Background
Early in the COVID-19 pandemic, every patient on Oaktrees Eating Disorder Unit became infected at the same time with Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). At the time, this presented staff with new clinical challenges and it was incredibly difficult and stressful to manage. Following the incident, it provided a unique opportunity to examine any patterns in the presentation of COVID-19 in patients with anorexia nervosa. Recognising patterns will hopefully allow for early diagnosis in the future, and prevent significant spread of disease on the ward again.

Method
Clinical care records (both online and paper) were reviewed for each patient who contracted COVID-19. General patient demographics were recorded including age, sex, ethnicity, past medical history and BMI at the time of infection. Symptoms and signs were categorised. Blood tests were reviewed. Change in BMI during the time of infection was used as an objective indication of psychological well being as well as a marker of how COVID-19 affected their eating disorder.

Results
6 patients were infected with SARS-CoV-2 on Oaktrees ward between 17/04/2020 to 12/05/2020. Overall clinical presentations were mild. The median period of isolation was 14 days. 4 out of the 6 patients continued to restore their weight despite being in isolation. 2 patients were treated with antibiotics for suspected pneumonia and 1 patient required transfer to an acute medical ward, where she was also treated in intensive care. She was transferred after presenting with acute confusion and poorly controlled epilepsy. She was treated in hospital for possible COVID-19 encephalitis, pneumonia and her epilepsy medication was reviewed.

Patient demographics
• Age ranged from 20 to 45 years.
• 5 out of the 6 patients were female
• BMIs of the patients ranged from 12.7Kg/m2 to 15.1Kg/m2.
• 6 out of 6 patients were White British.
• 3 out of the 6 patients had significant past medical history. 1 patient had asthma, 1 patient had a history of previous stroke and epilepsy, 1 patient had a history of idiopathic thrombocytopenia.
• 1 out of 6 patients was an ex-smoker and was on Nicotine Replacement Therapy.

Conclusion
• Examining this time period in more detail has allowed us to identify patterns of COVID-19 within our population of patients. There was an expectation that the patients would not do well. However, overall the patient cohort experienced a relatively mild illness
• Presenting symptoms were often non specific and therefore a low threshold for testing seems appropriate
• Lymphopenia was present in 50% of our population and when present, appeared to be an early sign
• Reassuringly, the majority of patients continued to restore weight whilst in isolation
• The ward responded and adapted quickly to create a bespoke policy for patients with anorexia nervosa who presented with symptoms of COVID-19 (See Oaktrees Ward Pathway COVID-19)
• This data has also been included in a central study, in order to increase knowledge of anorexia nervosa and COVID-19 on a national scale