

THE IMPACT OF THE COVID PANDEMIC ON A 14-YEAR-OLD FILIPINO-AMERICAN FEMALE WITH ANOREXIA NERVOSA AND MAJOR DEPRESSIVE DISORDER: A CASE REPORT



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ABSTRACT

This is a case of a 14-year-old Filipino-American female who experienced the isolating effects of the COVID pandemic alongside traumatic adverse childhood experiences. Together with these psychosocial factors, biological factors also contributed to the development of her mood and eating disorders. A biopsychosocial approach was used to understand her case to arrive at an objective and individualized psychiatric management.

Key Words: *COVID pandemic, biopsychosocial etiology, major depressive disorder, anorexia nervosa*

In the 2021 US National Survey¹ on Drug Use and Health (NSDUH), data showed that depression sharply increased among adolescent girls aged 12–17 at the outbreak of the COVID pandemic in 2020. Around 20.1% (or 5.0 million) of them had a major depressive episode (MDE), and 14.7% (or 3.7 million) had a severely impaired major depressive episode in the past year.

In the Philippines, a national online survey² (N = 1,879) estimated the psychological impact of the COVID pandemic, that showed 16.9% of the respondents experienced moderate-to-severe depressive symptoms while 28.8% had moderate-to-severe anxiety symptoms. Results of the study concluded that those with female gender, youth age; single status; students; specific symptoms; undergoing recently imposed quarantine; prolonged home-stay; discrimination; and unnecessary worries and concerns for family members had higher risks for anxiety and depression.

Another study³ showed that depression and anxiety more likely developed during times of loneliness such as the COVID pandemic lockdown in March 2020, which was shown to continue for 3 months to 9 years following the lockdown. Additionally, the duration of loneliness was more strongly correlated with mental health symptoms than the intensity of loneliness.

Many concerns⁴ severely affected the mental health of Filipino children and youth during the pandemic. These include fears of contracting the COVID virus, disruption of regular daily routines and face-to-face classes, and reduced social support from peers and friends. Children had suddenly decreased motivation for learning due to difficulties adapting to modular and/or online learning. Children with prior mental health problems and those living in low-income homes faced more severe conditions.⁵ Excessive social media use and online gaming were associated with developmental delays

because the time spent on social media can displace activities essential for healthy development, such as physical activity, face-to-face social interactions, and educational pursuits.⁵ Sleep difficulties also worsened because excessive social media use, especially before bedtime, can disrupt sleep patterns and reduce sleep quality due to the stimulating nature of screen time and the content consumed.⁶ As children and young people inevitably resorted to social media—this led to lower self-esteem and negative body image.⁷ Teenagers often compare themselves to idealized images on social media, leading to lower self-esteem and body dissatisfaction.⁸ Platforms like Instagram and TikTok frequently showcase edited and filtered images, setting unrealistic beauty standards that teenagers may strive to meet.⁹ These problems provide a rich nidus for psychiatric disorders such as depression, bipolar disorder and eating disorders in this population.

Eating disorders¹³ are tenacious disturbances in eating or eating-related behavior that significantly impair physical health or psychosocial functioning due to altered food consumption and/or absorption. These include anorexia nervosa, bulimia nervosa, binge eating disorder, and avoidant/restrictive food intake disorder. They develop at around 15 to 25 years old, but for some it may begin at any age.

Eating disorders were more prevalent (15% increase) in 2020 among people younger than 30 compared to the previous years.¹⁰ Patients who were already diagnosed with eating disorders even worsened during the pandemic as shown in other studies, along with worsened anxiety and depression symptoms. Even when these disorders were underreported in certain populations such as males, racial/ethnic minorities, people with higher weight, LGBTQIA+, or those from low-income backgrounds—the recent COVID-associated increase in the prevalence of eating disorders somehow proved that no group was exempt from developing eating disorders.^{10, 11, 12}

CASE PRESENTATION

The patient, Laura (not her real name) is a 14-year-old, Filipino – American female, non-practicing Roman Catholic, Grade 8 student, youngest of 3 siblings, and resident of a city in

Leyte, Philippines. She came to the outpatient clinic due to depressed mood, and thoughts of self-harm.

History began in 2020 (12 years old, grade 6), a few weeks before the COVID pandemic lockdown when Laura was eating lunch at school, her best friend, Rachel, approached her but Laura told her that she'll just finish eating first. Thus, Rachel walked away without Laura noticing that Rachel was depressed. After a few minutes, a commotion occurred. Laura ran towards the comfort room, anxious about what might have happened. Then she saw Rachel laying on the floor with blood from her slashed wrist. She ran to her teacher for help, so Rachel was brought to the school clinic. Despite doing the right thing, Laura felt guilty for not talking to her best friend that lunchtime and hated herself for it. She isolated herself in her bedroom. Laura also witnessed how her own father's mental illness worsened, thus making Ralph (her father) unpredictable, paranoid, and verbally abusive to the whole family. As she grew fearful and resentful of him, she also felt hopeless, unmotivated to go to school, along with low energy, low self-esteem and insomnia. She resorted to watching pretty girls on Twitter and felt depressed about how she looked more miserable than them. Hence, she refused to see herself in the mirror. No consult was done as her family was preoccupied with her father's condition.

