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Review Article

OBESITY AND COVID 19-TWO INTERCONNECTED PANDEMICS

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Abstract:

Corona virus disease commonly known as COVID-19 is a severe pandemic that has spread globally causing large number of deaths till date. Obesity is a disease caused due to excessive fat accumulation in the body. High calorie diet intake and lack of physical activity has increased obesity at an alarming rate causing it to reach pandemic proportions worldwide. An interrelationship exists between these diseases. On one hand, obesity has emerged as an important risk factor of disease severity in COVID-19 while one the other hand, worldwide spread of COVID-19 and increased treatment requirements have resulted in less attention to other non-communicable diseases including obesity. This study reviews both the role of obesity as a risk factor of COVID-19 and the negative impact of COVID-19 pandemic on obesity incidence and care. The study analyses the effect of obesity on COVID-19 complications including recovery time, ICU admission, IMV requirement, poor outcomes and death. The review also takes into account the role of obesity on COVID-19 vaccine efficacy.

Keywords: COVID-19, Obesity, Risk factor, pandemic

Introduction:

Corona virus disease (COVID-19) was declared as a pandemic by WHO on March 12 2020^[1]. Risk factors linked to the disease include age, crowding, use of certain medications, pregnancy and underlying medical conditions including cardiovascular diseases, cancer, Type II diabetes mellitus and hypertension ^[2].

Obesity is a disorder caused due to increased amount of fat in the body. A person is considered to be obese when body mass index is greater than $30 \text{kg/m}^{2[3]}$. In 1997 WHO declared obesity as a major health issue and global epidemic ^[4]. Unhealthy eating habits (high calorie diet) and sedentary lifestyle (lack of physical activity) has caused obesity to reach pandemic proportions worldwide ^[5].

Obesity has now emerged as important risk factors for disease severity in COVID-19 ^[6]. Recent studies have linked obesity to severe corona virus disease and death. The study aims to review the interrelationship between COVID-19 and obesity. The study tends to analyze the effect of obesity on

COVID-19 complications including recovery time, ICU admission, IMV requirement, poor outcomes and death and the effect of obesity on COVID vaccine efficacy.

RISK FACTORS OF COVID -19 DISEASE

Although COVID 19 can equally affect people in all age groups, certain potential risk factors linked to the disease include ^[2,7]:

- Age
- Certain occupation
- Ethnicity/race
- Alcohol
- Smoking
- Physical inactivity
- Pollution
- Obesity

It is also associated with underlying diseases such as [2,8].

Diabetes

- Cardiovascular diseases
- Cancer
- Asthma
- COPD
- Down Syndrome
- Chronic Kidney disease
- Sickle Cell Disease
- Obesity

World Health Organization describes obesity as an important NCD risk factor of COVID-19 disease.

OBESITY- A RISK FACTOR OF COVID 19 INFECTION AND COMPLICATIONS

Obesity is a disorder caused due to excessive fat accumulation in the body. In terms of Body Mass Index, BMI greater than 30kg/m^2 is considered as obesity [3].

Obesity is a risk factor of diseases such as:

- Diabetes diabetic complications were found to be higher in obese patients ^[9].
- Influenza A (H1N1) [10].

Numbers of studies portray obesity as a risk factor of severe COVID 19 disease. This may be due to a variety of reasons:

- Obese people tend to have a greater number of adipocytes in their body. Adipose tissue is rich in ACE2 (Angiotensin Converting Enzyme 2) receptor which is a target site for entry of corona virus to human body [11, 12]. This leads to higher viral loads and increased viremia.
- Obesity also alters the immune function of the host. Increased level of inflammatory cytokines and decreased adiponectin levels in obesity reduce immunological response to infection. B and T cell functions are impaired causing delay in resolution of viral infections [13, 14].
- Increased visceral fat causes an outflow of pro inflammatory cytokines contributing to a condition called cytokine storm ^[13, 15]. Obesity is also associated with thromboembolic complications and decreased pulmonary function which leads to higher complications in corona virus disease ^[16].
- Obesity is related to various co morbidities like hypertension, type 2 DM, cardiovascular and renal

diseases increasing the severity of disease in covid patients [17].

OBESITY AND COVID-19 RECOVERY TIME

- Recovery time refers to the time taken for the disease symptoms to subside and the patient to become completely free from COVID 19 infection. Recovery time has a strong influence on the disease severity and economic burden caused due to the disease [18, 19]. Obesity has found to prolong recovery time in covid patients.
- A study conducted in Israel showed that obese covid patients were admitted in hospital for a longer duration than non-obese covid patients (20.6 vs 16.0 days) [20] which ultimately mean that viral load was higher in obese thus increasing severity of COVID 19 infection.
- Similarly, a cohort study conducted in a group of 75 patients in Wenzhou in China showed obese COVID-19 patients had significantly longer hospital stay (23Vs 18 days) and severe complications than non-obese patients [21].
- Another study conducted in Italy also reported similar results(21Vs 13 days) [22].

