First-time hospitalizations for anorexia nervosa during the COVID-19 pandemic

REPORTING INFORMATION
(To be completed by the CPSP)
Report number:
Month of reporting:
Province:
Today's date:

Please complete the following sections for the case identified above. If the information asked for below is not readily available, please leave it blank. Strict confidentiality of information will be assured.

CASE DEFINITION FOR FIRST-TIME HOSPITALIZATIONS FOR ANOREXIA NERVOSA DURING THE COVID-19 PANDEMIC

Report any patient 11 to 18 years of age (up to their 18th birthday) hospitalized with a primary admitting diagnosis of anorexia nervosa for the first time.

As defined in the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition (DSM-5), a diagnosis of anorexia nervosa requires all three of the following criteria:

1. Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than that minimally expected.
2. Intense fear of gaining weight or becoming fat, or persistent behaviour that interferes with weight gain, even though at a significantly low weight.
3. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

Exclusion criteria
1. Patients admitted to hospital for weight loss and/or malnutrition, however the:
   a) patient has another DSM-5 diagnosis of an eating disorder (e.g., atypical anorexia nervosa, avoidant restrictive food intake disorder, bulimia nervosa, binge eating disorder)
   b) patient’s presentation is explained by another medical condition or mental disorder
   c) cause of the patient's weight loss is indeterminate/uncertain
   d) patient has had previous admission(s) to hospital for anorexia nervosa
2. Patients admitted to a partial hospital or day treatment program
3. Patients admitted for a primary reason other than anorexia nervosa

SECTION 1 – PATIENT DEMOGRAPHIC INFORMATION

1.1 Month/year of birth: _____ / _______
1.2 Gender: ☐ Male ☐ Female ☐ Gender diverse
1.3 Patient-reported population group(s) (select all that apply):
   ☐ Arab ☐ Japanese ☐ Chinese ☐ Filipino
   ☐ Black ☐ Korean ☐ Latin American ☐ White
   ☐ First Nations ☐ Inuit ☐ Métis ☐ Unknown/Did not ask
   ☐ Southeast Asian ☐ South Asian ☐ West Asian ☐ Other, specify: ________
   (e.g., Vietnamese, Cambodian, Laotian) (e.g., East Indian, Pakistani, Sri Lankan)
1.4 First 3 digits of patient’s postal code: ___ ___ ___

SECTION 2 – CLINICAL PRESENTATION

2.1 Date of admission to hospital: _____ / _______
2.1.1 Was the diagnosis of anorexia nervosa made during this admission? ☐ Yes ☐ No ☐ Unknown
2.1.2 If the diagnosis was made prior to this admission, when was this patient FIRST diagnosed with anorexia nervosa: _____ / _______
2.1.3 This patient was admitted to a (select all that apply):

- Eating disorder unit
- Paediatric psychiatric unit
- General intensive care unit (ICU)
- General paediatric unit
- Adult psychiatric unit
- Transferred to an eating disorder unit from another medical or psychiatric unit
- General adult unit
- Paediatric ICU
- Other, specify: __________

2.2 Indicate if ANY of the following cognitions, signs, and/or behaviours of anorexia nervosa were present at the time of admission to hospital:

<table>
<thead>
<tr>
<th>Cognition/Behaviour</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food restriction</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Significantly low body weight</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Excessive exercise</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Self-induced vomiting</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If yes, specify frequency: ______ times/week
Duration of this frequency of self-induced vomiting: ______ months

Bingeing

If yes, specify frequency: ______ times/week
Duration of this frequency of bingeing: ______ months

Fear of becoming fat or gaining weight                    | ☐   | ☐  | ☐       |
Perception that body shape/size is larger than it is     | ☐   | ☐  | ☐       |
Preoccupation with food/food intake                       | ☐   | ☐  | ☐       |
Water loading                                             | ☐   | ☐  | ☐       |
Laxative abuse                                            | ☐   | ☐  | ☐       |
Diuretic abuse                                            | ☐   | ☐  | ☐       |
Diet pill use                                             | ☐   | ☐  | ☐       |