From January – April, 2021 (13 years old, grade 7), Laura noted that she was developing breasts, body curves, and increasing in body weight, which she did not like. This was due to anxious thoughts that growing up would mean she would have the same problems as her parents. For this reason Laura struggled during mealtime, in an effort to halt these bodily changes she would take only 3-4 spoonfulls of rice and thinly sliced viand, which to her seemed a lot, yet her family would reprimand her for eating so little.

As she physically changed into a woman, she hated herself even more for seeing now that “woman,” while her “young girl” image faded before her eyes. To her, this young woman in the mirror looked ugly with an uneven face and fat thighs and thus would often cover her face with her hair. Her negative self-perception caused her to feel depressed, worthless and then guilty for being a burden to her family.

Even things she enjoyed such as drawing and socializing with friends were given up due to anhedonia.

On top of this, she and her brothers were forced by their father to listen to his self-centered stories and gaslighting when they displeased him with their school performance. No manic, psychotic, or somatic symptoms were noted. While Laura had depression and anxiety, her father's mental illness overwhelmed her family, such that Laura's mental health was neglected and no consult was done. Every day was a battle as Laura and her brothers lived in fear of their father. Later on, Laura's father became physically weaker, and he could not leave their home to disturb others as before, which was a relief to their family as it spared them from further embarrassment and there was no longer a need to go after him.

In May – October, 2021, still with the above symptoms, Laura's obsessions with thinness worsened as she wanted to look like her "7-year-old" self again believing that it would make her happy. She computed her BMI multiple times/day and felt unsatisfied if it was normal. She had unrealistic and ambiguous goals of being underweight at 63 pounds, but when she reached her target, she still perceived herself as overweight. This was reinforced by browsing Twitter posts of anorexic women which compelled her to compete with them by losing more weight.

When alone, Laura felt that her friends maligned her (persecutory ideations) by talking behind her back even when she didn't have concrete evidence of this. Hence, she did not leave the house unless prodded. Still, mealtime was a battle, as intense fears of weight gain overwhelmed her for every spoonful she ate, which led to excessive guilt for perceived wrongdoing. Still, no consult was done, and no medications were taken as their family did not know her situation.

In November – December, 2022, still with the above symptoms, the worsening guilt, fears, and emotional pain drove her to lock herself in the bathroom to slash her wrist and scratch her arms. She felt some relief but only for a few minutes, and the pain always returned.

Growing hopeless, she thought of running away and never eat until she died, which led to initial insomnia. However, as she contemplated escaping their house, thoughts of how this would hurt her family prevented her from doing so. Fortunately, Jason, her older concerned brother checked on her. She told him of her suicidal thoughts which alarmed her family. Hence, she was brought to the OPD the next day.

Family Profile:

Ralph is Laura's father, 79 years old, retired American physician. Laura was close to him when she was younger and oblivious to his mental illness. She looked up to him then, for his passion for poor patients. Laura found out later that his colleagues despised him for his belligerence which led to fights with them. He questioned policies and disobeyed authorities, hence he shifted from one job to another. As a result, his license was on probation for 20 years until it was revoked in 2014. The US court concluded that he had a Delusional Disorder and "impaired ability to practice his profession safely due to a mental illness". He also jumped from one relationship to another until he met his current and seventh wife – Karen. He believed that he had unlimited money (grandiose delusion) which paid for his piles of subscribed medical journals. He has been physically ill, yet still arrogantly refused help from other doctors.

Karen is Laura's mother, 54 years old, a housewife, and a high school graduate. She met Ralph via pen pal writing through common friends. Laura and her brothers were closer to Karen for her love, and for being both father and mother to them. Hence, Laura felt hurt that her father treated their mother like a house helper ever since. As Karen became too preoccupied with Ralph's mental illness, Laura became emotionally distant from Karen. Even so, Laura admired Karen for her strength, and wisdom in asking for more money from Ralph so that she can save more of his pension which he easily splurged on useless things.

Jason, 19 years old, is Laura's older brother, a college student, who stood as Laura's father figure. Laura had high regard for him for being a responsible and caring brother. Jason admitted that he felt so angry at their father for being a constant threat to them, and he could not envision a future with him.

But later on, he realized that he needed to forgive to set a good example for his younger siblings. Just like Laura, he was grade-conscious to meet their mother's high expectations and felt that they were her trophy children.

Gabriel – 16 years old, is Laura's second older brother, Grade 10 student. They used to closed but when Laura had psychiatric symptoms, he blamed her for adding stress to the family. As her older brothers were smart, she felt pressured to measure up and prove her self-worth. Despite their praises, she did not appreciate herself for being smart like them, and the most artistic among them.

Anamnesis:

For Laura's perinatal history, she was unplanned but a welcomed pregnancy, being the only girl. She was born full-term via cesarean section with no complications in the US. As the children grew up without any nanny, Laura saw her mother as her best friend, confidant and first teacher, while Ralph provided for their physical needs. As a toddler, Laura was playful, friendly, and close to both parents. Her development was at par with age, with no noted developmental problems.

