

COVID-19 and obesity— lack of clarity, guidance, and implications for care

Coronavirus disease 2019 (COVID-19), caused by a virus called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), was announced as a global pandemic by WHO on 11 March, 2020. Although COVID-19 is not life-threatening in most people, it can be lethal for others. The exact mortality rate varies greatly between regions and countries, particularly with an increased risk of death in people aged 70 years and older.¹ Because of its high transmissibility, COVID-19 has challenged health-care systems worldwide, leading to pressure on intensive care beds in Italy with 9–11% of the people infected with COVID-19 requiring intensive care admission.² As a result, countries took various actions to flatten the curve to allow health-care systems to cope with the demand.

On 23 March, 2020, the UK Government released “Guidance for social distancing for everyone in the UK”. This guidance, among others, is much needed to reduce infection and potential spread of COVID-19. Within this guidance, several factors are identified as increasing a person’s vulnerability of severe illness, and as a result, efforts to maintain social

distancing is to be more stringent for these groups.

One factor that has been identified as increasing a person’s vulnerability of severe illness is a BMI of 40kg/m² or higher, a cutoff that was also listed as an independent risk factor by the USA Centers for Disease Control and Prevention. Although it is recognised that a higher BMI has been associated with greater risk of type 2 diabetes, cardiovascular disease, and hypertension, all of which are predictors of poor outcomes in COVID-19,³ to date, no available data show adverse COVID-19 outcomes specifically in people with a BMI of 40kg/m² or higher. This absence of data might explain why, unlike with other factors identified as reasons for a higher-risk status, there is a paucity of information to explain the reason why people with a BMI of 40kg/m² or higher, as an independent risk factor, are included as a high-risk group. In comparison, information about the reasons that a person with diabetes is at an increased risk of severe illness have been shared widely between people living with diabetes, health-care workers, and community support networks.

The scarcity of information regarding the increased risk of illness for people with a BMI higher than 40kg/m² has led to ambiguity and might increase anxiety, given that

these individuals have now been categorised as vulnerable to severe illness if they contract COVID-19. Similarly, and of concern, is that the BMI cutoff ($\geq 40\text{kg/m}^2$) might give false safety for people with obesity at lower BMIs. Thus, there is a need for more evidence and information to raise awareness of why a BMI of 40kg/m² or higher has been identified as a cutoff for increased risk of severe illness as a result of COVID-19, and also for health-care practitioners, organisations, and charities to inform and care for individuals seeking support.

We declare no competing interests.

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- 1 Lloyd-Sherlock P, Ebrahim S, Geffen L, McKee M. Bearing the brunt of covid-19: older people in low and middle income countries. *BMJ* 2020; **368**: m1052.
- 2 Remuzzi A, Remuzzi G. COVID-19 and Italy: what next? *Lancet* 2020; **395**: 1225–28.
- 3 Zhou F, Yu T, Du R, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *Lancet* 2020; **395**: 1054–62.

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For more on the **guidance from CDC** see <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>

For the **Guidance on social distancing in the UK** see <https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>