



Covid-pandemie en eetstoornissen: a perfect storm

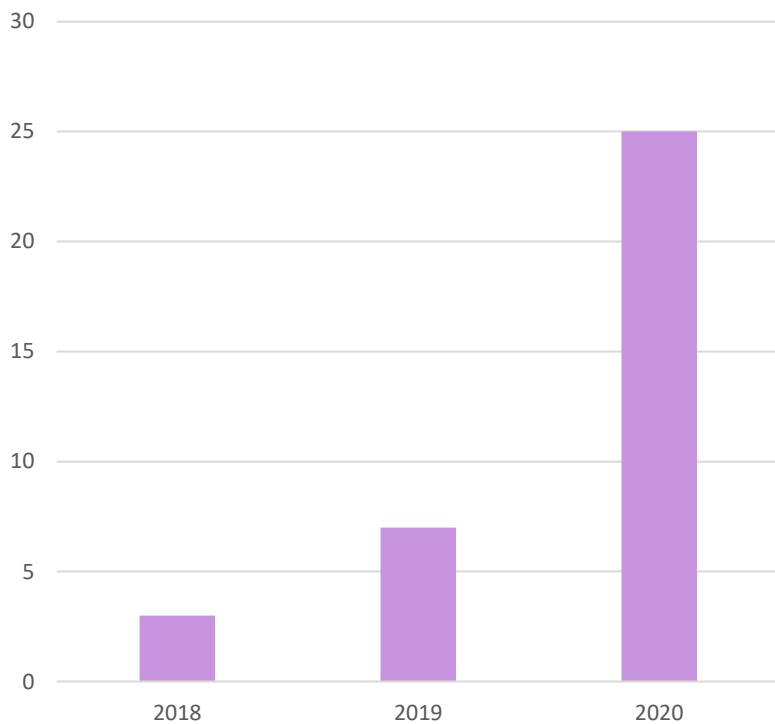
Dr. Katrien Maes, kinder- en jeugdpsychiater ZNA UKJA

Cijfers

- Studie in VK: volwassenen (N: 2002) tijdens lockdown
 - Emotioneel overeten: 42%
 - Emotioneel minder eten: 26%
 - Verminderde controle over eten: 36%

Onze cijfers

Dringende opnames ZNA Paola



Wachttijd opname UKJA - eetstoornissen

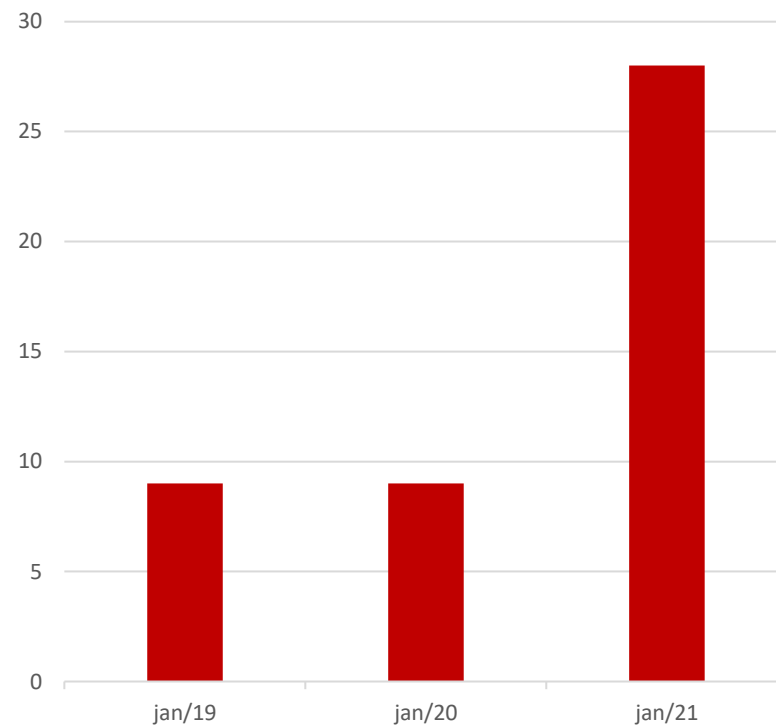
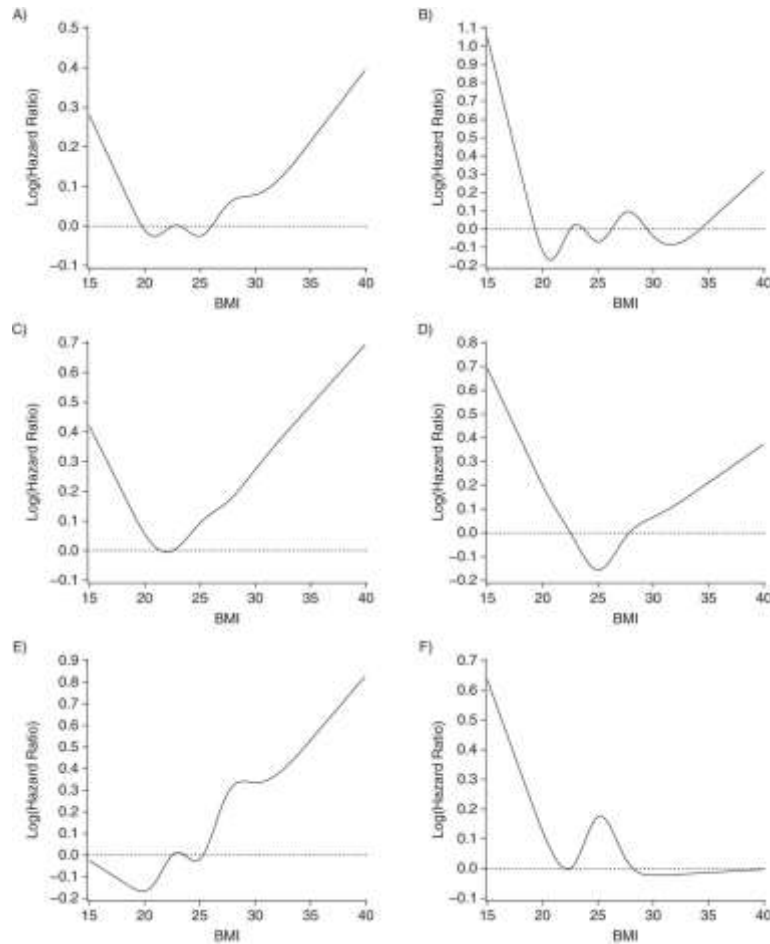


