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**SFE statement regarding issues specific to obesity management during the COVID -19 pandemic**

The worldwide spread of the novel coronavirus, COVID-19, has developed into an ongoing pandemic with the continued loss of life. This presents significant challenges to society including those of us working in healthcare and will especially impact individuals with some chronic conditions.

Obesity is a risk factor for COVID-19 disease severity, including intensive care admission and mortality.[1] The epidemiological evidence is clear and biological mechanisms linking obesity and COVID-19 have been proposed.[2] Overweight and obesity affect 63% of adult population and 20% of year 6 children have obesity in the UK.[3] National strategies aimed at reducing COVID-19 infection rates have for some people promoted weight gain. Public Health England (PHE), and key stakeholders including patient groups, have produced a detailed report highlighting the impact of the pandemic on people with obesity and the provision of obesity services.[4] Services aimed at supporting people with the most clinically severe obesity include Tier 3 (multidisciplinary team delivered services) and Tier 4 (bariatric surgery). These services are often based within the NHS and the redeployment of staff as well as the reduction in elective clinical activity to meet the demand for COVID-19 may have particularly affected these services. The provision of current obesity services is insufficient, and the impact of COVID-19 has further exacerbated this problem. The government has made announcements aimed at reduced new onset obesity as well as pledging to increase the services available to treat people living with obesity who are seeking weight loss. These announcements are welcomed though any increase in services may take some time to deliver.

Services that have been able to adapt throughout COVID-19 have typically been delivered virtually either through digital platforms or on the telephone. Whilst digitally delivered services have been accepted by many the PHE report and our own experiences have highlighted that there is a risk of exacerbating health inequalities with over reliance on digital platforms. This may disadvantage certain patient groups including those for whom English is not a first language.

COVID-19 is ongoing and there are continuing restrictions on society and on the provision of care within the NHS as a result. It is especially important therefore that we work to maintain services as much as possible and adapt to provide treatment to our patients. Examples of good practise have been highlighted within the PHE report.

**Is obesity a risk factor for contracting COVID-19?**

Meta-analysis of 20 studies has recently shown that the odds of people with obesity being COVID-19 positive were 46% higher than those without obesity.[1]

**Is obesity a risk factor for severe COVID-19?**

Pooled data show that people with obesity have increased odds of ICU admission by 74%, of mechanical ventilation by 66% and 48% of death compared to individuals without obesity. [1] Whilst BMI is a crude assessment of an individual’s adiposity there is a dose effect with increased risk of COVID-19 severity with increasing BMI.[5,6]

**Is weight loss safe in the pandemic?**

No data suggests that weight loss would be unsafe during the pandemic. Given the health benefits of weight loss patients should be supported to achieve their weight loss goals. However, if an individual develops symptoms suggestive of COVID-19 or tests positive patients should be encouraged to suspend weight loss and ensure that their energy requirements are met.

**What is the impact of the pandemic on people living with obesity?**

The current pandemic is having a significant impact on mental health, physical activity as well as eating behaviours on people with obesity.[7] This is having an impact on weight gain in people with obesity.[8] It is clear that people living with obesity should be centrally involved in service design and delivery pathways throughout and beyond the COVID-19 pandemic.[9]

**How can pre and post-operative care support patients in the pandemic?**

Alongside digital delivery of 1:1 and group meetings there may be some requirement for face to face assessment though this should be minimised to reduce risk of transmission of COVID-19. Whilst most bariatric surgery within the UK has been suspended, patients who are post- surgery should continue to be managed as previously with particular attention to post-operative nutrition, complications and psychological support. Patients pre bariatric surgery who have had operations delayed or cancelled may need particular support and be vulnerable to periods of weight gain which may have to be factored in when surgical services resume. As services resume needs-based assessments will be required to prioritise surgery given the current and further anticipated increase to waiting lists. Expert consensus suggests a framework to prioritise surgical services.[10] Little data is available concerning COVID-19 risk post bariatric surgery though persistent type 2 diabetes mellitus seems a particular risk factor.[11]

**How can obesity services be delivered in the pandemic?**

Given the impact of obesity on COVID-19 health outcomes as well as the impact of lockdowns on physical and mental health it is important that obesity services are as resilient as possible to the ongoing challenges. Whilst delivery online is likely to be beneficial recent work has highlighted that this has the potential to exclude certain groups and should be factored into service configuration.

**What is the advice for people with obesity in terms of shielding?**

NHS guidance (<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>) is that those with a BMI of > 40 kg/m2 should be particularly stringent in following social distancing advice and such people have been classified as at moderate risk. However, this may be falsely reassuring for those with more clinically severe obesity and a lower BMI as well as enhance healthy anxiety in people with a higher BMI.

**What electronic resources are available for people living with obesity?**

The type 2 diabetes know your risk website <https://riskscore.diabetes.org.uk/start> identifies people likely to be eligible for the Healthier You NHS Diabetes Prevention Programme. This world class evidence-based program is likely to be of benefit to many people with obesity. People with more clinically severe obesity should be referred to Tier 3 as previously to support weight loss targets.

Increasingly Tier 3 services are adopting bespoke digital platforms to deliver elements of their service though it is hoped that in the future self-referral will be increasingly used.

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