OBESITY AND ICU ADMISSION IN COVID -19

- When body mass index of COVID patients was correlated with ICU admission, patients having BMI higher than 35 kg/m² were critically ill as compared to those with normal BMI ^[23, 24, 25].
- In patients below 60 years, obese adults were twice more likely for ICU treatment as compared to non-obese adults [26].
- A strong link exists between obesity, ICU admission and mortality in COVID -19 patients [16,26,27]. This may be due to the chronic diseases present as co morbidities in obese patients.

OBESITY AND IMV NEED IN COVID 19

- IMV (Invasive Mechanical Ventilation) is usually the last option and opted only when the patient has reached the last stage of the disease. IMV need was found to be higher in obese with COVID- 19 patients [16,28]
- A study conducted in 393 covid patients in New York city showed that those receiving IMV had higher rate of obesity than those who did not need IMV [27].

• Similarly a study conducted in France also showed that IMV requirement significantly correlated with BMI and those with BMI higher than 35 kg/m² were at a seven fold increased risk of IMV. [16] The above studies highlight the fact that IMV need in COVID-19 is increased in obesity.

OBESITY AND COVID-19 DEATH

- Obesity has found to cause high death rate in hospitalized COVID- 19 patients.
- A study conducted in Milan, Italy showed that hospitalized patients who died due to COVID -19 had high rate of obesity than ones who survived ^[29].
- Similarly, a retrospective study conducted in young COVID-19 patients in China revealed that obesity was a critical factor contributing to death in young population [30].
- Obesity has become common in individuals below 50 years of age related to risk factors including hypertension, cardiovascular diseases and type 2 DM thus shifting risk of COVID-19 death to younger populations [31].

OBESITY AND POOR COVID-19 OUTCOMES

- Obesity is associated with severity outcomes of COVID-19^[32, 33].
- BMI of patients with COVID-19 pneumonia was found to be greater than those without pneumonia [34].
- Similarly, the incidence of ARDS was higher in obese patient group as compared to non-obese group [35]
- A study conducted by Klang et al stated that obesity is a risk factor of COVID-19 progression independent of cardiovascular disease and diabetes [36].

OBESITY AND COVID VACCINE EFFICACY

- Latest reports suggest that COVID vaccine may not be fully effective in people suffering from obesity [37]
- As mentioned above a number of studies reveal that disease severity is potentially high in obese covid-19 patients.
- This is because of the fact that immune response and process of healing may be slower in an obese individual. This applies to immune system response to COVID 19 vaccine as well.
- A study published in 2017 September to evaluate the effect of obesity on risk of influenza and

- influenza-like illness among those vaccinated showed that the flu vaccine is only half as effective in people with obesity compared to non-obese people ^[38]. Now studies are being conducted to determine whether such an association exists between obesity and COVID-19 vaccine efficacy.
- Media reports suggest that a 'new study has revealed Pfizer vaccine for COVID-19 might be less effective in obese people'. The study carried out by Italian researchers suggested that obese health care workers who received the COVID-19 vaccine were not able to produce as many antibodies as their healthy peers [39].
- However, this new study has not been yet been peer reviewed and only provide first direct evidence to suggest that a problem similar to influenza vaccine may also exist with COVID-19 vaccines.
- Even though more studies are required to confirm the relation between obesity and COVID vaccine efficacy, this study provides important implications for developing strategies of COVID vaccine in obese population.

EFFECT OF COVID-19 ON OBESITY

- On one hand emerging data reveal that there is a strong relationship between obesity and COVID-19 complications while on the other hand, global spread of COVID-19 disease and increased treatment requirements have resulted in less attention to other non-communicable diseases including obesity [40].
- For example, The European Association for the study of Obesity (EASO) conducted an electronic survey in the EASO Collaborating Centers for Obesity Management (COMS) in Europe to know the efficacy of obesity care during COVID-19. Responses received revealed that covid -19 has affected obesity care in Europe negatively. Medical and surgical treatment for obesity were either reduced or cancelled [40].
- In addition, COVID-19 lockdown and need for self-isolation had caused physical inactivity and unhealthy eating habits in many thus contributing to obesity [41].

Conclusion

COVID-19 causes severe complications especially in patients with co morbidities including cardiovascular diseases, hypertension, type2 DM and obesity.

Obesity has emerged as a risk factor contributing to disease severity in COVID-19 increasing recovery time, IMV requirement, Admission in ICU and death rate in COVID-19 patients. Obesity was also found to affect COVID vaccine efficacy.

Emergency caused due to COVID 19 pandemic was found to divert attention from care of non-communicable diseases including obesity. Lockdown due to COVID-19 led to unhealthy eating habits and physical inactivity thus contributing to obesity. Hence it is important to consider obesity as a serious risk factor determining disease severity in COVID - 19 and take necessary measures to guide treatment options in obese COVID-19 patients.