In early to middle childhood, while in the US, Laura's family lived harmoniously with her older half-siblings, from her father's earlier wives. She recalled happy faces upon visiting each other's homes on holidays. Laura was a happy and outgoing girl and thought of her father as kind and loving.

However, at 4 years old, she did not know that her parents had fights due to Ralph's suspicion of Karen's infidelity. Karen hid these stressful incidents, so Laura and her brothers had happy memories with their father. Hence, when Laura was 5 years old, Karen relocated the children with herself to the Philippines to have emotional support from Karen's family. At 6 years old, Laura still recalled happy memories even when her father worked in the US, and stayed with them for only a month each year. She felt blessed for her loving parents and a father who showered them with toys and clothes. But little did she, her brothers, and mother know of Ralph's brewing problems at work as he kept them to himself.

At 7 years old, Laura felt happy that Ralph "retired" and finally stayed home with them in the Philippines. However, she and her family did not know that Ralph was laid off from work due

to his legal cases, which led to his revoked medical license. At first, she had fun times with him, but in 2017, she noted changes in Ralph's behavior. Laura witnessed how Ralph lashed out furiously at her mother even over minor mistakes. She felt hurt and shocked to see her parents fight as Ralph insisted on his ways. Laura thought that she caused these fights due to her mistakes and felt guilty. She also felt confused when he was nice at times and asked her how school was. But she also felt annoyed by his exaggerated compliments and told her that she was such a genius because of him. Believing her dad's accolades at first, she studied less, which led to lower grades from third to sixth grades.

At 10 years old, Laura continued to witness her parents' fights and she initially sided with Ralph. However, when Ralph became verbally abusive and dismissive, Laura's love turned to anger and fear. Laura and her family were threatened to look at him "in the eye", as he demanded only good news from them to make him happy. Laura felt angry, as she believed that she should be able to share with a parent without coercion. She thought that it was "difficult to deal with the two different unpredictable personas of her father". Laura and her family felt helpless and "on the edge". Fortunately, they had caring maternal relatives and Ralph provided for all their material and financial needs from his pension.

At 11 years old, Laura had mixed feelings when Ralph convinced other parents to elect him as the PTA president. Because he was unpredictable and persuasive, he stirred up other parents to increase security measures due to his paranoid delusion of terrorist attacks that he heard from the news at that time. When the school security improved, Laura felt embarrassed of his arrogance about it. Sooner or later, this embarrassment grew as she witnessed how her father became intolerable, so her school principal asked him to step down as president. With her father enraged, Laura and her brothers were fearful of what he might do. He stormed to the school and questioned the principal's credentials. Laura felt terrible and fearful of being kicked out of her beloved school. Thankfully, the school principal was kind and allowed her and her brothers to stay. Initially, she felt anxious that peers would malign her due to her dad, but they befriended her. Her school filed a restraining order to

prevent Ralph from entering the school premises, despite his threats. Laura agreed with this as she saw that her father indeed had a mental illness. Laura interacted less with her peers but her friends encouraged her, and she was able to pass her subjects. While this happened to Laura, her family was overwhelmed by her father. Hence, Laura kept her struggles to herself, to avoid adding a burden to her family.

Laura was also yelled at when scolded by her mother which made her feel more dismissed. Laura's worst memory was when her father, after his incessant demands, pushed a full-length mirror from the top of the stairs toward her mother who was at the bottom of the stairs. Stunned, she locked herself in the bathroom, fearful that her mother had died. (Thankfully, her mother caught the mirror without hurting herself or breaking it.) Laura retorted that "she hated him" since then. Laura felt sad and had an occasionally low appetite when something upsets her but only for a few hours. Fortunately, she still had good sleep.

Personal and Family Histories:

Laura was a non-smoker, non-alcoholic beverage drinker, and denied illicit drug use. She never had any intimate partner or any sexual encounter. For her medical history, she had the common flu but she did not have allergies, nor had any previous hospitalization or surgery.

For her past psychiatric history, aside from the mentioned psychological abuse from her father, and emotional neglect from her family, she had no sexual abuse, nor physical neglect

For the family medical history, Laura's father, Ralph, and his own mother, have hypertension, but with no diabetes. For the family psychiatric history, Ralph was diagnosed recently with Schizo-affective Disorder, Bipolar Type due to his grandiose delusions that he was a federal marshal, and persecutory delusions that people were out to get him and had hacked into his personal computer for his personal data. He was admitted for the first time in a small psychiatric ward from August 10 - 14, 2021, but refused to follow-up as he disliked the place. While in the US before, he had legal cases filed against him since the 2000s due to work-related problems. He committed multiple assaults and verbal threats (such as having a "bomb" in a briefcase), and had prolonged conflicts with authority figures in different medical clinics, resulting to restraining orders, in the past 25 - 30 years. In

2014, he was diagnosed as having a Delusional Disorder.

Laura's mother, Karen, disclosed the physical abuse of her own paternal grandfather towards his wife, Karen's grandmother. This was witnessed by Karen's father throughout his childhood. Karen, herself, was diagnosed with an Anxiety Disorder in February 2022, but she was lost to follow-up after one consult as she was preoccupied meeting Ralph's demands.