2.2.1 Based on the patient's history, specify which of the specific cognitions, signs, and/or behaviours listed above were triggered or worsened by COVID-19-related factors? __________________________

2.3 Indicate the reason(s) for admission to hospital (select all that apply):

- <75% median body mass index (BMI) for age and sex (=current BMI/BMI at the 50th percentile x 100)
- < 80% of patient's target goal weight
- Rapid and/or significant weight loss
- Positive for COVID-19
- Dehydration
- Electrolyte disturbance(s) and/or fluid disturbance(s); If yes, specify (select all that apply):
  - Hypokalemia
  - Hyponatremia
  - Hypernatremia
  - Hypophosphatemia
  - Hypomagnesemia
  - Elevated blood urea nitrogen
  - Elevated creatinine
  - Other, specify: ______
- Hypoglycemia
- Electrocardiogram abnormalities; If yes, specify (select all that apply):
  - Prolonged QTC
  - Bradycardia
  - Heart block
  - Other, specify: ______________________
- Severe bradycardia (heart rate <50 beats/minute at daytime; <45 beats/minute at night)
  - If severe bradycardia, specify heart rate on admission: _____ beats/minutes
- Hypotension (<90/45 mm Hg)
- Hypothermia (any temperature equivalent to an oral body temperature < 96°F, 35.6°C)
- Orthostatic increase in pulse (>35 beats per minute)
- Orthostatic decrease in blood pressure (>20 mm Hg systolic or >10 mm Hg diastolic)
- Arrested growth and development
- Failure of outpatient treatment
- Acute food refusal
- To break the binge and/or purge cycle (e.g., self-induced vomiting, excessive exercise, diuretics, laxatives, diet pills)
- Acute psychiatric emergency; If acute psychiatric emergency, specify (select all that apply):
  - Suicidal
  - Self-harm
  - Homicidal
  - Other, specify: ______________________
2.4 Indicate if the patient had any of the following medical complications during this admission (select all that apply):

- Refeeding syndrome; If refeeding syndrome, specify clinical/metabolic changes (e.g., hypophosphatemia, congestive heart failure):
  - Cardiac failure
  - Cardiac arrest
  - Arrhythmias
  - Pericardial effusion
  - Acute respiratory failure
  - Acute gastrointestinal bleed
  - Anemia
  - Seizure
  - Thrombocytopenia
  - Confusion/delirium
  - Pancytopenia
  - Syncope
  - Severe constipation
  - Pancreatitis
  - Liver dysfunction/hepatitis
  - Acute mesenteric artery syndrome
  - Other, specify: _____________________________

2.5 Growth parameters

2.5.1 Weight on admission: _____ kg

2.5.2 Height on admission: _____ cm

2.5.3 Maximum weight ever recorded or reported prior to onset of symptoms: _____ kg. Date recorded: _____ / _____ MM YYYY

2.5.4 Lowest weight ever recorded or reported since onset of symptoms: _____ kg. Date recorded: _____ / _____ MM YYYY

2.5.5 Based on THIS admission, what was the weight calculated for optimal health (e.g., treatment goal weight, ideal body weight, expected target weight)? _____ kg

2.5.6 How much weight did the patient lose prior to this hospital admission? _____ kg

2.5.7 Over what time period did the patient’s weight loss occur? _____ months

2.6 Comorbidities

2.6.1 Does this patient have any other comorbid medical condition(s)?

- Yes
- No
- Unknown

If yes, specify: _____________________________

2.6.2 Does this patient have any other comorbid psychiatric condition(s)?

- Yes
- No
- Unknown

If yes, specify (select all that apply):

- Depression
- Anxiety disorder
- Obsessive-compulsive disorder
- Other, specify: _____________________________

SECTION 3 – COVID-19-RELATED RISK FACTORS

3.1 Was the patient attending school up until this admission to hospital?

- Yes, attending in-person
- Yes, attending virtually
- Yes, attending both in-person and virtually
- No; If no, why not? _____________________________
- Unknown

3.2 Based on the patient’s history, was the COVID-19 pandemic a precipitating factor in the development of the patient’s diagnosis of anorexia nervosa?

