People at the Centre: Obesity, COVID-19 & the Patient Perspective

Jointly sponsored by World Obesity Federation (WOF), European Association for the Study of Obesity (EASO) & The Obesity Society (TOS)
Housekeeping

• Please use the Q&A function to post comments and questions
• There will be a chance to ask questions after each speaker
• The recording, slides and certificate of attendance will be circulated post-webinar
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<td>Allison Ibrahim &amp; Vicki Mooney</td>
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Meet the speakers!

Abdullah AlOzairi, Kuwait
Alice Kong, Hong Kong
Allison Ibrahim, Kuwait
Donna Ryan, USA
Rachel Batterham, UK
Rekha Kumar, USA
The Obesity Society
Vicki Mooney, Spain
EASO Patient Council

www.worldobesity.org
Welcome and introductions

Donna Ryan, MD
Professor Emerita, Pennington Biomedical Research Center
President, World Obesity Federation

Johanna Ralston
CEO, World Obesity Federation
Some Have Managed to Flatten the Curve!

Background on COVID-19 and Obesity

“Persons with obesity around the world are already at high risk for severe complications of COVID-19, by virtue of the increased risk of the chronic diseases that obesity drives.... it is likely that obesity shall be an independent risk factor for COVID-19.”

WOF President Dr. Donna Ryan, Obesity, April 2020

• WHO statement on NCDs and COVID-19: For people living with or affected by non-communicable diseases:

  People of all ages can be infected by the new coronavirus (COVID-19). The risk of becoming severely ill with the virus appears to increase if you are 60+. People with pre-existing non-communicable diseases (NCDs) also appear to be more vulnerable to becoming severely ill with the virus. These NCDs include:

  *Cardiovascular disease (e.g. hypertension, persons who have had, or are at risk for, a heart attack or stroke), chronic respiratory disease (e.g. COPD), diabetes, cancer.*

• Obesity is not currently a separate independent risk factor for COVID-19 nor is data about BMI collected in a standardised manner. The World Obesity Federation, which is in official relations with WHO, considers that this is in part because obesity, which is a risk factor for the major NCDs and a disease in its own right, is not classified across the WHO “five by five” main diseases and risk factors within the noncommunicable disease framework.
Listening to patients: what are the concerns of persons with obesity in the face of the pandemic?

Allison Ibrahim
Patient & Patient Advocate, Educational Consultant

Vicki Mooney
Executive Director of the European Coalition for People living with Obesity -ECPO
Life with Obesity in COVID-19 Times

Allison Ibrahim, Patient – Patient Advocate – Educational Consultant

As a person effected by obesity, I suggest to keep a positive focus

• Follow Doctors’ orders as prescribed, nothing changes unless advised!
• Keep routines and schedules with some flexibility - consider others
• Intention – mental check-ins/check-lists (have to / want to)
• Decrease negativity – meditation and grounding - limit news reports
• Keep present – Be mindful as past is gone and future to come
• Pay attention to your nutrition – medications
• Exercise – Stretch – Rest – Sleep
• Focus on calm – lean into fear and anxiety to deal with it (listen to the experts)
• Find and share positivity – motivation – love
• Adhere to WHO and local governmental guidelines, including STAY HOME!
Patient barriers & concerns with COVID-19 and Obesity

Vicki Mooney – ECPO

- As Obesity is not widely accepted as a chronic disease, are people with Obesity in the ‘High Risk’ category?
- Restrictions and isolation has impacts on comorbidities, mental health and hedonic eating.
- Lack of information for Bariatric patients and those with weakened immune systems.
- Dealing with the cancellation or postponement of surgeries, appointments, support groups and classes.
- A new wave of stigmatizing imagery on social media platforms
- How can we inform and communicate with our community of people who are living with Obesity?
What are we doing at ECPO to address these challenges?