Physical and Mental Status Examinations:

Laura had normal vital signs BP 120/80 mmHg, HR 85 bpm, T: 36.7°C, RR: 20 cpm. She had pale skin, with good skin turgor, and no active lesions. She had pale-palpebral conjunctiva, anicteric sclera; had symmetric chest expansion and clear breath sounds. Her cardiac rate was normal, with regular rhythm, with no palpitations. She had a soft, non-tender abdomen. Her neurologic findings were unremarkable.

For her first mental status examination on January 7, 2022, Laura was noted to be a pale-skinned white American adolescent female, with fairly kempt, straight, shoulder-length black hair which she frequently stroked to cover her face. She was dressed-up all in black, including an above ankle boots) looking appropriate for her age but not for the occasion. She sat with a stooped posture, furrowed eyebrows and a strained face. She had poor eye contact, with eyes downcast mostly. She had spontaneous speech with a normal tone and soft volume, but slightly evasive with her answers, and when teary-eyed, she would fidget the seamline of her shirt. She had a depressed mood, with full and congruent affect, crying sometimes while sharing her experiences. She had a goal-directed thought process and denied any delusions, hallucinations, illusions, or homicidality but with frequent obsessions of being thin, and not losing weight enough, with occasional thoughts of death and of self-harm (by slashing her wrist). For her cognition, she was fully awake, had good attention, oriented to 3 spheres, good fund of knowledge, memory, abstract thinking and calculation, and good judgment, but with some insight to illness as she already knew that she needed psychiatric treatment due to her difficulties in managing her behaviors and emotions.

Her latest mental status examination (December 30, 2022), showed Laura with a well-kempt straight shoulder-length black hair. She wore a black long-sleeved cardigan with a white inner shirt, and maong pants appropriate for her age and for the occasion. Still in her stooped posture, this time she sat less anxiously and had fair eye contact. Her arms were occasionally clasped around her chest area, but she was cooperative to the interviewer. Laura was conversant with spontaneous speech, and normal tone and volume. She had a slightly anxious mood, at times she looked sad and disappointed, but her affect was full and congruent. Her thought process was goal-directed. She denied any delusions, hallucinations, illusions, homicidality, or suicidality; she had less intense fearful thoughts (unlike previous obsessions) that her anorexia symptoms would recur, and she might lose her self-control. For her cognition, she was fully awake, with good attention, oriented to 3 spheres, good fund of knowledge, memory, abstract thinking and calculation, fair judgment, and fair insight to illness.

PRESENT DIAGNOSIS

Major Depressive Disorder, Severe;
Anorexia Nervosa, restricting type,
with V Codes (DSM5)¹³ of child psychological abuse, suspected; Parent-child relational problem, child affected by parental relationship distress; Non-suicidal self-injury, in partial remission.

MANAGEMENT

The goals of management are the following:
1.nutrition rehabilitation to restore normal weight
2.treatment of psychological issues
The first can be achieved through a referral to a pediatrician, identifying and eliminating problematic eating patterns such as excessive dieting and purging behaviors, and eating regularly, correctly and mindfully. The second goal focused on her anxiety and depression and identifying and correcting distorted thinking patterns, and development of long-term behavioral changes through psychoeducation, psychotherapy, and pharmacology. For her psychotherapeutic management, family therapy and meetings were done as Laura felt more comfortable processing her issues when her older brother and mother were with her during the sessions.

Gabbard¹⁴ (2015) mentioned the growing evidence of the efficacy of psychotherapies for adolescent anorexia nervosa patients. In the Canadian guidelines¹⁵ (2020) for managing eating disorders in children and adolescents, family-based treatments had the most evidence to support their use in children and adolescents with anorexia nervosa. Using the Maudsley model, the therapist serves as a consultant to the family.

Laura's family was empowered to assume responsibility for her nutrition and guided her to minimize factors that directly interfered with the normalization of eating. Later, I as the therapist, helped her family on how to return the responsibility to Laura for eating mindfully, regularly, and correctly. Throughout this process, the goal was to help Laura develop a healthy identity and guide her family to help her negotiate the developmental transitions of adolescence. Cognitive behavioral therapy was initially tried but Laura was resistant to reflecting on her inner experiences. Hence family therapy with attachment-based strategies was more effective for her since she was encouraged to reflect as her brother and mother reflected their thoughts and feelings alongside her.

