



Lessons from COVID-19: OPEN Calls for Action to Prioritise Obesity Care

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About OPEN - Obesity Policy Engagement Network (www.obesityopen.org)

The Obesity Policy Engagement Network (OPEN) is a global network of national coalitions, consisting of policy makers, economists and payers, public health and patient representatives, created in response to the high prevalence of obesity and lack of support for people living with obesity, with representation in over 15 countries.

OPEN seeks to provide national policy advocates with the opportunity to share diverse perspectives on a common challenge, identify solutions and collaborate to address the current barriers and challenges to effective obesity care.

Through the global network, members obtain insights and tangible tools on how to put in place effective national obesity strategies which deliver workable, effective solutions to address obesity.

OPEN COVID-19 and Obesity Survey

Insights have been garnered from a preliminary survey of OPEN stakeholders, relevant health professionals, people with obesity and other obesity interest groups in relation to COVID-19. The online survey questionnaire was completed by 58 respondents from a total of 16 upper-middle and high income countries across Europe, Australia and the Americas. The survey was undertaken by the OPEN Secretariat with the help of funding from Novo Nordisk. The survey distribution date was 11 June – 10 July. **This is the survey referred to throughout this position paper.**

The Obesity Policy Engagement Network (OPEN) is a partnership programme initiated and supported by Novo Nordisk to improve obesity care internationally. This position paper has been developed with the help of funding from Novo Nordisk.

In light of the growing body of evidence emerging from the ongoing COVID-19 pandemic, it is clear that the urgency to address access to effective obesity management through the life course is now greater than ever before. Multiple studies have now shown that having obesity increases a person's risk of severe illness from COVID-19, but there are inconsistencies regarding risk in pandemic preparedness guidelines and planning documents around the world. More is needed to support people living with obesity, and policies need to better reflect the science supporting obesity as a chronic disease. Without additional investment and a change in approach to interventions, the prevalence of obesity will continue to increase, whilst people living with obesity will not receive the support needed that can benefit society including healthcare, government and individuals.

This position paper has been produced through reviewing the latest published evidence, guidance and policy plans around the world, and through additional knowledge and insight gained from an international survey of OPEN members and their networks, about the management of obesity during COVID-19. Based on these insights, there are a number of learnings to take forward to ensure the provision of appropriate, consistent support for people living with obesity and to help minimise the severity of obesity.

- **The prevalence of obesity is increasing worldwide¹**
- **In 2016, more than 1.9 billion adults in the world were classified in the overweight or obesity category, of which 650 million had obesity¹**
- **Over 340 million children and adolescents aged 5-19 years were overweight or living with obesity in 2016¹**
- **Although once considered a high-income country health condition it is now on the rise in low- and middle-income countries¹**
- **Obesity increases the risk of death from COVID-19 by nearly 50%. People with obesity who contract COVID-19 are at a greatly increased risk for hospitalisation (113%), and more likely to be admitted to intensive care (74%)²**

Using BMI as a surrogate marker, obesity has been classified as a BMI ≥ 30 kg/m²

¹WHO. Obesity and Overweight Factsheet. Available at <https://www.who.int/en/news-room/fact-sheets/detail/obesity-and-overweight> Last accessed August 2020

²Popkin, BM, Du, S, Green, WD, et al. Individuals with obesity and COVID-19: A global perspective on the epidemiology and biological relationships. *Obesity Reviews*. 2020; 1– 17

SUMMARY OF KEY LESSONS FROM COVID-19

- Obesity puts people at risk of severe symptoms and mortality from COVID-19 but, while some regions have acknowledged this in guidance, there is a lack of clarity and consensus between countries regarding the specific risk criteria

- There is a lack of recognition globally of obesity as a chronic relapsing disease with continued misconceptions around the underlying biological causes of its onset and disease progression, and stigma persists that places responsibility for the causes and management on the individual versus society. Together this leads to inappropriate or suboptimal care pathways and infrastructures
- COVID-19 has demonstrated the medical vulnerability of people living with obesity, revealing greater insights into the pathology of obesity, such as chronic inflammation, which has been shown to lead to greater severity of COVID-19 symptoms above and beyond the general population
- The pandemic and measures to control it create physical and mental health challenges for the management of chronic diseases such as obesity – for example social isolation, enforced physical inactivity, and increased reliance on energy-dense food, can be significant barriers for people living with chronic diseases
- The prioritisation of patients with COVID-19 and other chronic diseases such as cancer, alongside physical distancing measures and strategies to alleviate strain on health services have left people living with obesity with minimal access to management, support and treatment. However, it has also presented opportunities for moving to more virtual and digital models for certain aspects of care which may better suit some people living with obesity

OUR POSITION

Governments and health authorities around the world must recognise that obesity increases a person's risk of severe symptoms and mortality from COVID-19. People living with obesity must be considered equally in pandemic preparedness alongside other non-communicable diseases (NCDs) that have been identified as at higher risk of severe illness, and there must be greater clarity regarding risk in communications with the public.