• Acquisition of a secure professional meeting platform, offered to all patient organisations and communities across Europe to facilitate online support groups meetings.
• Development of various Info-graphics with our global partners and EASO
• Sharing of trusted resources from partners around the world.
• Development of a new ‘European community forum’ for all countries, soon to be rolled out.
• A series of intimate patient orientated webinars with Q&A sessions with clinician and psychologists.
References:

Allison Ibrahim

Lessons from the front lines of medical care

Rekha Kumar, MD
Medical Director, American Board of Obesity Medicine, New York Presbyterian Hospital
Lesson From the Frontlines – From Telemedicine to the COVID-19 Inpatient Wards

Rekha Kumar, M.D. Medical Director, American Board of Obesity Medicine, New York Presbyterian Hospital

• Transitioning an obesity medicine practice to 100% telemedicine in a pandemic

• Redeployment from outpatient obesity medicine to inpatient hospital medicine

• Obesity and the inpatient Covid experience
Massive Team Effort to Convert all Patients to telemedicine (~20 patients / day)

- Transition of front desk staff and research staff all to tech support for patients
- Encouraging patients to keep their appointments
- More frequent nutritional follow up and behavioural support
- Rx of anti obesity pharmacotherapy via telemedicine
Signs/Symptoms/Complications of COVID-19 on the wards

• Hypoxia/Respiratory failure
• Coagulopathy
• Inflammation
• Insulin resistance

COMPLICATIONS OF OBESITY
Challenge of treating patients with obesity and COVID-19

- Common strategies used to treat Covid on the wards present an extra challenge with there is comorbid obesity

- Patients with obesity are sicker on admission- less likely to obtain care due to weight bias

- Patients with obesity are at risk of requiring more oxygen

- Standard approach of high flow O2 can be detrimental to patient with obesity hypoventilation

- Proning patients to improve oxygenation to particular areas of the lungs is much harder or not possible in extreme obesity

- The thrombotic picture is playing a larger role in managing patients with Covid, we are seeing a lot of PE’s and DIC, requiring anticoagulation, dose adjustments are necessary in patient with obesity.
Psychological aspects of COVID-19 for patients with obesity and their families

Dr. Abdullah Alozairi  
MBChB, MPH, MSHPE, FRCP(C), DABPN, DipUCNS  
Faculty, Harvard Macy Institute  
Chair of Faculty, Psychiatry, KIMS  
Wilson Centre Fellow, University of Toronto  
Assistant Professor, Kuwait University  
Head of Geriatrics and Neuropsychiatry, Amiri Hospital  
Head of Consultation Liaison, Kuwait Centre of Mental Health
Learning Questions

• How does mental health affect obesity?
• What are the psychological effects of COVID-19 in this patient population?
• What to do about them?
Grief
• Common underlying pathway linked to depression with associated rates bidirectionally.
• Both are associated with:
  • CVD
  • Stroke
  • Type 2 Diabetes
  • Dementia

Luppino et al, JAMA Psychiatry, 2010
APA POLL for COVID-19

36% say COVID-19 hearing a serious impact on their mental health

- Anxiety about getting COVID-19: 48%
- Anxiety about being seriously ill or dying with COVID-19: 40%
- Anxiety about a friend or loved one getting COVID-19: 62%

Quarantine and Mental Health

• Best predictor for acute stress disorder.
• May be a predictor for PTSD even 3 years later.
• Increases the risk four times of PTSD in children.
• Boredom, frustration, sense of isolation, inadequate food supplies and lack of routine was distressing.
• Financial loss, stigma and rejection from others after the quarantine.

Brooks et al; The psychological impact of quarantine and how to reduce it: rapid review of the evidence, The Lancet; Feb 2020 VOLUME 395, ISSUE 10227
How to take care of yourself at this time

- Sleep, Eat Healthy and engage in physical activity.
- Try to avoid the news more than once or twice a day.
- Avoid unhelpful thoughts - tobacco, alcohol or other drug.
- Stay connected with your loved ones via digital methods.
- Turn to your colleagues, your manager or other trusted persons for social support.
Healthy Neighbourhoods Study \( n \approx 7000 \) - Murdoch Children's Research Institute

Associations between diet quality and depressed mood in adolescents: results from the Australian Healthy Neighbourhoods Study

Felicia N. Jacka, Peter J. Kemmer, Foa R. Leslie, Michael Bert, George C. Patias, John W. Tournourou, Joanne W. Williams

Objective: Adolescents frequently coincide with the onset of psychiatric illness and depression is commonly observed in adolescents. Recent data suggest a role for diet quality in adult depression. Given the importance of adequate nutrition for brain development, it is of interest to examine whether diet quality is also related to depression in adolescents.

Methods: The study examined 714 adolescents, aged 10–14 years, who participated in the Australian Healthy Neighbourhoods Study. Nutrition and health data were collected from a dietary questionnaire and interviews. The Short Mood and Feelings Questionnaire for adolescents measured depression. Adjustments were made for age, gender, socioeconomic status, family conflict, and family management.