For her pharmacologic treatment, Laura was given Escitalopram 10mg/tab, ½ tab once a day for 6 days, then 1 tab thereafter, and Risperidone 2mg tab, ½ tab once a day at bedtime, gradually increased to 1 tab. Escitalopram was given due to its high efficacy in treating depression, suicidality, and anxiety. Risperidone was given to lessen the impulsivity in suicidality and because of its lesser risk for weight gain among antipsychotics which the patient was very particular about. The distorted thinking in anorexia nervosa resembles delusional thinking, which may improve with antipsychotic treatment.¹⁴

COURSE OF MANAGEMENT

In her initial consults from January to September 2022, Laura was noted to be pale-skinned, with fairly kempt hair, and wore all-black clothes in most of her consults. She was evasive and fidgeting while answering questions. Her speech was spontaneous with an anxious tone and soft volume. She had a depressed to anxious mood with congruent affect, and at tears occasionally. Her thought process was goal-directed, with frequent obsessions of not losing enough weight and occasional thoughts of death and of self-harm.

but she denied any delusions, hallucinations, illusions, or homicidal ideations. She was fully awake, attentive, and oriented to 3 spheres, with good cognition (i.e. good memory, abstract thinking, and calculation), and with fair insight to illness. She knows that she already needs psychiatric treatment due to difficulties in managing her behaviors and emotions. From October 2022 till present, she had less severe depressive and anxious episodes. She was more conversant and cooperative with the treatment process.

It was clear that Laura deeply struggled with low self-esteem due to a distorted self-image and pessimistic thoughts such as “my greatest mistake was choosing to recover from my eating disorder” as she believed that her family had to closely monitor her because she was weak. “My family treats me like a sick child” and she felt disrespected. She felt very guilty for the attention she was now given. These thoughts reinforced her depressive and anorexia symptoms, including suicidal gestures. As her therapist, I also struggled in helping her because of her ambivalence to receive help. Patiently, I saw her slowly confront her indecision, doubts, fears, and impatience for relief and change. Seeing her mother and brother’s constant support for her therapy sessions brought mini-steps of progress even as her family also struggled to deal with her unpredictable behaviors, such as dieting and self-harm. “Even when she was told that she looked beautiful and she looked good, she could not accept it, nor any compliment.” Even when her older brother repeatedly reprimanded her that she might be hospitalized for losing too much weight, she agreed for a few hours but still resorted to her thoughts of wanting to lose weight. Hence, as her therapist, I also had to deal with the frustrations and struggles of her brother and mother about her ambivalence and inconsistencies. Later in therapy, despite the initial denial, she realized that she craved her mother’s attention and felt jealous of her attention towards her father. This was slowly confronted in therapy. She also coped by trying to pretend that she wanted to eat more to please her family but slowly did she realize that she was only fooling herself and her family in the process. When classes began, she was open again to others and accepted herself slowly. She realized that she had potential, capabilities, and skills. She wanted to trust herself more and had this growing realization that she is also capable