Table 2. Adjusted Hazard Ratios for Infectious Disease Requiring Hospital Contact



A) Any infection ($n = 6,916$)

B) Gastrointestinal tract infection ($n = 817$)

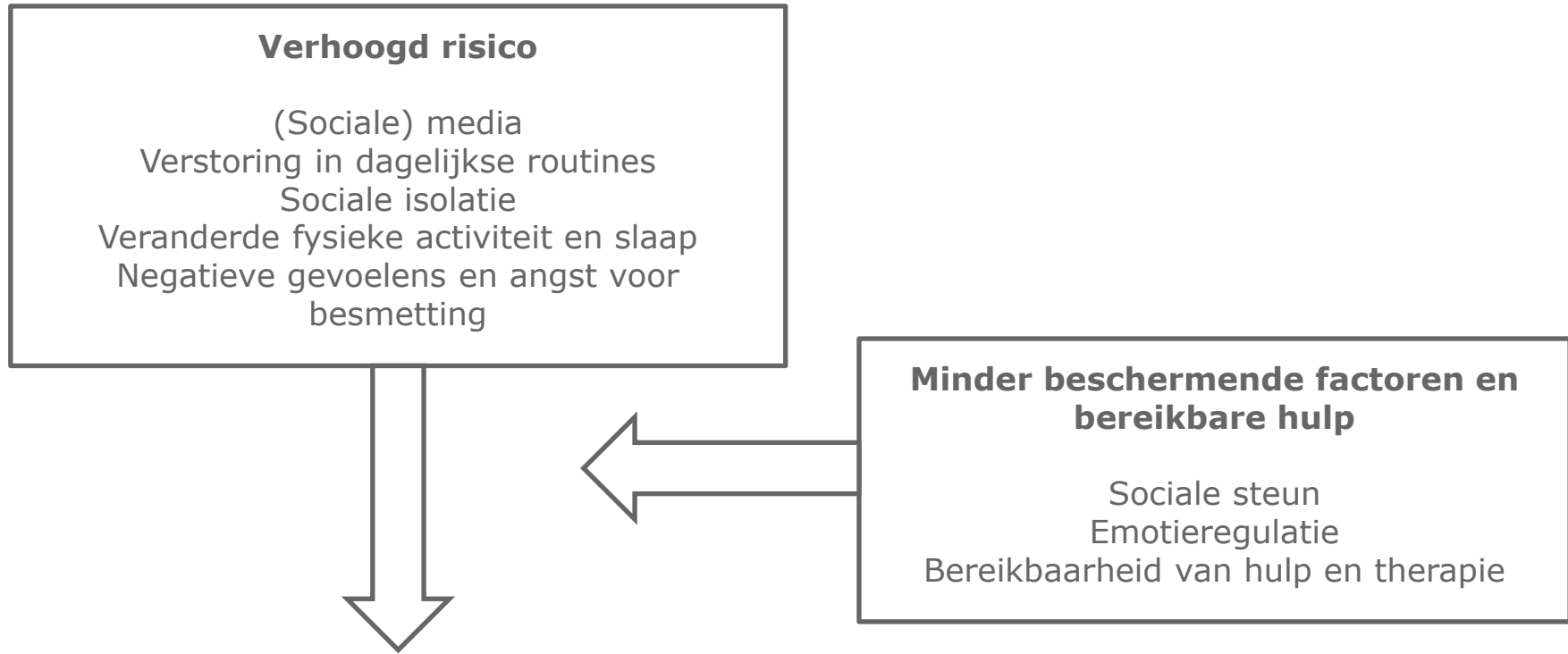
C) Upper respiratory tract infection ($n = 1,251$)

