



Are Patients Suffering from Severe Obesity Getting a Raw Deal During COVID-19 Pandemic?

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COVID-19 pandemic has brought bariatric and metabolic surgery (BMS) to a halt world over and has pushed the care of patients suffering from obesity to a complete backburner. As associations and organizations across the world work towards rationing healthcare, patients suffering from obesity are constantly finding themselves at the bottom of every priority list and experiencing increased levels of bias.

Like everyone else, social distancing norms in most countries have forced patients suffering from obesity to stay indoors. This has led to immense stress and uncertainty in the lives of individuals suffering from obesity. It has made them more vulnerable to over-eating and sedentary lifestyle, thus predisposing them to further weight gain. Currently, social media is flooded with weight-based memes and weight stigmatizing content. Thus, further reinforcing the bias that individuals suffering from obesity may be lazy and less active and have less will-power [1], internalization of these weight-biased attitudes in media portrayals has been shown to cause adverse effects on psychological health, leading to more depression and anxiety, low self-esteem, body image issues, and disordered eating [2].

Patients suffering from obesity may also be stigmatized when they avail healthcare services for COVID-19. Higher weight may mean utilizing more healthcare resources in terms of medicines and manpower. Many healthcare providers are

known to foster negative attitudes against people with obesity [3]. It can be expected that these stereotypes may extend further during this pandemic and lead to more resentment towards these patients. This stigma may impact the quality of care provided and lead to unfavourable outcomes in this group of patients.

The incoming economic downturn will also lead to more consumption of unhealthy foods as it is cheaper. This will lead to further increase in obesity prevalence especially in weaker sections of the society.

There are also an increasing number of reports that have linked obesity as a risk factor for developing more severe illness of COVID-19 and related mortality [4–6]. Obesity is an underlying factor for type 2 diabetes, hypertension, cardiovascular disease, renal disease, and venous thromboembolism and has a detrimental effect on lung function. A pro-inflammatory state coupled with malnutrition may lead to impaired immune response in patients suffering from obesity and increased susceptibility to all influenza viruses including COVID-19 [7]. Even though the evidence regarding this is still inadequate, this hypothesis has been one of the biggest deterrents for advising against bariatric surgery to patients suffering from obesity during COVID-19 pandemic. Though this line of action is intended to protect our patients, it does add to the stigma against them. Currently with no end in sight for COVID-19 pandemic and bariatric surgery services coming to a standstill, patients suffering from obesity will have to bear this additional burden of being labelled as high risk. To make matters worse, we leave them with no significant options to be able to reduce their risk status. While the world battles with COVID-19 pandemic, obesity pandemic continues to have a huge impact on general health and mortality. Weight loss is extremely important to reduce the health risks, and surgery is currently the only way to achieve that. Bariatric surgery has a positive impact on quality of life and survival that is at least comparable with cancer surgery [8].

Many other specialties dealing with high-risk chronic diseases as well as those dealing with cancers are developing

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protocols for continued care of their patients through tiered systems [9]. Bariatric surgery for treatment of severe obesity should be no different. As COVID-19 pandemic continues to create disruption in our lives, it is high time that we give a thought to creating systems through which we can help our patients. We need to use technology to its full potential so that we can spread positive messages, encourage our patients online, and change the tone of social media messaging. Most importantly, we need to develop strategies for risk stratification for our patients and ensure protection of healthcare workers before we move forward. As a community taking care of patients suffering from obesity, this should be our topmost priority for eventually, we need to do right by our patients.

Compliance with Ethical Standards

The authors declare that they have no conflicts of interest. We would also like to state that this article does not contain any studies with human participants or animals performed by any of the authors. Informed consent does not apply to this article.

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