

Obesity

Once more – what can we do now?

IAN D. CATERSON AM, MB BS, BSc (Med), PhD, FRACP

We know that obesity confers increased risk for COVID-19.^{1,2} People with obesity have a greater risk of hospitalisation with COVID-19 infection, more serious illness and higher mortality. There are multiple potential mechanisms for this including the existence of low-grade inflammation, altered immune responses and the obesity-related complications of cardiovascular disease and diabetes.³

As you know, people with obesity and overweight are common in Australia and we do seem to delay talking to our patients about their weight issues – in a recent study there was a delay of about six years.⁴ Given this, the impact obesity has on individuals and their health, and now the issues with COVID-19, it is important that we remember how we can help. In Part 2 of this Obesity Awareness collection, we reconsider the additional therapeutic approaches that we can employ to help people with obesity. These approaches include very low energy diets, pharmacotherapy and bariatric surgery.

Very low energy diets are very effective, can be used in general practice and have been shown to be able to produce weight losses of over 15% of initial body weight, leading to diabetes remission.⁵ Pharmacotherapy, particularly with the glucagon-like peptide-1 agonists, is also effective, but is yet to be subsidised by the PBS. Of course there is also bariatric surgery, a highly effective treatment for obesity and its complications, which can produce significant, lasting weight loss; however, there are associated costs that need to be borne. As well, with pressures on hospital beds we may need to think about priorities and approaches for people who need bariatric surgery. A recent paper from countries far worse hit by the COVID-19 pandemic than Australia has discussed this.⁶

We do need to think about, and plan, how we are going to deliver these effective therapies now. There will most probably be fewer face-to-face consultations and more use of teleconsultations or virtual consultations. We need to learn how we will assess, support and monitor our patients from a distance, and using defined protocols and adapting existing approaches will be a help.⁷ We also need to make use of mobile apps or equipment that can send us weight, blood pressure and blood glucose measurements (as examples) to help us plan and treat. Although our patients think they can do things alone they also want the support of their healthcare professionals.

So, now, we need to help our patients in their struggle with their excess weight, we need to ask them about what help they need and we have to be aware of the range of options in our armamentarium – and be prepared to use them – especially at this time!

References

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IAN D. CATERSON

Professor Caterson is the Boden Professor of Human Nutrition and Director of the Boden Collaboration, The University of Sydney, Sydney, NSW.