LETTERS TO THE EDITOR

Dear Editor,

IMPACT OF THE CORONAVIRUS PANDEMIC ON ANOREXIA NERVOSA AND ATYPICAL ANOREXIA NERVOSA PRESENTATIONS

We read the recent insights by Springall et al. into the implications of the COVID-19 pandemic on eating disorders (ED) in Australian adolescents with great interest. We are currently reviewing the admission data at our Adolescent Medicine Eating Disorder Unit (AMEDU) at Monash Children’s Hospital. As we are a similarly sized Victorian tertiary level AMEDU, we believe a comparison of our data would be beneficial in widening the scope of this analysis.

Our 5-year retrospective chart review data (2016–2020) showed a statistically significant increase of 125.79% in total admissions in 2020 (n = 359) compared to the mean yearly admissions from 2016 to 2019 (n = 159, P = 0.027). This parallels the Royal Children’s Hospital (RCH) data which showed a 63% increase in presentations to their facilities in 2020. There was also a 73% (P = 0.035) increase in patients who were admitted multiple times within 1 year, with this group contributing to hospital burden considerably.

Our admission data from 2016 to 2020 are presented in Figure 1. When comparing monthly admissions from 2020 to the previous 4 years, the months of March, August, September, October and December had significant increases (P < 0.05). The largest peak was seen in September 2020 with a 233.33% increase in admissions, which coincided with the final months of lockdown prior to reopening of schools in October. Our data appear to mirror the increased presentations in the Springall et al.’s review. The increase in admissions from March 2020 contrasts with the RCH data showing that ED presentations did not increase significantly until June 2020. We hypothesise that this could be explained by potentially an acute stress response from the onset of the COVID-19 pandemic.

Our study sample may differ from the population included in the RCH study in that the RCH ED population appeared to be limited to anorexia nervosa and atypical anorexia nervosa. Our population includes avoidant restrictive food intake disorder and bulimia nervosa; however, these additional groups only comprised 6.5% of admissions. Additionally, the RCH data included all ED presentations, whilst our data were obtained from adolescents admitted to our AMEDU, a population likely to be more medically unstable. Despite these differences, our data on adolescent ED admissions during the COVID-19 pandemic in 2020 appear to align with that from the RCH and has significantly increased demand for hospital beds at both facilities.

Fig 1 Total admissions by month to Monash Children’s Hospital Adolescent Medicine Eating Disorder Unit (■, 2016; ■, 2017; ■, 2018; ■, 2019; ■, 2020). *P < 0.05.
Acknowledgement

The authors acknowledge the assistance of Michelle Caughey (Department of Adolescent Medicine, Monash Children’s Hospital, Monash Health) for data entry and retrieval.

Conor Heeney 1,2
Dr Stephanie Lee 2
Dr Kayte Gillman 2
Dr Kypros Kyprianou 1,2

1Faculty of Medicine, Nursing and Health Sciences, Monash University and
2Monash Children’s Hospital, Department of Adolescent Medicine, Monash Health, Melbourne, Victoria, Australia

Accepted for publication 29 October 2021.

Conflict of interest: None declared.

References

1 Springall G, Cheung M, Sawyer SM, Yeo M. Impact of the coronavirus pandemic on anorexia nervosa and atypical anorexia nervosa presentations to an Australian tertiary paediatric hospital. J. Paediatr. Child Health 2021. https://doi.org/10.1111/jpc.15755.

2 Victorian State Government Premier’s Media Release – Roadmap for all Students Return to the Classroom [Media Release]. Melbourne, Victoria, Australia: Department of Health and Human Services; 2020. https://www.dhhs.vic.gov.au/updates/coronavirus-covid-19/premiers-media-release-roadmap-all-students-return-classroom [accessed 26 October 2021].

Dear Editor,

CLINICIAN AND CAREGIVER EXPERIENCE OF TELEHEALTH DURING COVID-19 PANDEMIC SUPPORTS FUTURE USE

Increased telehealth uptake and integration into mainstream practice has been recognised as an unexpected silver lining of the COVID-19 pandemic.1 A recent Nature Medicine publication has indicated that telehealth is here to stay.1

In response to the surge in outpatient telehealth appointments at Perth Children’s Hospital (PCH) from the onset of the pandemic (March 2020), we audited caregiver and clinician experience with outpatient telehealth and telephone appointments to inform future outpatient service provision.

All general paediatricians conducting outpatient clinics over a 2-week period in May 2020 were invited to complete an online questionnaire of their experience using telehealth and telephone modalities. Caregivers of children attending a face-to-face, telephone or telehealth general paediatric outpatient appointment over a 3-week period in May–June 2020 were sent an online questionnaire via text message. Respondents were asked to what extent they agreed with certain statements, using a Likert scale, with a free text option inviting further comments.

Response rates of 85% (17/20) for clinicians and 23% (59/255) for caregivers were obtained (Table 1). All clinicians and caregivers who had utilised telehealth considered it very or somewhat convenient (100% (15/15) and 11/11, respectively). In comparison, fewer caregivers found their face-to-face appointments convenient (29/34, 85%).

| Table 1 | Caregiver and clinician responses for differing appointment modalities |
|---|---|---|
| Caregiver responses (total n = 59) | Telephone (n = 14) | Telehealth (n = 11) | Face-to-face (n = 34) |
| Proportion of total | 24% (14/59) | 19% (11/59) | 57% (34/59) |
| Patient (child) present during consultation | 50% (7/14) (95% CI −0.67, −0.24) | 91% (10/11) (95% CI −0.26, 0.08) | 100% (34/34) |
| Convenience of appointment type | | | |
| Very or somewhat convenient | 100% (14/14) | 100% (11/11) | 85% (29/34) (95% CI −0.27, −0.03) |
| Neutral | 0% | 0% | 12% (4/34) |
| Very or somewhat inconvenient | 0% | 0% | 3% (1/34) |
| Safety during pandemic | | | |
| Very safe or somewhat safe | 86% (12/14) (95% CI −0.12, 0.28) | 82% (9/11) (95% CI −0.12, 0.36) | 94% (32/34) |
| Neither safe nor unsafe | 14% (2/14) | 18% (2/11) | 6% (2/34) |
| Very or somewhat unsafe | 0% | 0% | 0% |
| Met expectations for appointment | | | |
| Very or somewhat satisfied | 93% (13/14) (95% CI −0.22, 0.12) | 91% (10/11) (95% CI −0.23, 0.17) | 88% (30/34) |
| Neither satisfied nor dissatisfied | 7% (1/14) | 0% | 3% (1/34) |
| Very or somewhat dissatisfied | 0% | 9% (1/11) | 9% (3/34) |

(Continues)