Obesity is a societal issue, for which responsibility cannot rest solely with the individual. When a large proportion of the population have undiagnosed and unmanaged obesity, society as a whole is more vulnerable to severe outcomes from COVID-19, with more people self-isolating, more hospitalisations and a higher death toll from the virus.

While obesity prevention is important and necessary in the long term, during the current pandemic, people living with obesity need support to manage and prevent further progression of their disease, and this needs to be recognised and acted on by governments. To effectively support people living with obesity during COVID-19 and beyond, there is a need to invest in a whole systems approach that puts in place policies, guidelines and practices that support evidence-based, holistic treatment and long-term management strategies for obesity, focused on improving health, while also preventing other complications of obesity.¹

RECOMMENDATIONS

We call on governments and healthcare authorities around the world to urgently adopt these five key calls to action:

1. **Recognise obesity as a chronic relapsing disease:** Obesity must be more broadly recognised globally as a complex, chronic, relapsing disease that requires an interventional, multi-disciplinary approach and steps must be taken to address the discrimination surrounding obesity, in part due to pervasive stigmatising attitudes towards obesity and those living with it.
2. **Include obesity in pandemic preparedness guidelines:** Obesity must be formally recognised globally as a high-risk pre-existing medical condition which impacts severity of COVID-19 complications and must be included in pandemic preparedness guidelines across the world.
3. **Improve access to obesity care:** Sustainable protocols must be put in place to ensure better access to obesity care and management to improve the health of people already living with obesity.
4. **Provide appropriate equipment and training to healthcare professionals (HCPs):** Appropriate equipment, treatment and training for HCPs is more critical than ever before and must be put in place for the management and care of people living with obesity during this pandemic and beyond.
5. **Make tertiary prevention and support more accessible to all:** Prevention and support strategies must be put in place at the societal level to counteract the effects of our health-disrupting environment which are exacerbated through COVID-19 pandemic lockdowns and physical distancing measures.

LESSONS FROM COVID-19

Obesity puts people at risk of severe symptoms and mortality from COVID-19 but while some reasons have acknowledged this in guidance, there is a lack of clarity and consensus between countries regarding the specific risk criteria

As of 4 September 2020, there have been over 26 million confirmed cases of COVID-19 resulting in over 860,000 deaths globally.² Across the world, multiple studies have shown obesity to be a risk factor for more severe symptoms and death from COVID-19.^{3,4,5,6} A recent review of published evidence commissioned for the World Bank found that people with obesity who contract COVID-19 had a greatly increased risk for hospitalisation (113%), were more likely to be admitted to intensive care (74%) and had a higher risk of death (48%) from the virus.⁷ This risk is particularly relevant in countries with high prevalence of obesity, such as the US (36.2% of adults were living with obesity in 2016).⁸

However, despite the increased risk of more severe symptoms and death and the rising prevalence of severe obesity, there has been insufficient guidance for people living with obesity. We conducted a survey of OPEN members and their affiliated members across 16 countries (58 respondents), and over half of respondents believed that obesity had not been included in their country's emergency preparedness strategies or special guidance documents for COVID-19.⁹ This lack of clear information and guidance has led to confusion.

Several governments and health authorities have since officially recognised that obesity increases the risk of severe illness from COVID-19, but the advice and guidance still vary between countries. For example, in June, the Centers for Disease Control and Prevention (CDC) lowered the cut-off for categorising a person at increased risk from COVID-19 from a BMI of 40 to 30kg/m².¹⁰ However, in the United Kingdom, the NHS lists a BMI of 40kg/m² or above as placing a person at "moderate risk (clinically vulnerable)".¹¹ There must be a global consensus on the risk and this needs to be reflected consistently across guidelines around the world. Furthermore, guidelines must take into account that altered BMI criteria may apply to specific populations.

