: https://repositorio.uautonoma.cl/handle/20.500.12728/9597.

3. Kaufman KR, Petkova E, Bhui KS, Schulze TG. A global needs assessment in times of a global crisis: world psychiatry response to the COVID-19 pandemic. *BJPsych Open*. 2020;6(3):e48.
4. Vitagliano JA, Jhe G, Milliren CE, Lin JA, et al. COVID-19 and eating disorder and mental health concerns in patients with eating disorders. *J Eat Disord.* 2021;9(1):80.
5. American Psychiatric Association. Feeding and Eating Disorders In Diagnostic and Statistical Manual of Mental Disorders (DSM-5). 5th ed. Washington, DC: American Psychiatric Association; 2013:189-97.
6. Spigel R, Lin JA, Milliren CE, Freizinger M, et al. Access to care and worsening eating disorder symptomatology in youth during the COVID-19 pandemic. *J Eat Disord*. 2021;9(1):69.
7. Saad MB, Eymann A, Granados N, Rotblat G, et al. Evolución y tratamiento de los trastornos de la conducta alimentaria en adolescentes: serie de casos. *Arch Argent Pediatr.* 2021;119(4):e364-9.
8. Smink FRE, van Hoeken D, Hoek HW. Epidemiology of Eating Disorders: Incidence, Prevalence and Mortality Rates. *Cur Psychiatry Rep*. 2012;14(4):406-14.
9. van Eeden AE, van Hoeken D, Hoek HW. Incidence, Prevalence and Mortality of Anorexia Nervosa and Bulimia Nervosa. *Curr Opin Psychiatry*. 2021;34(6):515-24.
10. Dueñas Disotuar Y, Murray Hurtado M, Rubio Morell B, Murjani Bharwani HS, Jiménez Sosa A. Trastornos de la conducta alimentaria en la edad pediátrica: una patología en auge. *Nutr Hosp*. 2015;32(5):2091-7.
11. Forrest LN, Smith AR, Swanson SA. Characteristics of seeking treatment among U.S. adolescents with eating disorders. *Int J Eat Disord*. 2017;50(7):826-33.
12. Attia E, Guarda AS. Prevention and early identification of eating disorders. *JAMA*. 2022;327(11):1029-31.
13. Campbell K, Peebles R. Eating disorders in children and adolescents: state of the art review. *Pediatrics*. 2014;134(3):582-92.
14. Tozzi F, Thornton LM, Klump KL, Fichter MM, et al. Symptom fluctuation in eating disorders: correlates of diagnostic crossover. *Am J Psychiatry.* 2005;162(4):732-40.
15. Ulfvebrand S, Birgegård A, Norring C, Högdahl L, von Hausswolff-Juhlin Y. Psychiatric comorbidity in women and men with eating disorders results from a large clinical database. *Psychiatry Res*. 2015;230(2):294-9.
16. Graell M, Morón-Nozaleda MG, Camarneiro R, Villaseñor Á, et al. Children and adolescents with eating disorders during COVID-19 confinement: Difficulties and future challenges. *Eur Eat Disord Rev*. 2020;28(6):864-70.
17. Kleiman S, Dawson MS. ¿Es difícil la convivencia?. Conferencia del ciclo: Pensar en tiempos turbulentos, de la Formación en Vínculos: Carrera de Especialización en Psicología Vincular de Familias con Niños y Adolescentes y Maestría en Vínculos, Familias y Diversidad sociocultural. Instituto Universitario del Hospital Italiano. 10 de julio de 2020. [Accessed on: March 2nd, 2023]. Available at: https://www.youtube.com/watch?v=3NI8s3of2pY
18. Rodgers RF, Lombardo C, Cerolini S, Franko DL, et al. The impact of the COVID-19 pandemic on eating disorder risk and symptoms. *Int J Eat Disord*. 2020;53(7):1166-70.
19. Nutley SK, Falise AM, Henderson R, Apostolou V, et al. Impact of the COVID-19 Pandemic on Disordered Eating Behavior: Qualitative Analysis of Social Media Posts. *JMIR Ment Health*. 2021;8(1):e26011.
20. Nicula M, Pellegrini D, Grennan L, Bhatnagar N, et al. Help-seeking attitudes and behaviours among youth with eating disorders: a scoping review. *J Eat Disord*. 2022;10(1):21.
21. Devoe DJ, Han A, Anderson A, Katzman DK, et al. The impact of the COVID-19 pandemic on eating disorders: A systematic review. *Int J Eat Disord.* 2023;56(1):5-25.
22. García Saiso S, Marti MC, Malek Pascha V, Pacheco A, et al. Barreras y facilitadores a la implementación de la telemedicina en las Américas. *Rev Panam Salud Publica*. 2021;45:e131.
23. Davis C, Ng KC, Oh JY, Baeg A, et al. Caring for children and adolescents with eating disorders in the current Coronavirus 19 pandemic: A Singapore Perspective. *J Adolesc Health*. 2020;67(1):131-4.
24. Yaffa S, Adi EL, Itai P, Marit JM, et al. Treatment of eating disorders in adolescents during the COVID-19 pandemic: a case series. *J Eat Disord*. 2021;9(1):17.
25. Couturier J, Pellegrini D, Miller C, Bhatnagar N, et al. The COVID-19 pandemic and eating disorders in children, adolescents, and emerging adults: virtual care recommendations from the Canadian consensus panel during COVID-19 and beyond. *J Eat Disord*. 2021;9(1):46.
26. Raykos BC, Erceg-Hurn DM, Hill J, Campbell BNC, McEvoy PM. Positive outcomes from integrating telehealth into routine clinical practice for eating disorders during COVID-19. *Int J Eat Disord*. 2021;54(9):1689-95.