



Impact of COVID-19 Restriction on Eating Behavior and Eating Disorder Symptoms in Adolescent Women

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OVERVIEW

The COVID-19 pandemic blockade can burden young people around the world and have serious implications for people suffering from eating disorders (ED). Current Franconia anorexia nervosa under COVID-19 (FRANCO) study includes [1] perceived changes in depressive and ED symptoms during lockdown, (2) the role of social media. We investigated coping strategies for anorexia nervosa (AN)-patients and clinical and healthy comparison groups. From June 2021 to September 2021, 222 adolescent women aged 11.2-18.9 years (19 AN, 20 depression, 45 self-reported mental illness (SRPD), 138 controls) Completed a one-time anonymous survey and reported it retroactively. About the impact of ED and depressive symptoms, social media and coping strategies before and during the pandemic. Deterioration of quality of life (QoL) due to childbirth was observed in almost half of adolescent women. All groups reported a significant perceived increase in eating disorders, binge eating, anxiety and depressive symptoms, and emotional regulation problems [2]. A significantly higher rate of worsening eating disorders and anxiety and depressive symptoms in patients.

FOREWORD

Many restrictions have been set to limit the spread of COVID-19, but pandemics are still dominant today. Social distance, school closures, and discontinuation of recreational activities can affect adolescent mental health, and people with eating disorders (ED) may face unique risks [3]. ED is especially common in adolescents, especially girls. A German-wide representative impact (COPSY) study of COVID-19 on psychological health in children and adolescents found that pandemic [4]. Restrictions on COVID-19 increased the risk of mental health problems in children and adolescents, with 40%. I found out that I was a young man. Quality of life (QoL) declined in the first wave

of the pandemic, 48% in the second wave of the virus, compared to 33% before the pandemic. A longitudinal study in the United Kingdom reported increased depressive symptoms in children and adolescents compared to the pre-blockade period [5]. Shortly thereafter, longitudinal studies found increased behavioral problems and emotional symptoms during the initial blockade, especially among children, and not so much among teenagers.

CONCLUSION

This study reveals how adolescent women experienced the COVID-19 blockade. Special attention should be paid to adolescents with AN, as this result has been reported to be severely affected by COVID-19 lockdown measures in terms of eating disorders, increased anxiety and depressive symptoms. Shows the importance of. In the non-clinical sample (SRPD, Control), higher sensitivity to body image content on social media was correlated with the reported increase in eating disorders during COVID-19 lockdown [6]. Almost half of all participants reported that COVID-19 containment measures reduced quality of life. Future studies need to consider the long-term effects of confinement on adolescent mental health and better coping strategies.

Young people in particular have shown the use of technology addiction, and female gender is significantly associated with the use of social media addiction. The use of social media is associated with physical dissatisfaction and low self-esteem, especially based on appearance. Social media encourages exercise and a healthy diet that can trigger eating disorders. The increase in time spent on social media per day is largely associated with an increase in the diet of young adults. In one study, social networking site usage increased significantly during lockdown, with a significant link between Instagram usage and increased physical dissatisfaction, the pursuit of slimness, and reduced self-esteem in young women

[7]. It turned out. Exposure to promoting weight loss and triggering healthy social media messages during a pandemic is a factor that exacerbates ED symptoms in people with AN, which is a more important factor than people with other EDs. Mainly explained One-way ANOVA was performed using the SATAQ category pressure, recognition, and internalization values as dependent variables and groups as factors. Post-multiple comparison t-test using Bonferroni correction.

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