There is a lack of recognition globally of obesity as a chronic relapsing disease with continued misconceptions around the underlying biological causes of its onset and disease progression, and stigma persists that places responsibility for the causes and management on the individual versus society. Together this leads to inappropriate or suboptimal care pathways and infrastructures

Obesity is a complex, chronic, relapsing disease with multiple causes which requires long-term management.¹ However, there continue to be misconceptions about the underlying biological causes of its onset, disease progression and associated medical complications, and over two thirds (68%) of respondents from the survey do not think the pandemic has changed this.⁹ In those countries where the association between obesity and COVID-19 was more publicly recognised and communicated in the media, respondents to the OPEN survey felt that reporting and commentary in the media reinforced shame, blame and stigma towards people with obesity.⁹

Individuals with obesity experience stigma from educators, employers, healthcare professionals, the media, and even from friends and family.¹² This stigma can affect the quality of care for people living with obesity, ultimately leading to poor health outcomes and increasing risk of mortality.¹²

COVID-19 has demonstrated the medical vulnerability of people living with obesity, revealing greater insights into the pathology of obesity, such as chronic inflammation which has been shown to lead to greater severity of COVID-19 symptoms above and beyond the general population

Emerging data suggest that the severity of symptoms from COVID-19 is exacerbated by multiple biological and social factors associated with obesity.¹³ For example, it has been suggested that excess fat surrounding organs increases the likelihood of an abnormal immune response that seems, in part, to bring about the progression to critical illness and organ failure in a proportion of patients with COVID-19.¹⁴ In addition, obesity is associated with a pro-coagulant profile that may have a role in the thromboembolic complications in COVID-19 and with decreased lung function, including decreased expiratory reserve volume and respiratory system compliance.¹³

The pandemic and measures to control it create physical and mental health challenges for the management of chronic diseases such as obesity – for example social isolation, enforced physical inactivity, and increased reliance on energy-dense food can be significant barriers for people living with chronic diseases

For many people, enforced lockdowns and physical distancing measures to control virus transmission have had a hugely negative impact on mental health and the ability to maintain behaviours that support obesity management.

Obesity itself is already a major contributor to physical and mental health impairment, and the added distress and psychological impact of the pandemic can have detrimental effects on obesity management and a person's ability to sustain behaviours that support this.¹⁵ Since SARS-CoV-2 was declared a pandemic in March, there have been substantial perceptions in changes in health behaviours among people living with obesity.¹⁶ One study exploring how the COVID-19 pandemic has influenced health behaviours for people with obesity found that just under 70% of respondents felt their disease management goals were harder to achieve with 47.9% decreasing exercise, 49.6% increasing stockpiling food and 61.2% stress eating as well as increased anxiety (72.8%) and depression (83.6%).¹⁶

*Body Mass Index (BMI) is a surrogate marker of adiposity, allowing segregation of obesity into three levels of severity

The conditions of the pandemic may also lead to new cases of obesity as people stay home more, experience stress induced pathophysiology that can increase risk for fat storage, are less physically active and experience barriers to healthy eating patterns which can contribute to the onset of obesity. Furthermore, it has been suggested that an increase in food poverty, disruptions to supply chains, and panic buying may have limited access to fresh foods and tilted the balance towards a greater consumption of highly processed foods and those with long shelf lives that are usually high in salt, sugar, and saturated fat.¹⁷ These are foods that are known to cause inflammatory responses and raise insulin levels in those with pre-obesity and obesity.¹⁸

The prioritisation of patients with COVID-19 and other chronic diseases such as cancer, alongside physical distancing measures and strategies to alleviate strain on health services have left people living with obesity with minimal access to management, support and treatment. However, it has also presented opportunities for moving to more virtual and digital models for certain aspects of care which may better suit some people living with obesity

Not only are people living with obesity more at risk of severe illness from COVID-19, government procedures implemented to help hospitals cope and to control viral transmission have reduced access to already limited obesity care and treatment.

COVID-19 brought bariatric and metabolic surgery to a halt across the world and according to reports, care of people living with obesity was pushed to the bottom of priority lists.¹⁹ Our survey respondents estimated that only around a quarter (26%) of people living with obesity had access to specialist obesity care before the pandemic began, and that this fell to just one fifth (19%) during the pandemic.⁹ Over two-thirds (67%) of respondents felt that government approaches to obesity management need to become more interventionist. More opportunities for improving interventional care may arise from the uptake of virtual consultations, telemedicine and the use of digital tools that have been increasingly used to substitute face to face, physical care and management during the pandemic. For example, transportation may be a barrier for attending clinics for some people living with obesity, which virtual care solutions would address.

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