Results: Compared to the lowest category of the healthy diet score, the adjusted odds ratio (95% confidence interval) for symptomatic depression across categories of “diet” score were: C1: 0.47 (0.26–0.85), C2: 0.59 (0.35–1.0), C3: 0.74 (0.47–1.14), C4: 0.87 (0.55–1.41), and C5: 0.99 (0.58–1.71). For C1, the adjusted odds ratios per quintile of the unhealthy diet score were: C1 = 1.03 (0.57–1.82), C2 = 1.02 (0.54–1.94), C3 = 1.02 (0.53–1.94), C4 = 1.00 (0.51–1.93), and C5 = 1.00 (0.51–1.93).

Conclusions: Our results demonstrate an association between diet quality and adolescent depression that exists across and above the influence of socioeconomic, family, and other potential confounding factors.

Key words: adolescents, depression, diet, nutrition.
Worried about gaining weight?

- At the store, please advise to buy healthy, protein snacks
- Food journaling
- Be mindful of grazing/snacks
- Try to encourage exercise
In Summary, obesity is already linked with depression and poor self esteem. They possibly have more fears of dying or falling critically ill in this pandemic. Talk about grief, and their experiences of self isolation. Consider advice for what they can do about their mental health.
Dr. Abdullah Alozairi
Email: alozairi@gmail.com
Instagram: aalozairi

Visit the Disaster Distress Helpline, call 1-800-985-5990, or text TalkWithUs to 66746
Lessons from regions with early experience of COVID-19

Alice Kong, MD
Department of Medicine and Therapeutics,
The Chinese University of Hong Kong,
Prince of Wales Hospital, Hong Kong SAR, China
Epidemic curve of confirmed and probable cases of COVID-19 in Hong Kong (as of 1 Apr 2020)

Number of confirmed and probable cases = 766
Attention

WHO announcement

COVID-19 is a pandemic

COVID-19

Local Situation

Interactive Map Dashboard
Countries/areas with reported cases of Coronavirus Disease-2019 (COVID-19)
(Last updated on March 31, 2020, 10 am)

All information is based on that notified or reported by the World Health Organization, the National Health Commission, Health Bureau of Macao Special Administrative Region, Taiwan Centers for Disease Control and health authorities of overseas countries.

Countries/areas with active community transmission of COVID-19

- Mainland China, Macao SAR and Taiwan
- All overseas countries/territories
<table>
<thead>
<tr>
<th>Countries/areas</th>
<th>Cumulative number of confirmed cases</th>
<th>Number of newly confirmed cases reported in the past 14 days</th>
<th>Cumulative number of deaths among confirmed cases</th>
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<tbody>
<tr>
<td>Afghanistan</td>
<td>114</td>
<td>98</td>
<td>4</td>
</tr>
<tr>
<td>Albania</td>
<td>223</td>
<td>172</td>
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<td>Algeria</td>
<td>454</td>
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<tr>
<td>Anguilla</td>
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<td>2</td>
<td>0</td>
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<tr>
<td>Antigua and Barbuda</td>
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<td>6</td>
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<tr>
<td>Argentina</td>
<td>745</td>
<td>689</td>
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<tr>
<td>Armenia</td>
<td>482</td>
<td>452</td>
<td>3</td>
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<tr>
<td>Hong Kong Special Administrative Region*</td>
<td>683</td>
<td>525</td>
<td>4</td>
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4 deaths (M/70, M/80, F/76, M/39 with DM)
<table>
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<tr>
<th>Cluster</th>
<th>Hospital</th>
<th>Stable</th>
<th>Serious</th>
<th>Critical</th>
<th>Pending</th>
<th>Hospitalized</th>
<th>Discharged</th>
<th>Death</th>
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<td>0</td>
<td>69</td>
<td>22</td>
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<td>17</td>
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<td>58</td>
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<td>77</td>
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<td>PMH</td>
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<td>1</td>
<td>3</td>
<td>0</td>
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<td>27</td>
<td>2</td>
<td>98</td>
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<td>0</td>
<td>15</td>
<td>2</td>
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<td>YCH</td>
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<td>1</td>
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<td>PWH</td>
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<td>0</td>
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<tr>
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<td>82</td>
<td>7</td>
<td></td>
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<td>10</td>
<td>0</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>HA</td>
<td>Total</td>
<td>590</td>
<td>6</td>
<td>8</td>
<td>2</td>
<td>606</td>
<td>151</td>
<td>4</td>
<td>761</td>
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Teleconsultation:
the experience
shared by ENT surgeon
Social distancing

