

Obesity

What can we do at this time?

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We are living in a different and difficult time. The COVID-19 pandemic sees many of us at home in self-isolation or working from home, and some of us are in quarantine (either voluntary or involuntary). What we can do and how we live has changed, and even though restrictions are being lifted slowly it is unlikely that we can go back to life as it was lived previously.

What has happened in this time of staying at home? It would be good to know. We are not able to do as much exercise outside the home, as gyms and leisure centres are still closed and we need to observe social distancing in parks and on walking tracks, which makes group fitness programs difficult to participate in. We are not going out to eat in restaurants as much but are ordering takeaway instead. We are also having to prepare more meals at home. Reportedly, there is an increase in alcohol purchasing and consumption. Possibly, there is an increase in boredom and stress eating, and more snacking and grazing. There is some evidence to support this in the literature, with holidays or confinement resulting in weight gain.¹ There are numerous research opportunities available now. In 2018, 67% of Australian adults were overweight or obese and, with the current situation, there is a concern that even more of us will have or develop obesity this year.² As individuals, we need to take stock of our situation, be aware of any weight gain and develop strategies to limit this. We can prevent weight gain by being aware of the type and amount of food we are buying and eating, walking and exercising when and where we can, and weighing ourselves at home.³

As healthcare professionals, our practice has changed as well. Many of us are not seeing patients face to face but are using teleconsultation or virtual consultations, connecting with one another online. We need to use these opportunities to encourage those with whom we interact to maintain, or better still lose, weight. There are many helpful suggestions and interventions we can make or implement and our patients are wanting us to do this.⁴ The article that follows this editorial is on lifestyle approaches to the management (and prevention) of obesity and it contains helpful approaches to assist our patients maintain or lose weight in this uncertain time.

Why should we be especially aware of weight loss interventions during this pandemic, and help our patients to lose weight? Certainly it would appear that people with obesity are at greater risk of worse COVID-19 disease and outcomes and they also tend to have more of the other diseases (e.g. diabetes, hypertension, heart disease) that are associated with unfavourable outcomes.⁵ We can also help prevent later disease such as diabetes from developing.

When this pandemic subsides, as it will, we will return to our work, to our practice. It is most likely that the way we conduct ourselves and the way we see people will be different. We have learned that there are many ways we can support our patients using technology and so we need to improve our skills in giving advice and managing people remotely. It is good to refresh our memory of what we can do and suggest to help our patients with their weight. It is important that we continue to use the new ways and opportunities to do this. We also need to remember that our patients want us to help and support them in this way. **MI**



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