D) Lower respiratory tract infection ($n = 1,255$)

E) Skin and subcutaneous tissue infection ($n = 1,287$)

F) Urinary tract infection ($n = 687$)

A perfect storm



Verhoogd eetstoornis-risico en verergering van symptomen

Primaire preventie?

Eating Disorders, 8:123-130, 2000
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1061-0266/00 \$12.00 + .00



School-Based Interventions to Prevent Eating Problems: First Do No Harm

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The prevention of eating disorders and body image problems among adolescents is one of the most desirable achievements in contemporary health education. While preventive school-based education has been suggested as a possible way to reduce the prevalence of these problems in children and adolescents, this approach has also been cited as ineffective and potentially dangerous. This article discusses educational activities that deal with the prevention of eating problems and eating disorders. School-based activities are discussed in relation to how eating problems and eating disorders may be best dealt with in educational settings. Discussion focuses on how to avoid undesirable and unintentional effects such as the promotion of dangerous weight control methods and the glamorization or normalization of eating disorders. A new safe and effective school-based self-esteem program (O'Dea & Abraham, in press) is discussed and this new approach provides support for the use of school-based strategies to prevent eating problems.

Secundaire preventie

- Vroegtijdige signalering
- En vroegtijdige behandeling
 - Prognose ↑
 - Mortaliteit ↓



Vroegtijdige signalering

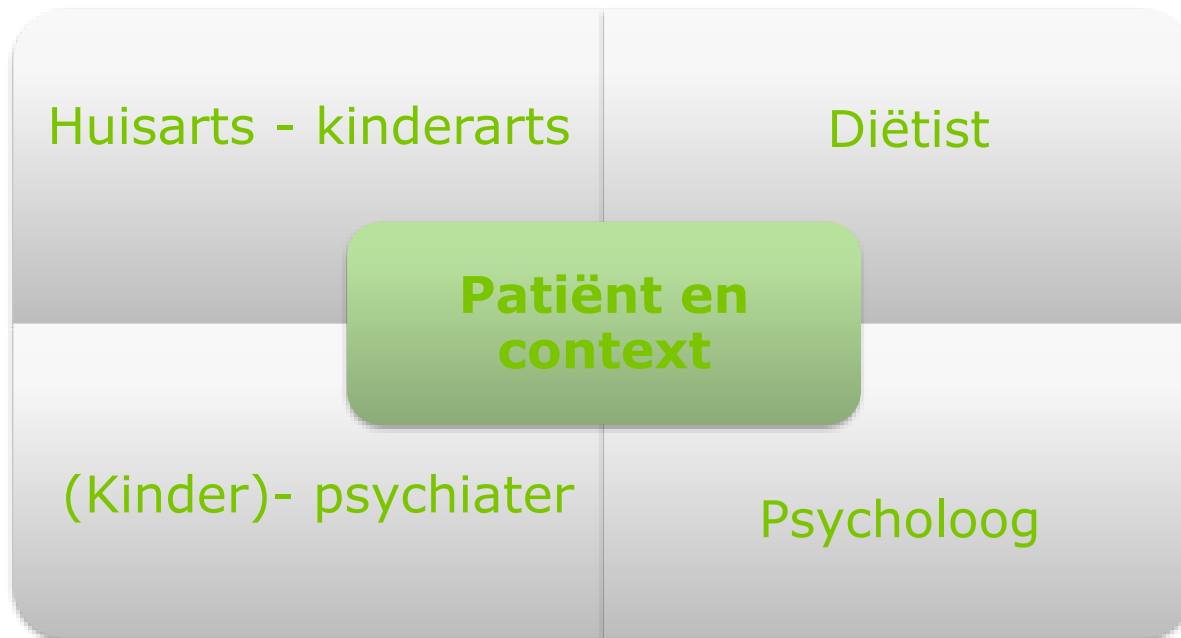
FYSIEK <ul style="list-style-type: none">▣ Gewichtsverandering▣ Algemene zwakte▣ Menstruatie▣ Sneller koud hebben▣ Vertraagde groei▣ Braken	GEDRAG <ul style="list-style-type: none">▣ Veranderingen in eetpatroon (te veel, te weinig, selectief)▣ Eetrituelen, overdreven aandacht voor voeding
BEWEGING <ul style="list-style-type: none">▣ Overdreven veel sporten▣ Work outs▣ Sport om gewicht te veranderen (schuldgevoel)	PSYCHO-SOCIAAL <ul style="list-style-type: none">▣ Negatieve uitspraken over zichzelf of lichaam▣ Zich afzonderen▣ Depressieve stemming, faalangst, perfectionisme

