

## **Obesity Management and Treatment During COVID-19**

*American Academy of Pediatrics Interim Guidance*

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Obesity is a chronic disease that poses increased risk for severe coronavirus disease 2019 (COVID-19). Obesity is likely to increase during and after the pandemic. It is critical that health care providers recognize that patients with obesity are at increased risk for severe manifestations of COVID-19. Providers should address infection precautions, address barriers to accessing health care, and [continue assessment and treatment for obesity](#) and its related comorbidities. The guidance below is specific to children and adolescents with obesity. Additional population-based guidance on supporting healthy nutrition and physical activity during the COVID-19 pandemic is available [here](#).

### **Children, adolescents, and families with obesity constitute a large population at risk for severe COVID-19**

Obesity is a chronic disease that results in altered anatomy, physiology, and metabolism, all of which adversely affect the physical and mental health trajectory of children and adolescents. The consequences of obesity, which include respiratory compromise; dysregulated immunologic function, including chronic inflammation and an exaggerated inflammatory response; and metabolic dysfunction, are among proposed mechanisms for increased COVID-19 severity. Obesity-related comorbidities, such as high blood pressure, nonalcoholic fatty liver disease, and type 2 diabetes mellitus, add to the risk of adverse outcomes from COVID-19 in adults and may be implicated in COVID-19 severity in children and adolescents.

Children and adolescents with obesity are more likely to have parents with obesity, increasing the risk at home for severe COVID-19 in family members as well as anxiety about contracting the disease. The combination of COVID-19 and obesity is likely to worsen health inequities during and after the pandemic.

Children and adolescents with physical and developmental disabilities are also at increased risk for obesity, with a prevalence 2 to 3 times that in the general population. Children and adolescents with physical and developmental disabilities are also at higher risk for more severe manifestations of COVID-19, given the increased prevalence of obesity, asthma, and other chronic respiratory conditions in this population.

### **Risk factors for obesity**

The COVID-19 pandemic has highlighted the effects of social determinants of health. These social and environmental factors are likely to worsen the chronic disease of obesity and its related comorbidities and increase risk for severe COVID-19. Families, burdened by added stress and uncertainty related to the economic hardship of shutdowns, food insecurity, and school closings, are struggling to sustain healthy lifestyles.

Many of the risk factors that result in weight gain are present in this pandemic. These include disrupted family routines, sleep dysregulation, reduced physical activity, increased screen time, increased access to unhealthy snacks, and less consistent access to appropriately portioned meals through school breakfast and lunch. These risk factors particularly affect Hispanic and Black youth as well as children and adolescents with overweight—populations already affected by negative social determinants of health. Families are reporting that during COVID-19 mitigation, time spent in physical activity and sports has decreased, while sleep time and screen time have increased. Families have experienced shifts to high-calorie snack foods and nonperishable processed foods.

The negative emotional and psychological effects of increasing social isolation and the virtualization of relationships add to the difficulty of maintaining healthy lifestyles. As depression, anxiety, substance use, and suicidal ideation increase among adolescents, young adults, and parents, challenges to maintaining health multiply.

### **Summary Recommendation Statement**

Children and adolescents with obesity are at increased risk for COVID-19 and worsening of their obesity during the pandemic. As a result of COVID-19 and mitigation efforts, families are facing many challenges that affect their ability to maintain their health. Pediatricians should counsel children, adolescents, and their families about COVID-19 precautions and continue individualized treatment for obesity and its related comorbidities during the pandemic.

It is important to be aware that weight bias and stigma may increase during the pandemic. Pediatricians need to have a nonjudgmental approach with their patients and families and continue to advocate for reduction of weight bias and stigma.

## **Recommendations**

### **[Continue to Assess](#) All Patients for Onset of Obesity During the Pandemic**

#### **Maintain Obesity Treatment**

- **Continue regular follow-up for obesity** and address barriers to follow-up.
- **Identify and treat obesity-related comorbidities**, such as lipid disorders, hypertension, prediabetes, and nonalcoholic fatty liver disease.
- **Do not delay obesity treatment**, including intensive lifestyle counseling, obesity-related pharmacotherapy, or metabolic and bariatric surgery. These services should be accessible during the pandemic; they are not elective for patients with obesity.

#### **Tailor Assessment and Counseling to Address Pandemic**

- **Emphasize and continue healthy lifestyle counseling**, including screening and counseling for smoking and vaping cessation, substance use, and mental health concerns.
- **Counsel on COVID-19 risk, in a nonjudgmental way.** Inform patients and their families of the increased risk for severe COVID-19 associated with obesity and advise additional protections as recommended by the Centers for Disease Control and Prevention (CDC).
- **Address patient/family stress.** Families affected by negative social determinants of health and parents of children and adolescents with disabilities may experience greater levels of stress. These factors may present barriers to obesity treatment.
- **Assess/screen for disordered eating** including binge eating, purging, and restrictive eating.
- **Address social determinants of health.** Economic, housing, and food security for families is dynamic and even more so during the pandemic. Families can be counseled and connected to federal and local resources to address social determinants.

#### **Relevant AAP Policy Statements**

- [The Role of the Pediatrician in Primary Prevention of Obesity](#)
- [Stigma Experienced by Children and Adolescents With Obesity](#)
- [Pediatric Metabolic and Bariatric Surgery: Evidence, Barriers, and Best Practices](#)

#### **Relevant AAP COVID-19 Interim Guidance**

- [Return to Sports](#)
- [Guidance for School Re-entry](#)
- [Caring for Children and Youth With Special Health Care Needs](#)
- [Supporting the Emotional and Behavioral Health Needs of Children, Adolescents, and Families](#)
- [Supporting Healthy Nutrition and Physical Activity](#)

#### **Related AAP Resources for Pediatricians**

- [Institute for Healthy Childhood Weight](#)
- [Food Research and Action Center and AAP: Addressing Food Insecurity – A Toolkit for Pediatricians](#)