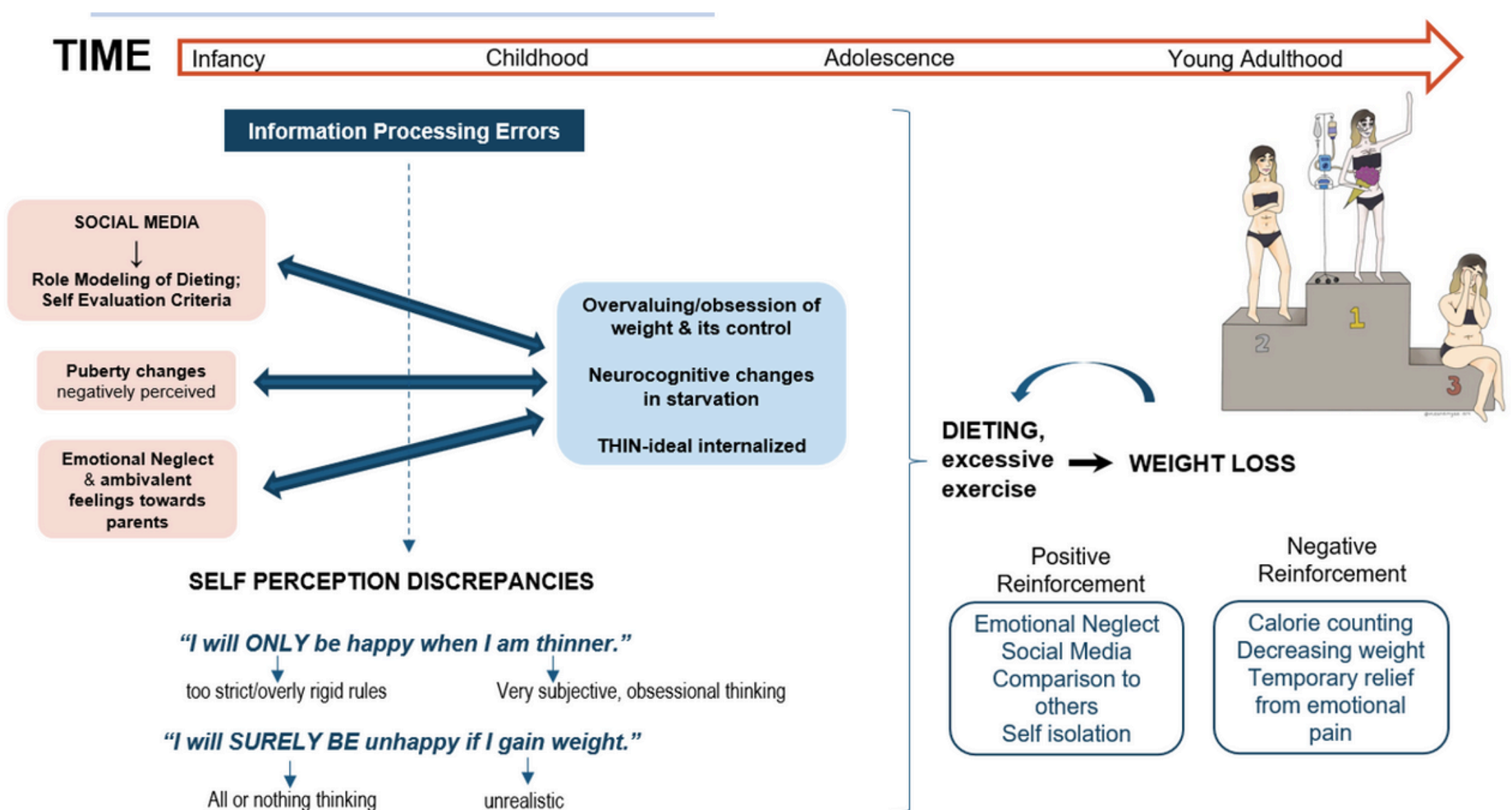
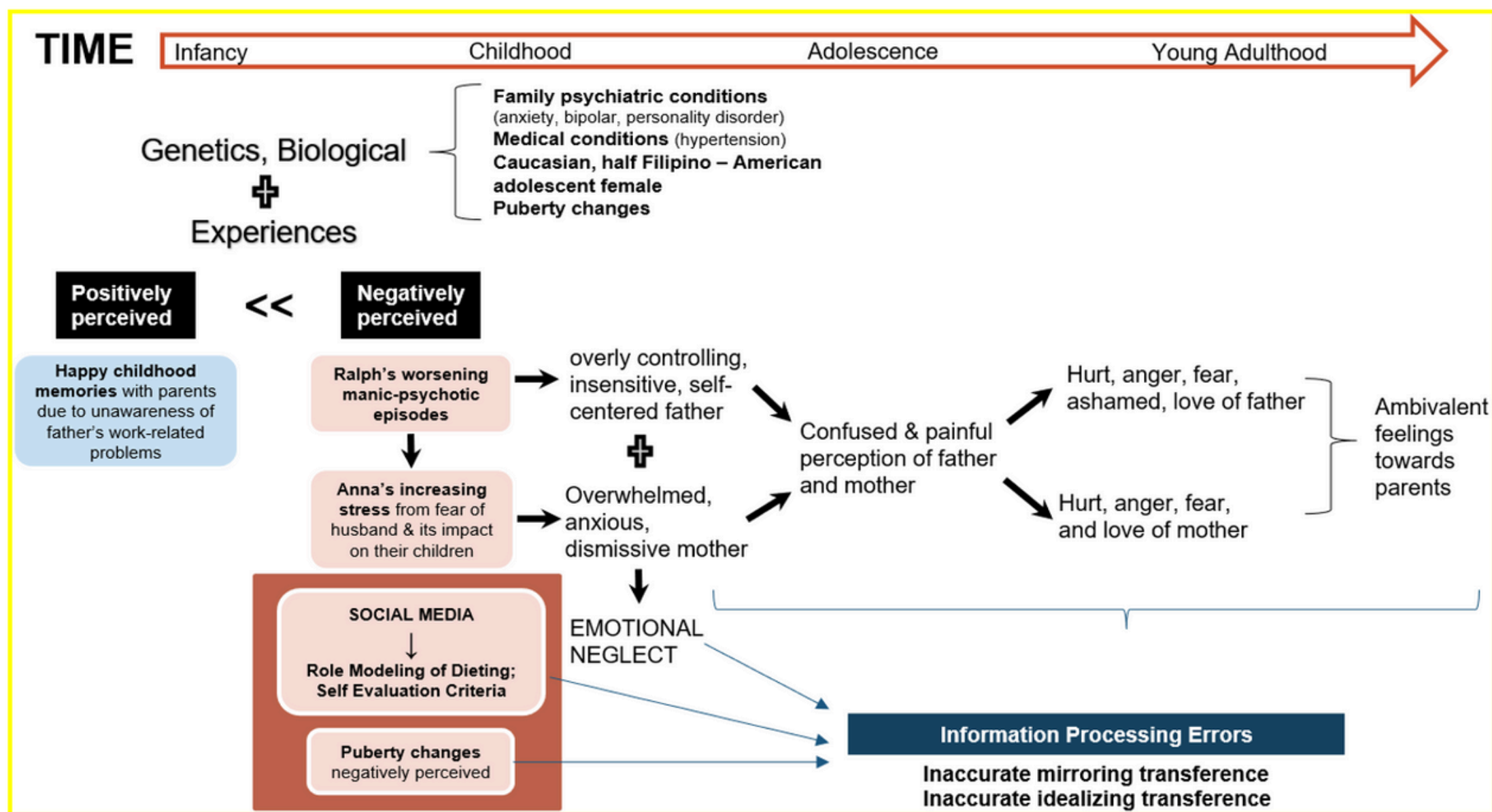
of doing things just like anyone. Hopefully, this slow growth continues as she learns that she is never alone in the journey to healing.

