

Understanding Changes in Eating Behaviors Among Young Adults During COVID-19



The C-EAT (COVID-19 Eating and Activity Over Time) survey was conducted between April-October 2020 among a diverse sample of young adults in the longitudinal EAT study. The present study examined associations between stress, psychological distress, financial difficulties, and changes in eating behaviors during the pandemic.

Key Findings

Disordered eating was common during the COVID-19 pandemic.

61% of participants engaged in **unhealthy weight control behaviors**

14% of participants engaged in **binge eating**

Stress, depressive symptoms, financial strain, and difficulties with stress management were associated with disordered eating.

In their own words...

Among individuals who reported changes in eating behaviors in response to the COVID-19 pandemic, six themes emerged:

1 Mindless eating and snacking: Participants described increased eating out of boredom and in the absence of hunger throughout the day.

“Being at home all day makes me just want to be eating every time I go into my kitchen. Although I'm not hungry I'm looking for something to snack on.”

2 Increased food consumption: Participants mentioned eating more in general.

“Due to COVID I just binge eat because there's nothing else to do. Not being able to go to the gyms really got me lazy as I'm not a work out at home kind of person.”

3 Generalized decrease in appetite or dietary intake: Participants described a general decrease in their appetite and/or general decrease in their food intake.

“I have actually been eating less at home than I did when I was working. I don't order take out all the time. However I have not been cooking much either.”

4 Eating to Cope: Participants described eating in response to the stress and anxiety of the COVID-19 pandemic.

I have been eating much more than normal to help cope with stress.”

5 Pandemic-related reductions in dietary intake: Participants described a marked increase in stress in response to the pandemic, which was associated with skipping meals, reduced dietary intake, concerns regarding food safety, reduced appetite and/or intake, and reduced food shopping.

"The biggest impact on my diet is the fact that I cannot go to the gym. Since working out is extremely limited, I've been restricting more and have tried the Keto diet to be in more control of managing my weight. Not gaining during this time is extremely important to me."

6 Reemergence or Marked Increase in Eating Disorder Symptoms: Participants described experiencing an onset or worsening of eating disorder symptoms or habits that they attributed to a past eating disorder diagnosis.

"Due to the gym being closed I do not get as much physical activity as I normally do. This has decreased my appetite and I do not eat as much when I am feeling stressed. This is due to an eating disorder of past binge eating due to stress."

Implications

1 Online or mobile-based interventions that focus on stress management skills (e.g., yoga, mindfulness) and provide tools to develop a routine may be useful for emerging adults at risk for developing disordered eating during public health crises.

2 National- or state-level financial support may reduce financial difficulties and, in turn, reduce disordered eating risks among young adults during public health crises.

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