

## Quarantine Brings Up More Issues for Patients With Obesity

— Exercise, relationship with food challenging during isolation related to pandemic

by [Molly Walker](#), Associate Editor, MedPage Today

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Patients with obesity not only reported more anxiety and depression, but the majority reported less exercise, more stress eating, and increased stockpiling of food due to COVID-19 stay-at-home orders, researchers found.

In a small survey, around 60% of patients with obesity reported stress eating, with 56% stockpiling food and around 70% saying it has been more difficult to achieve weight loss goals during the stay-at-home orders, reported Sarah Messiah, PhD, of University of Texas Health Science Center in Dallas, and colleagues, [in \*Clinical Obesity\*](#).

While they noted increased risks of COVID-19 infection among patients with obesity, such as its effects on pulmonary function and inflammation, the effects of the lockdown and/or mandatory stay-at-home orders on these patients have yet to be studied.

"Social crises such as the current pandemic, have the potential to influence and drive maladaptive behaviors among individuals who are vulnerable (e.g. those with chronic health conditions, unemployed, uninsured, etc.) in particular," the authors wrote, noting the stay-at-home orders forced cancellations of metabolic and bariatric surgeries for patients who may no longer be employed or have health insurance coverage.

Researchers performed a medical chart review, where they found patients with obesity in a healthcare system-based clinic specializing in obesity and at a metabolic and bariatric surgery practice in Texas. They were asked to fill out a non-anonymous online survey about their health behaviors beginning April 15, about 2 weeks after the state's governor issued a stay-at-home order.

Depressive symptoms were assessed using the 16-item [Quick Inventory of Depressive Symptomatology](#) (QIDS-SR).

Overall, 123 patients completed the survey, including the demographic questionnaire. Patients' mean age was 51, about 82% were women, about half were non-Hispanic white and 29% were non-Hispanic black. Only two (2%) tested positive for SARS-CoV-2, the virus that causes COVID-19, but 15% reported COVID-19 symptoms. Over half apiece had graduated college and had an annual household income of at least \$75,000, though almost 10% reported losing their job since COVID-19 started.

Patients' mean BMI was 40, and about a third had completed metabolic and bariatric surgery. Most commonly self-reported medical conditions were high blood pressure (67%), sleep apnea (51%), and diabetes (30%).

Nearly all patients had been under a stay-at-home order, with 87% reporting they only left their house for necessities. Less than half (47%) said they went outside to walk or exercise.

About 40% of patients went grocery shopping once a week, while 32% went one to two times a week. But 61% reported healthy eating was more challenging and an equal portion reported stress eating, though 64% were cooking more often. Nearly 80% said they were not food insecure.

Around half (48%) of patients reported less time exercising, and 56% reported a decrease in intensity of exercise.

A significantly higher proportion of non-Hispanic white patients reported anxiety compared with other racial and ethnic groups, though there were no significant differences in those reporting depression. After adjustment, Hispanic patients were less likely to report anxiety than non-Hispanic whites.

They added people with obesity already have a 25% higher risk of developing mood and anxiety disorders.

This was a convenience sample, and thus prone to selection bias. It also was a largely homogenous population, and thus not generalizable to other racial or ethnic minority populations and lower socioeconomic status, Messiah and colleagues noted.

But they emphasized due to the "increase in obesogenic behavior" found here, healthcare access should not be interrupted for patients with obesity.

"In addition to asking about diet and exercise patterns, screening for indicators of mental health, loneliness, financial stressors and behaviors that may influence body weight should be implemented by healthcare teams" to prevent "exacerbating the negative health and economic consequences of excess body weight," the group wrote.



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## Disclosures

The study was supported by the NIH National Institute on Minority Health and Health Disparities. Messiah and co-authors disclosed no relevant relationships with industry.

## Primary Source

Clinical Obesity

Source Reference: [Almandoz JP, et al "Impact of COVID -19 Stay-at-Home Orders on Weight-Related Behaviors Among Patients with Obesity" Clin Obes 2020; DOI: 10.1111/cob.12386.](#)

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