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7 Does Physical Activity Vary By Virtual or In-Person School Models in School-Aged Children?

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youths and their families. Future research building on these findings will help identify the specific needs, care trajectories, and impacts of gender affirming treatment on the health and well-being of French-speaking TNB youth.

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INCIDENCE OF EATING DISORDERS DURING COVID-19: A RETROSPECTIVE REVIEW

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BACKGROUND: The COVID-19 pandemic has had marked effects on mental health, including in pediatric populations. Pediatric patients have faced mental health concerns at increased rates including anxiety and depression. Furthermore, patients with eating disorders represent a vulnerable group who have been negatively impacted as well, as a result of lack of support, loss of in-person follow-up and increased relapse. In our centre, and nationally, clinicians have noted a trend towards increased eating disorder referrals and increased hospitalizations during the pandemic.

OBJECTIVES: The objective of this study was to determine the incidence, severity and triggers for eating disorders in the adolescent population during the COVID-19 pandemic and how it compares to the year prior. As well, the subset of patients who were hospitalized for medical stabilization were further analyzed to determine severity of illness.

DESIGN/METHODS: A retrospective chart review compared the first year of the COVID-19 pandemic (March 2020-March 2021), to the previous 12 months. Inclusion criteria included referrals to an eating disorder clinic and inpatient admissions to pediatrics or mental health services during the specified time frame. Data collected included age of onset, triggers, comorbid mental health conditions, and weight measures. Among hospitalized patients, orthostatic vital changes, need for NG feeds, length of medical stabilization and length of mental health hospitalization were included.

RESULTS: Overall, 76 patients were included in the study. 44 (57.9%) were referred after COVID, which was significantly increased from the prior year ($p=0.05$). On average, patients presented at a younger age (14.2 ± 2.3 vs. 14.9 ± 1.9 ; $p=0.08$). Pre-COVID, approximately 44% of referrals were from family physicians and 19% from pediatrics. During COVID, approximately 39% were from family doctors and 25% from pediatricians. There was an increase in the number of patients requiring hospitalization for treatment (16 vs. 3), with 50% of the post-COVID admissions being direct from the ED Clinic on initial assessment. The reason for hospitalization was unstable vitals/ bradycardia in 68.7% of admissions; self-harm comprised the majority of the other admissions.

CONCLUSION: Our results support national and international reports that eating disorder incidence has increased during COVID-19. Patients described loss of routine, anxiety, and isolation as triggers related to the pandemic. Disruptions to daily life including school, sports, recreation, and relationships had profound effects on the mental health of children. The effect of social media on body image has also contributed. It is important for clinicians to screen for mental health conditions, including eating disorders at all available opportunities. Furthermore, this study demonstrates the need for increased services at our centre. Limitations for this study include that it is a single-centre study with a relatively small patient population. As well, it does not capture patients who may have been referred only to psychiatry.

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DOES PHYSICAL ACTIVITY VARY BY VIRTUAL OR IN-PERSON SCHOOL MODELS IN SCHOOL-AGED CHILDREN?

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BACKGROUND: Current recommendations for school-aged children's physical activity include at least one hour of moderate to vigorous intensity physical activity per day. Schools play an essential role in providing access to physical activity, through both structured and unstructured activity such as

physical education and recess. North American data has shown that due to restrictions placed on in-person schooling, children were not meeting recommended levels of physical activity during the first wave of the COVID-19 pandemic.

OBJECTIVES: The objective of this study was to understand the effect schooling models have on access to physical activity and subsequent reported changes in mental and physical health.

DESIGN/METHODS: An online survey was distributed to parents of school-aged children aged 4-13 in Ontario. The survey included questions regarding demographics, children's physical activity prior to and during the first wave of the COVID-19 pandemic, and parental perceptions regarding the pandemic's impact on mental and physical health. This study received ethics approval, was hosted on the REDCap™ platform, and distributed from February-June 2021 through a local school board, the Pediatrics section of the Ontario Medical Association, and through social media.

RESULTS: A total of 361 survey participants responded. Although there was a statistically significant decrease in the overall mean number of hours of physical activity per week from prior to the COVID-19 pandemic and the first wave of the COVID-19 pandemic (mean difference = 9.34 hours, SD = 10.06, $p<0.001$), there was no significant difference in hours of physical activity when comparing in-person and virtual school models ($p=0.892$ pre-COVID-19 pandemic and $p=0.146$ during the first wave of the COVID-19 pandemic). There was no significant difference in parent-reported impact of either physical ($p=0.724$) or mental ($p=0.822$) health between those that were enrolled in virtual or in-person school models, and no significant difference between school model and restarting activities ($p=0.078$).

CONCLUSION: This survey highlights not only that parents identified a significant decrease in children's physical activity during the pandemic but also that there was no correlation between school model and physical activity. This may be due to several organized physical activities not being re-started despite schools reopening, thus contributing to similar outcomes for children in both school models. Future research may include exploring why virtual and in-person models demonstrated no significant difference in physical activity and to conduct a qualitative analysis on methods used by parents to engage children in activity.

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THE EFFECT OF DECREASED PHYSICAL ACTIVITY ON PHYSICAL AND MENTAL HEALTH OF SCHOOL-AGED CHILDREN DURING THE COVID-19 PANDEMIC

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BACKGROUND: School-aged children are recommended to complete at least one hour of moderate to vigorous intensity physical activity per day. North American data has shown that due to COVID-19 restrictions placed on in person schooling and extracurricular activities, children were not meeting recommended levels of physical activity. Additional barriers to activity during the first wave of the COVID-19 pandemic included lack of access to public facilities including community centers, parks, and outdoor recreation. Decreased physical activity in children has been shown to have a negative impact on both physical and mental health, and childhood development. However, there is a paucity of literature on parents' perceptions of the association between physical activity and physical and mental health.

OBJECTIVES: The objective of this study was to gain a better understanding of the implications of the COVID-19 pandemic on levels of physical activity and parents' perceptions surrounding physical activity and physical and mental health.

DESIGN/METHODS: An online survey was distributed to parents of school-aged children aged 4-13 in Ontario. The survey included questions regarding demographics, children's physical activity prior to and during the first wave of the COVID-19 pandemic, and parental perceptions regarding the pandemic's impact on mental and physical health. This study received ethics approval, was hosted on the REDCap™ platform, and distributed from February-June 2021 through a local school board, the Pediatrics section of the Ontario Medical Association, and through social media.