- Yes
- No
- Unsure

3.3 Based on the patient’s history, did the COVID-19 pandemic precipitate this admission?

- Yes
- No
- Unsure

If no, proceed to question 4.1

3.4 Based on the patient’s history, how important were the following COVID-19-related factors in potentially contributing to this admission?

3.4.1 Challenges associated with following public health directives (e.g., wearing masks, hand washing, hand sanitizing, physical distancing)

- Don’t know
- Not at all
- Slightly
- Moderately
- Very
- Extremely

If you replied from slightly to extremely, specify: _____________________________

3.4.2 Changes in or disruptions to peer contact and friendships due to COVID-19

- Don’t know
- Not at all
- Slightly
- Moderately
- Very
- Extremely

If you replied from slightly to extremely, specify: _____________________________

3.4.3 Exposure to dieting, nutrition, exercise, eating disorder and/or fat-phobic content (e.g., “don’t gain the COVID-19 pounds”) through social media, home environment

- Don’t know
- Not at all
- Slightly
- Moderately
- Very
- Extremely

If you replied from slightly to extremely, provide details: _____________________________
3.4.4 Disruption of daily structure and routine (e.g., increase in unstructured time enabling increase in focus on food, weight, and exercise)
- Don’t know
- Not at all
- Slightly
- Moderately
- Very
- Extremely
If you replied from slightly to extremely, specify: __________________________

3.4.5 Cancellation of important events and activities (e.g., vacation, holidays, sports)
- Don’t know
- Not at all
- Slightly
- Moderately
- Very
- Extremely
If you replied from slightly to extremely, specify: __________________________

3.4.6 Parent/patient or both concerned about seeking health care due to fear of exposure to COVID-19
- Don’t know
- Not at all
- Slightly
- Moderately
- Very
- Extremely
If you replied from slightly to extremely, specify: __________________________

3.4.7 Changes in healthcare service delivery (e.g., decrease in eating disorder services, lack of available eating disorder services, closure of eating disorder services) related to COVID-19
- Don’t know
- Not at all
- Slightly
- Moderately
- Very
- Extremely
If you replied from slightly to extremely, specify: __________________________

3.4.8 Increased family conflict due to COVID-19-related factors
- Don’t know
- Not at all
- Slightly
- Moderately
- Very
- Extremely
If you replied from slightly to extremely, specify: __________________________

3.4.9 Increased mental health issues among parents/caregivers due to COVID-19-related factors
- Don’t know
- Not at all
- Slightly
- Moderately
- Very
- Extremely
If you replied from slightly to extremely, specify: __________________________

3.4.10 Patient-expressed loss of control or helplessness related to COVID-19 pandemic
- Don’t know
- Not at all
- Slightly
- Moderately
- Very
- Extremely
If you replied from slightly to extremely, specify: __________________________

3.5 Specify any other COVID-19-related factors that potentially contributed to THIS admission? __________________________

- I agree to be contacted by the CPSP for further information on this questionnaire.
- I do not wish to be contacted by the CPSP for further information on this questionnaire.

SECTION 4 – REPORTING PHYSICIAN

4.1 Which of the following best describes your practice?
- General paediatrician
- Adolescent medicine specialist
- Another paediatric subspecialist, specify: __________________________
- Other, specify: __________________________

4.2 First 3 digits of the postal code of your practice: ___ ___ ___

4.3 Practice setting (select all that apply):
- Urban
- Suburban
- Rural/Remote
- Academic
- Non-academic
- Intensive care unit
- Inpatient hospital ward
- Other, specify: __________________________

First name______________________________ Surname______________________________
Address____________________________________________________________
City__________________________ Province________________________ Postal code____________
Telephone number________________________ Fax number________________________
E-mail________________________________ Date completed________________________

Thank you for completing this form.