ECRONICON OPEN ACCESS

EC ENDOCRINOLOGY AND METABOLIC RESEARCH

Editorial

Management of Obesity in the Post Covid-19 World

Carmine Finelli[1,2]*

[1]*Department of Internal Medicine, Ospedale Cav. R. Apicella, ASL Napoli 3 Sud, Via di Massa, Pollena (Napoli), Italy*

[2]*Covid Hospital Boscotrecase, ASL Napoli 3 Sud, Via Lenza, Boscotrecase (Napoli), Italy*

***Corresponding Author:** Carmine Finelli, Department of Internal Medicine, Ospedale Cav. R. Apicella, and Covid Hospital Boscotrecase, ASL Napoli 3 Sud, Via Lenza, Boscotrecase (Napoli), Italy.

Received: November 26, 2020; **Published:** December 15, 2020

The coronavirus disease 2019 (COVID-19) is the new identified coronavirus that was first identified in late December 2019, before the epidemic began in Wuhan, China, and causes severe respiratory disease and human pneumonia-like infection, after SARS-coronavirus (SARS-CoV) and middle-east respiratory syndrome (MERS-CoV) [1]. It is fair to assume that some obesity patients will have multiple health problems related to obesity that may be connected to a more serious COVID-19 disease pathway, especially extreme obesity with a BMI over 40 [2]. It is essential to note how obesity affects immune responses and how obesity can alter both immunotherapy responses and the potential for toxicity [3]. All of this indicates, therefore a remarkably positive relation between obesity, COVID-19 and immunotherapy [2].

Lately, in conjunction with obesity, old patients and people of all ages who could have increasing prevalence of chronic health conditions may be at high risk of severe illness from COVID-19. It is fair to expect that some overweight and obese individuals may have many obesity-related medical conditions that may be correlated with a more serious pathway of COVID-19 disease, especially severe obesity with a body mass index above 40, because concrete evidence to support this is still to be included in this pandemic soon [4]. Patients with severe obesity are typically more difficult to treat demographically in the intensive care setting, and may fail to recover if they undergo a serious illness, especially respiratory infections such as COVID-19. Not a COVID-19 solution, however healthy eating habits increase immune system function, encourage immunometabolism, and are a modifiable portion of the development of chronic diseases strongly associated with COVID-19 deaths [5,6].

From an epidemiological perspective, through use of lockdowns to fight the COVID-19 pandemic has indeed been efficient, but lockdowns may have significant negative effects on other health metrics [7]. Particularly, the simultaneous deterioration of socio-economic conditions, psychological safety and metabolic processes can negatively effect metabolic health through lockdowns [7]. Approaches designed to reduce the spread of COVID-19 can promote obesity and associated metabolic diseases for this purpose [7]. If it turns out that the forecast of a worsening of the obesity epidemic is accurate, a major challenge is to dissect the underlying causal mechanisms [7]. To devise meaningful counter-strategies, it is important to understand how the strategies used to combat COVID-19 exacerbate metabolic health [7]. These observations should potentially direct governments and policymakers to take individual and/or systemic steps to minimize the lockdown-related deterioration of obesity and its metabolic comorbidities [7]. It is predicted that the COVID-19 pandemic will take a long time. Nevertheless, steps to kickstart weight loss and bariatric surgery services again need to be taken once the pandemic settles [8]. The interdisciplinary team will also need to schedule the numbers of patients who might need their assistance for a possible surge [8].

Telemedicine is an effective instrument that removes and can increase access to several logistical barriers to care [9]. The COVID-19 pandemic has temporarily decreased in-person visits for clinical treatment due to the need for social distancing [9]. Through the use

of telemedicine, providers, healthcare personnel and patients are urged to accurately learn new skills and adjust clinical treatment as managers, policy makers and regulatory bodies make improvements to existing policies to resolve this national emergency [9]. Telemedicine is an alternative tool for the individualization of care for young people with obesity by pediatric weight control specialists [9].

Food insecurity/social infrastructure and transcultural factors (pre-COVID-19); cardiometabolic-based chronic disease, pediatrics, nutritional support, and hospital infrastructure (acute COVID-19); registered dietitian nutritionist therapy (chronic/post-COVID-19); and malnutrition and management (all aspects) were nutrition issues requiring immediate studies. Especially glaring was the lack of randomized controlled trials (RCTs). Information gaps were discovered in pediatrics, micronutrients, bariatric surgery, and transcultural factors (pre-COVID-19); enteral nutrition, protein-energy needs, and nutritional glycemic control (acute COVID-19); and home enteral and parenteral nutrition support (chronic/post-COVID-19) for Population, Intervention, Comparator, Outcome, and Time (PICO-T) problems [10].

A reorganization of health care services is required during emergency emergencies or pandemics. Although for patients suffering from chronic diseases, health care providers, and health systems, the drastic reduction or total cancelation of health services for obesity will result in considerable challenges. Obesity care has been influenced in an incredible way, decreasing or entirely cancelling most medical and surgical procedures, leaving many people with obesity without proper care or care or support. The findings of the survey also show that many health care providers are making considerable efforts to continue delivering obesity care using emerging technology and strategies such as telemedicine, despite the pandemic.

Bibliography

1. Finelli C. "Metabolic Syndrome and COVID 19: Current Condition!" *EC Endocrinology and Metabolic Research* 5.7 (2020): 01-02.
2. Finelli C. "Obesity, COVID-19 and immunotherapy: the complex relationship!" *Immunotherapy* 12.15 (2020): 1105-1109.
3. Finelli C. "Obesity and immunotherapy: the surprisingly positive association!" *Immunotherapy* 12.8 (2020): 541-544.
4. Finelli C. "Obesity and Covid 19: Possible Risks!" *EC Endocrinology and Metabolic Research* 5.6 (2020): 01-03.
5. Finelli C. "Nutrition and Covid-19: State of the Art". *EC Endocrinology and Metabolic Research* 5.9 (2020): 21-23.
6. Finelli C. "Obesity and Immunometabolism: Nutritional Consideration to Covid Times". *EC Endocrinology and Metabolic Research* 5.11 (2020): 01-03.
7. Clemmensen C., *et al.* "Will the COVID-19 pandemic worsen the obesity epidemic?" *Nature Reviews Endocrinology* 16.9 (2020): 469-470.
8. Yeo C., *et al.* "COVID-19 and Obesity-the Management of Pre- and Post-bariatric Patients Amidst the COVID-19 Pandemic". *Obesity Surgery* 30.9 (2020): 3607-3609.
9. O'Hara VM., *et al.* "The paediatric weight management office visit via telemedicine: pre- to post-COVID-19 pandemic". *Pediatric Obesity* 15.8 (2020): e12694.
10. Mechanick JI., *et al.* "Clinical Nutrition Research and the COVID-19 Pandemic: A Scoping Review of the ASPEN COVID-19 Task Force on Nutrition Research". *The Journal of Parenteral and Enteral Nutrition* (2020).

Volume 6 Issue 1 January 2021