DISCUSSION USING A PSYCHODYNAMIC FORMULATION

Laura’s problems may have mostly occurred from late childhood to adolescence. Both are crucial life stages when she struggled with the varied physical and psychological changes in herself and the people around her.

Biologically, a family history of psychiatric conditions such as mood and personality disorders, and medical problems suggest strongly that genetic factors made Laura vulnerable to mental illness. Later on, hormonal changes in puberty, on top of poor nutritional habits, further increased her risk to mental illness. The prefrontal cortex is underdeveloped in adolescence, hence Laura may have relied on the amygdala, and limbic system (emotion control system) to solve problems, which led to mood symptoms, and poor impulse control. Being a Caucasian also had increased risk as shown in a 2015 UK and Ireland study¹⁶ among those aged 8 – 17 years (high incidence of eating disorders: 25.66 in women versus 2.28 in men, peaking at 15 years old in women, and 16 years old in men).

Psychologically, it seems that Laura’s problems are circumscribed. She is artistic and intelligent, supported by friends, and comes from a high-income family. But these strengths seemed to be inhibited by unconscious conflicts in coping with her father and her overwhelmed family. This may have manifested as an unconscious conflict that was seemingly articulated as: I want to love my father and please him VERSUS I am angry with my father because he hurts me and my family. Along with puberty changes, her family life became chaotic as she realized the painful truth of her father’s mental illness. Severely stressed, Laura dealt with shame, anger, and fear towards an overly controlling and self-centered father who was cared for by her overwhelmed and anxious mother. As her family was preoccupied with her father, she felt neglected. A national baseline study¹⁷ in the Philippines (N = 3,866) concluded that violence against Filipino children and youth aged 13-24 years occurred in various forms and settings. Among the respondents, 80% of them experienced violence in the home, school, workplace, and community, while 25% felt psychologically neglected by their caregivers.



Without a firm authority and supportive figure among her parents in this difficult time, Laura had a deficient source of guidance. This perhaps has led to an inaccurate understanding of the world around her, due to inaccurate mirroring and idealizing transferences with her parents. In addition, the lockdown, fear of her father, and her family's suffering, all drove her to emotional and physical isolation. She realized that 7 years old was her happiest self before all the chaos began. Thus, her utmost desire was to regain back those wonderful happy years and her young body when she was still 7 years old. Puberty seemed a nightmare for her, not wanting to grow up like her adult parents. She focused on thinness and weight loss, to achieve

this impossible goal of becoming her 7-year-old self, as her way of coping with her current adolescent struggles. This was reinforced by social media which briefly soothed her and "maligned her" figuratively, as she thought that she looked fatter than these anorexic women. She overly idealized these women who became her standards of beauty and sense of self (pathological idealization), which further reinforced her feelings of worthlessness and hopelessness. These feelings fueled the repeated cycles of excessive dieting (turning against herself), and suicidality (i.e. acting out and aggression towards self via intense dieting and self-harm). Hence, controlling her weight possibly gave her a false sense of control over

the chaos within herself and around her, which led to psychiatric symptoms (depression, anxiety, and anorexia symptoms).

CONCLUSION

Adolescents are biologically predisposed to mental health issues, which can make them vulnerable in times of crisis such as the COVID pandemic. Several adolescents may resonate with Laura's difficulties at a time when she was trying to discover her identity and place in this world, while navigating the painful reality of her family problems, on top of the physical and emotional isolation brought about by the pandemic. Hence, more adolescents like her need to be equipped to face varied challenges, and this is where mental health professionals are strategically positioned to help them.

ETHICAL CONSIDERATIONS

This study adhered the Declaration of Helsinki, WHO guidelines, International Conference on Harmonization-Good Clinical Practice, Data Privacy Act of 2012, and the National Ethics Guidelines for Health Research 2017. Patient-related documents used are stored for 3 years and then discarded after.

Informed Consent

A written consent form was explained and obtained from the patient and her parent, as required by the review board. This report was also approved by the Institutional Ethics Review Committee (IERC) of our institution.

Conflict of Interests/Financial Disclosure

This study was initiated by the investigator who did not receive funds from any company or industry. There were no potential conflicts of interest as the study was done only for academic purposes under Eastern Visayas Medical Center. The attending physician and investigator directly managed the patient,

Patient Anonymity, informed consent, confidentiality

Patient's anonymity, privacy and confidentiality were secured via non-disclosure of personal data that may indicate the patient's identity. Only the investigator/ attending physician had secure access to the patient's information, which was placed in a secure office, to guard against unlawful or unintended access by other individuals. The written informed consent was directly obtained by the investigator from the patient and the parent.

Risks

This case report involved no to minimal risks for physical, psychological, social, or economic harm since it only involved the case description. Only an interview and medical record review were done, and the patient's treatment plan was unmodified. No discomfort or injury was inflicted on the patient.

Benefits

Since the study was only a case report, the patient did not receive any direct benefit. All information on the patient's case will greatly benefit the well-being of future patients with similar presentation.