• The measures taken by the Hong Kong Government to achieve this include:
  • suspension of classes;
  • work-from-home arrangement for some civil servants

• Members of the public are advised strongly to reduce social contact to protect themselves and others:
  • stay at home as far as possible;
  • stay away from crowded places;
  • work from home if feasible;
  • avoid social gatherings;
  • do not shake hands when meeting other people;
  • and avoid meal gatherings.
On my way back to the hospital…

Most People in HK wear masks to protect themselves and others!
Special challenges and resources for patients and physicians

Rachel Batterham, PhD FRCP
Professor of Obesity, Diabetes & Endocrinology
University College London
Communication is 2-way and Crucial

<table>
<thead>
<tr>
<th>Where we are now</th>
<th>Where we need to be</th>
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<tr>
<td>• Staff moved to frontline roles</td>
<td>• Identify staff who can support</td>
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<tr>
<td>• Lifestyle &amp; medical weight loss programmes stopped</td>
<td>• Effective communication</td>
</tr>
<tr>
<td>• Bariatric surgery programmes on hold</td>
<td>• Keep patients on pathways</td>
</tr>
<tr>
<td>• Clinical trials stopped</td>
<td>• Work with Patient Groups</td>
</tr>
<tr>
<td>• Face to face clinics cancelled</td>
<td>• Helplines</td>
</tr>
<tr>
<td>• People with obesity advised to self-isolate</td>
<td>• Resources of Best Practice</td>
</tr>
<tr>
<td>• Poor communication from providers to patients</td>
<td>• Telemedicine</td>
</tr>
<tr>
<td>• Increased stigma for people with obesity</td>
<td>• Virtual Support Groups</td>
</tr>
<tr>
<td>• Isolated, unsupported, abandoned, out of control, scared</td>
<td>• Patient forums</td>
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<td>• Opportunity to transform how care is provided for the better</td>
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<tr>
<td></td>
<td>• Supported, listened to, well informed</td>
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Supporting Patients in Bariatric Surgery Programmes

Pre-surgery: consider networks
• Keep patients on their pathways (telemedicine, weight documentation, optimise co-morbidities (glucose control, BP, OSA)
• Networks

Post-surgery: consider networks
• Keep patients on their pathways: telemedicine (nutritional, PA and behavioural support)
• Communicate importance of continuing with multivitamins and supplements
• Clear pathways for post-operative emergencies/Bariatric helpline
  • https://www.facs.org/covid-19/clinical-guidance/elective-case/metabolic-bariatric

@ProfBatterhamMD
www.worldobesity.org
Resources for a Healthy Lifestyle During Physical Distancing

• We need to create easily accessible resources and signpost patients to these and share best practice
  • Population specific and tailored
  • Ask patients what they need
  • Avoid information overload (infographics)
  • Live webinars (local/national/global)
  • On-line resources
  • Equitable access - people without internet access/language

• Nutrition
• Physical activity
• Psychological support

https://www.youtube.com/watch?v=8FrI1EjnZ_Y&t=34s
Summary & takeaways:

• Persons with obesity are at increased risk for complications from COVID-19.
• More than ever, obesity medicine expertise is needed for patient care.
• Persons with obesity are experiencing psychological stress and need out support.
• Resources are available for our patients and health care providers.
• Early experiences tell us that there is no cure for the pandemic; we will need to share information and help each other to solve this global public health crisis.
• Taking obesity seriously, is part of our future control of global viral pandemics.

What are we to do?
Learn More:

The World Obesity Federation (WOF) webinar series on COVID-19 & Obesity will resume next week on Friday 17th April:

COVID-19 & Obesity: impact on children

World Obesity Global Patient Portal, dedicated for those living with obesity and interested in patient advocacy: https://www.worldobesity.org/patient-portal

SCOPE E-Learning, offering numerous free e-learning modules on specific issues around obesity for Health Care Physicians (HCPs)

COVID-19 Resources:
WOF - https://www.worldobesity.org/resources/resource-library/covid-19-obesity-resources
TOS - COVID-19 and the Patient with Obesity - the Editors Speak Out
Thank you!

Please contact Claudia Selin Batz at cbatz@worldobesity.org if you have any queries.