Exploring the participant experience of eating disorder telehealth interventions during the COVID-19 pandemic: a rapid systematic review

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INTRODUCTION

- COVID-19 has caused devastation and severely impacted the mental health and overall wellbeing of many individuals, including those with eating disorders (EDs). Evidence has demonstrated that eating disorders (EDs) rose by 15.3% during the early stages of the PHEIC. EDs can be life-threatening, affecting people equally across cultures, populations, and all socioeconomic levels, and are very difficult to treat.

METHODS

1. This paper is a rapid systematic review of a mix of quantitative and qualitative data, that is guided by the rapid review protocol.
2. This methodology has been utilised previously in researching COVID- 19 due to its effectiveness. This rapid review describes the perspectives of ED participants who engaged in telehealth treatment during the COVID-19 pandemic.
3. Collected data through rapid systematic review. Used the PICO framework, with inclusion and exclusion criteria created and initially conducted with Rayyan AI support.
4. Found 976 papers initially and settled on inclusion of 21 papers (n 2191).
5. Reflexive thematic analysis through a critical realist framework.

DISCUSSION

- The pandemic and period of the PHEIC brought into light that connection with others and experience in therapy is subjective. The pandemic was unique in the health context due to the current technological advances and lockdown measures. The participants perspective could be influenced by many external factors: help seeking, co-morbidity, past treatment (face-to-face) and (telehealth), therapeutic environment and connection, treatment fatigue and type and quality of other supports.

This review has highlighted that there is significant variance and subjectivity in participants' perceptions of telehealth treatment and has demonstrated an array of contrasting opinions and views in how participants experienced telehealth interventions.

Young people struggled the most with telehealth interventions, despite the heaviest users of digital technologies and are disproportionately affected by EDs, with 22% worldwide having an eating, weight or shape concern.

Major finding of this review is the participants' preference of a hybrid model of care that blends the convenience and accessibility of telehealth, with the depth and support of in-person interventions for eating disorder treatment.

RESULTS

Benefits

Themes	Findings	Quotes and statistics
Flexibility, ease of access and convenience	Telehealth's flexibility allowed participants to remain engaged in outpatient programs, where traditional face-to-face programs and therapy were replaced with telehealth treatment.	"It's a lot more accessible. It [telehealth] takes a lot less out of the day and you're not travelling and hanging about".
Rapid acceptance of change and continuity of care	The rapid acceptance of telehealth treatment and continuity of care was a positive theme across the studies reviewed.	"Staying connected and continuing treatment during a global health crisis is vital and is proving to be truly invaluable for not just myself but my fellow patients too".
Therapeutic alliance and the strength in already established alliance	The strength of the therapeutic alliance played a crucial role in the experience of telehealth treatment during the PHEIC.	In one study 71% (n 12) rated their experience "as good as" or "Better than" face-to-face".
Group Therapy and Meal Support	The COVID-19 pandemic impacted many key elements of ED therapeutic care with group therapy and meal support having to be adapted to telehealth delivery.	"Having meal support at home got me used to eating in my own house"

Limitations

Themes	Findings	Quotes and statistics
Lack of physical presence and visual clues.	The participants' therapeutic experience and the strength of their connection within group therapy were notably diminished due to the absence of physical presence and the inability to rely on visual cues.	"I find there is something detached about online treatment in that it doesn't feel like you're really connected to the other person because at the end of the call, it's just you in the same room as you live day to day".
Privacy Concerns.	Participants often expressed distress about the lack of private spaces at home for telehealth therapy sessions, which made it difficult to engage openly in talk about sensitive topics.	"I kind of held things back, so people wouldn't hear me and think I was a terrible mother".
Challenges with family involvement and increased conflict with parents.	The shift to telehealth treatment during the pandemic often intensified distress and challenges within family dynamics, particularly for adolescent participants.	"I have screaming matches every day with my parents which isn't good for anyone, especially my sister so I am feeling more depressed than usual".
Technical challenges and a digital divide.	The digital divide and frequent service disruptions posed barriers to accessing telehealth treatment for some participants.	"Sometimes the connection cuts, so it's hard to keep up with what's going on".
Perceived decreased quality of care and increased screen time.	There was notable variability in the perception of the quality of care received through telehealth therapy, with many participants expressing concerns about a decline in quality of treatment compared to in-person services.	One study found that 49% of participants said that they would decline using telehealth treatment if offered over conventional face-to-face treatment.
Difficulty in establishing new therapeutic alliances and limited impact on long-term behaviour change.	Many individuals who initiated treatment via telehealth found it challenging to form a strong therapeutic alliance due to difficulties in building rapport without any in-person interactions and due to the limitations of communicating through a screen.	"Online therapy may result in slower recovery . . . less connection".
Reduced effectiveness in managing severe symptoms and worsening in ED symptoms.	The studies reviewed identified that COVID-19 measures ultimately impacted mental health and physical health, with many participants symptoms worsening.	"My need for eating disorder [treatment] has increased as my symptoms have increased during this time".

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