REFERENCES

- 1 2021 National Survey on Drug Use and Health (NSDUH). <https://www.samhsa.gov/data/sites/default/files/2022-12/2021NSDUHFFRHighlights092722.pdf>
- 2 Tee ML, Tee CA, Anlacan JP, Aligam KJG, Reyes PWC, Kuruchittham V, Ho RC. Psychological impact of COVID-19 pandemic in the Philippines. *J Affect Disord.* 2020 Dec 1;277:379-391. doi: 10.1016/j.jad.2020.08.043. Epub 2020 Aug 24. PMID: 32861839; PMCID: PMC7444468.
- 3 Loades ME, Chatburn E, Higson-Sweeney N, Reynolds S, Shafran R, Brigden A, Linney C, McManus MN, Borwick C, Crawley E. Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. *J Am Acad Child Adolesc Psychiatry.* 2020 Nov;59(11):1218-1239.e3. doi: 10.1016/j.jaac.2020.05.009. Epub 2020 Jun 3. PMID: 32504808
- 4 Malolos GZC, Baron MBC, Apat FAJ, Sagsagat HAA, Pasco PBM, Aportadera ETCL, Tan RJD, Gacutno-Evardone AJ, Lucero-Prisno Iii DE. Mental health and well-being of children in the Philippine setting during the COVID-19 pandemic. *Health Promot Perspect.* 2021 Aug 18;11(3):267-270. doi: 10.34172/hpp.2021.34. PMID: 34660220; PMCID: PMC8501475.
- 5 Yale Medicine. (2023). How Social Media Affects Your Teen's Mental Health: A Parent's Guide. [Internet]. [cited 2023Jun.24]. Available from: (<https://www.yalemedicine.org/news/social-media-teens-mental-health>).
- 6 Scott H, Woods HC. Understanding links between social media use, sleep and mental health: recent progress and current challenges. *Curr Sleep Medicine Rep.* 2019 Jul 13;5(3):141-9. doi: 10.1007/s40675-019-00148-9.
- 7 The pandemic increased eating disorders among young people—but the signs aren't what parents might expect by Taylor, JF (November 10, 2021) <https://businessmirror.com.ph/2021/11/10/the-pandemic-increased-eating-disorders-among-young-people-but-the-signs-arent-what-parents-might-expect/>
- 8 American Psychological Association. (2023). Reducing social media use significantly improves body image in teens [Internet]. [cited 2023Jun.24]. Available from: (<https://www.apa.org>, 23 Feb. 2023, www.apa.org/news/press/releases/2023/02/social-media-body-image).
- 9 Valkenburg, Patti, et al. Social Media Use and Adolescents' Self-Esteem: Heading for a Person-Specific Media Effects Paradigm. *Journal of Communication*, vol. 71, no. 1, Feb. 2021, pp. 56-78, doi:10.1093/joc/jqaa039.
- 10 Taquet M, Geddes JR, Luciano S, and Harrison PJ. Incidence and outcomes of eating disorders during the COVID-19 pandemic. *British Journal of Psychiatry*, vol. 220, no. 5, July 2021, pp. 262-64, doi:10.1192/bjp.2021.105.
- 11 Vitagliano JA, et al. COVID-19 and eating disorder and mental health concerns in patients with eating disorders. *Journal of*

Eating Disorders, vol. 9, no. 1, July 2021, doi:10.1186/s40337-021-00437-1.

12 McLean CP, Utpala R, and Sharp G. The impacts of COVID-19 on eating disorders and disordered eating: A mixed studies systematic review and implications. *Frontiers in Psychology*, vol. 13, Sept. 2022, doi:10.3389/fpsyg.2022.926709.

13 Diagnostic and Statistical Manual of Mental Disorders, 5th Ed, Text Revision, (2022) by the American Psychiatric Association Publishing

14 Gabbard, G. O. (Ed.). (2014). *Gabbard's treatments of psychiatric disorders* (5th ed.). American Psychiatric Publishing, Inc.

15 Couturier, J., Isserlin, L., Norris, M. et al. Canadian practice guidelines for the treatment of children and adolescents with eating disorders. *J Eat Disord* 8, 4 (2020). <https://doi.org/10.1186/s40337-020-0277-8>

16 Petkova H, Simic M, Nicholls D, Ford T, Prina AM, Stuart R, Livingstone N, Kelly G, Macdonald G, Eisler I, Gowers S, Barrett BM, Byford S. Incidence of anorexia nervosa in young people in the UK and Ireland: a national surveillance study. *BMJ Open*. 2019 Oct 22;9(10):e027339. doi: 10.1136/bmjopen-2018-027339. PMID: 31640991; PMCID: PMC6954494.

17 Ramiro LS, Madrid BJ, Norton-Staal S, Cajayon-Uy MM, Luna PB. National Baseline Study on Violence against Children and Youth (NBS-VAC) in the Philippines. *Acta Med Philipp [Internet]*. 2022Aug.31 [cited 2023Jan.24];56(15). Available from: <https://actamedicaphilippina.upm.edu.ph/index.php/acta/article/view/5062>

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