categories of relationship status change: 1) unpartnered pre/post; 2) unpartnered pre, new partner post; 3) same partner pre/post; 4) partnered pre, broke up, unpartnered post; 5) partnered pre, broke up, new partner post. Random intercept mixed effects multinomial regression (gllamm; Stata 17.0; all $p<.05$) adjusted for country-level clustering was used to understand how demographic (age, gender identity, sexual identity, employment status during COVID, mental health, distancing or isolation during COVID) and country-level predictors (income group, Oxford Stringency Index [national response to COVID], Palma Ratio [country-income inequality) and Gender Inequality Index (country-gender inequality) were associated with relationship change.

Results: 15% of AYA had no partner pre/post COVID, 5% were unpartnered pre-COVID with new partner post. 63.3% had the same partner pre/post, whereas 11.3% had a partner pre-COVID, but broke up and had no new partner post-COVID. Less than 5% had a new partner post-COVID after breaking up with their pre-COVID partner. Of those who broke up with their partner, the majority ended during (44.4%) or after (26.6%) COVID-lockdowns, and one-third thought social distancing precipitated the relationship's end. Older (RRR=0.86-0.91), female (RRR=0.32-0.63) and transgender AYA (RRR=0.10-0.37) all had a lower risk, and sexual minority AYA had a higher risk (RRR=1.35-1.51), of being in all status categories compared to being in the same relationship before-and-after COVID. Higher mental health scores were linked to lower probability of being unpartnered pre/post as compared to being partnered pre/post (RRR=0.89-0.82). Social-distancing was associated with a lower risk for pre-COVID unpartnered individuals finding new post-COVID relationships (RRR=0.76) or of partnered individuals breaking up, while ever being in isolation was associated with higher risk of being unpartnered pre/post (RRR=1.20). Higher country income was associated with being unpartered pre-COVID (RRR=0.08-0.12) and higher risk of having a pre-COVID relationship break-up (RRR=1.32). Unpartnered individuals in countries with higher lockdown stringency had a greater probability of finding a new post-COVID relationship (RRR=1.13).

Conclusions: COVID measures were associated with AYA relationships both initiating and ending. Strategies for relationship development/support should be included as part of preparation for future public health emergencies.

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12.

THE IMPACT OF THE COVID-19 PANDEMIC ON ADOLESCENT/YOUNG ADULT EATING DISORDER PATIENT VISITS: DATA FROM THE NATIONAL EATING DISORDER QUALITY IMPROVEMENT COLLABORATIVE

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Purpose: The COVID-19 pandemic has profoundly impacted the mental health of adolescents/young adults (AYA) globally. Patients with eating disorders (EDs) are no exception, with studies noting worsening ED-related symptomatology (e.g., calorie restriction, binging, purging, excessive exercise) during the pandemic. Though anecdotally, ED programs have felt an increase in demand for ED-related care, there is little empiric evidence to date. We aimed to compare ED-related care pre- and post-onset of the pandemic among AYA in inpatient and outpatient settings using a sample of geographically diverse adolescent medicine programs.

Methods: This study examined data from 11 academic adolescent medicine programs throughout the United States as well as data from one private ED program, which was analyzed separately. Data were obtained as part of the National Eating Disorder Quality Improvement Collaborative, a 25+ site collaborative of adolescent medicine programs. We defined "pre-pandemic" as January 2018-March 2020 and "post-onset of the pandemic" as April 2020-December 2020. We used segmented regression models to examine the trend in monthly volume of patients seeking care for EDs in the inpatient and outpatient settings separately. We compared changes pre- versus post-onset of the pandemic allowing for different slopes in the pre- and post- periods (interaction) and testing for an immediate shift at the time of pandemic related restrictions (intercept). We analyzed data separately for each site and then pooled data from all sites to examine overall trends across sites. For the pooled analysis, we utilized log-transformations to allow for easier comparison of programs of different sizes (i.e., examining relative rather than absolute changes in patient volume).

Results: There was some variability in trends by site. Results from our pooled analysis examining changes in the number of patients requiring medical hospitalization pre- and post-onset of COVID-19 showed a slight increase pre-pandemic of about 1% each month (95% CI: 0.3 to 2% per month; $p=0.02$). There was an immediate significant decrease of 50% in patients requiring medical hospitalization following onset of the pandemic (95% CI: -67% to -23%; $p=0.003$). Following this shift, there was a significant average increase in slope of hospitalized patients with EDs of 17% per month (95% CI: 10 to 25% per month; $p<0.001$). Our pooled analysis examining the number of patients requesting outpatient assessments showed no change pre-pandemic but a significant decline of 71% immediately following onset of the pandemic (95% CI: -88 to -31%; $p=0.007$), and subsequently an increase of 24% per month on average (95% CI: 11 to 40% per month; $p=0.002$). In the private ED program, post-onset of the pandemic there was an average of 6 additional inquiries per month (slope=6.3; $p<0.001$).

Conclusions: We found a significant pandemic-related national increase in both inpatient and outpatient ED patient volume. Given the limitations in ED-related care that existed pre-pandemic, these findings raise concern that existing systems will not be able to meet the current needs. Our results highlight the need to address workforce issues related to ED care as well as improve ED prevention strategies.

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