Verhoogde waakzaamheid bij risicogroepen

- Meisjes en vrouwen in transitieperiodes
- Diabetes mellitus
- Familiale voorgeschiedenis van eetstoornissen
- Modellen
- Sporters:

	Topsport	Controlegroep
Vrouwen	20%	9%
Mannen	8%	0,5%

Op zoek naar hulp



Intensieve behandelopties

- Wanneer?
 - Ontoereikende ambulante therapie
 - Draagkracht patiënt en/of gezin
 - Ernstige somatische zorgen
- Draaiboek Eetexpert:
 - <http://www.draaiboeken.eetexpert.be/detectie-en-somatische-opvolging-eetstoornissen>

	Psychiatric admission indicated ^a	Medical admission indicated ^b
	(bold parameters highlight adolescent criteria that are different to those for adults)	
Weight loss	Rapid weight loss (i.e. 1 kg/wk over several weeks) or grossly inadequate nutritional intake (<1000kCal daily)	
Re-feeding risk	Low	High
Systolic BP	<90 mmHg (<80 mm Hg)	<80 mmHg (<70 mm Hg)
Postural BP		>20 mmHg drop with standing
Heart rate		≤40 bpm (<50 bpm) or > 120 bpm or postural tachycardia > 20bpm
Temp	<36.0	<35.5 or >38°C
12-lead ECG	Normal sinus rhythm	Any arrhythmia including QTc prolongation, or non-specific ST or T-wave changes including inversion or biphasic waves
Blood sugar		<3.0 mmol/L
Sodium	<130 mmol/L*	<125 mmol/L
Potassium	Below normal range	<3.0 mmol/L
Magnesium		Below normal range
Phosphate		Below normal range
eGFR	>60 ^{ml/min/1.73m²} and stable	<60 ^{ml/min/1.73m²} or rapidly dropping (25% drop within a week)
Albumin	Below normal range	<30 g/L
Liver enzymes	Mildly elevated	Markedly elevated (AST or ALT >500)
Neutrophils	<1.0 x 10 ⁹ /L	<0.7 x 10 ⁹ /L
Weight	Body Mass Index (BMI) 12-14 (75-85% IBW, see IBW Ready Reckoner)	BMI <12 (<75% IBW, see IBW Ready Reckoner)
Other	Not responding to outpatient treatment	

** Please note, any biochemical abnormality which has not responded to adequate replacement within the first 24 hours of admission should be reviewed by a Medical Registrar urgently*

Table 1: Physical indicators for psychiatric and medical inpatient admission of patients with an eating disorder.

^a **Psychiatric admission is indicated if BMI <14 for adults or 75-85% IBW for adolescents, or there are other abnormalities of physical parameters that are not of sufficient severity to warrant medical admission.**

^b **In some cases, as indicated in the column of indicators under the 'Medical admission' heading, an initial medical admission is indicated. Generally speaking, this is recommended if BMI <12 for adults or weight is <75% IBW for adolescents, or there are significant abnormalities of physical parameters.**

Intensieve behandelopties: wachtlijsten...

- Multi Familie Therapie (ZNA UKJA)
- Opname / dagopname:
 - Volwassenen: niet in provincie Antwerpen
 - Broeders Alexianen Tienen
 - UZ Leuven
 - UZ Gent
 - Kinderen en jongeren:
 - ZNA UKJA
 - UZ Brussel



COVID-pandemie en eetstoornissen



This perfect storm

Hoge waakzaamheid

Vroege interventie