References

- 1. Mahase E. Covid-19: WHO declares pandemic because of "alarming levels" of spread, severity, and inaction. Bmj. 2020 Mar 12;368:0
- 2. Centers for Disease Control and Prevention. Assessing risk factors for severe COVID-19 illness. CDC.
- 3. World Health Organization. World Health Organization obesity and overweight fact sheet.
- 4. Haththotuwa RN, Wijeyaratne CN, Senarath U, Mahmood T, Arulkumaran S. Worldwide epidemic of obesity. Obesity: A ticking time bomb for reproductive health. 2013:3-11.
- 5. Meldrum DR, Morris MA, Gambone JC. Obesity pandemic: causes, consequences, and solutions—but do we have the will? Fertility and sterility. 2017 Apr 1;107(4):833-9.
- 6. Mohammad S, Aziz R, Al Mahri S, Malik SS, Haji E, Khan AH, Khatlani TS, Bouchama A. Obesity and COVID-19: what makes obese host so vulnerable?. Immunity & Ageing. 2021 Dec;18(1):1-0.
- 7. WHO COVID- 19 and NCD risk factors www.who.int
- 8. Watanabe M, Risi R, Tuccinardi D, Baquero CJ, Manfrini S, Gnessi L. Obesity and SARS-CoV-2: a population to safeguard. Diabetes/metabolism research and reviews. 2020 Oct;36(7):e3325
- 9. Jia P. Obesogenic environment and childhood obesity. Obesity Reviews. 2020 Nov 30.
- 10. Louie JK, Acosta M, Samuel MC, Schechter R, Vugia DJ, Harriman K, Matyas BT. A novel

- risk factor for a novel virus: obesity and 2009 pandemic influenza A (H1N1). Clinical Infectious Diseases. 2011 Feb 1;52(3):301-12
- 11. Liu PP, Blet A, Smyth D, Li H. The science underlying COVID-19: implications for the cardiovascular system. Circulation. 2020 Jul 7;142(1):68-78.
- 12. Sattar N, McInnes IB, McMurray JJ. Obesity is a risk factor for severe COVID-19 infection: multiple potential mechanisms. Circulation. 2020 Jul 7;142(1):4-6.
- 13. Kanneganti TD, Dixit VD. Immunological complications of obesity. Nature immunology. 2012 Aug;13(8):707-12.
- 14. Luzi L, Radaelli MG. Influenza and obesity: its odd relationship and the lessons for COVID-19 pandemic. Acta diabetologica. 2020 Jun;57(6):759-64.
- 15. Honce R, Schultz-Cherry S. Impact of obesity on influenza A virus pathogenesis, immune response, and evolution. Frontiers in immunology. 2019 May 10;10:1071.
- 16. Simonnet A, Chetboun M, Poissy J, Raverdy V, Noulette J, Duhamel A, Labreuche J, Mathieu D, Pattou F, Jourdain M, LICORN and the Lille COVID-19 and Obesity Study Group. High prevalence of obesity in severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) requiring invasive mechanical ventilation. Obesity. 2020 Jul;28(7):1195
- 17. Ranucci M, Ballotta A, Di Dedda U, Bayshnikova E, Dei Poli M, Resta M, Falco M, Albano G, Menicanti L. The procoagulant pattern of patients with COVID-19 acute respiratory distress syndrome. Journal of Thrombosis and Haemostasis. 2020 Jul;18(7):1747-51
- 18. Liu X, Zhou H, Zhou Y, Wu X, Zhao Y, Lu Y, Tan W, Yuan M, Ding X, Zou J, Li R. Risk factors associated with disease severity and length of hospital stay in COVID-19 patients. Journal of Infection. 2020 Jul 1;81(1):e95-7.
- 19. Barman MP, Rahman T, Bora K, Borgohain C. COVID-19 pandemic and its recovery time of patients in India: A pilot study. Diabetes & Metabolic Syndrome: Clinical Research & Reviews. 2020 Sep 1;14(5):1205-11.

- 20. Dicker D, Lev S, Gottesman T, Kournos T, Dotan M, Ashorov N, Marcoviciu D, Golan R. A Time Frame for Testing Negative for SARS-COV2 in People with Obesity. Obesity facts. 2020:13(5):528-33.
- 21. Gao F, Zheng KI, Wang XB, Sun QF, Pan KH, Wang TY, Chen YP, Targher G, Byrne CD, George J, Zheng MH. Obesity is a risk factor for greater COVID-19 severity. Diabetes care. 2020 Jul 1;43(7):e72-4.
- 22. Moriconi D, Masi S, Rebelos E, Virdis A, Manca ML, De Marco S, Taddei S, Nannipieri M. Obesity prolongs the hospital stay in patients affected by COVID-19, and may impact on SARS-COV-2 shedding. Obesity research & clinical practice. 2020 May 1;14(3):205-9.
- Ortiz-Brizuela 23. Ε, Villanueva-Reza M, MF, González-Lara Tamez-Torres KM. Román-Montes CM, Díaz-Mejía BA, Pérez-García E, Olivas-Martínez A, Rajme-López S, Martinez-Guerra BA, de-León-Cividanes NA. Clinical and epidemiological characteristics of patients diagnosed with covid-19 in a tertiary care center in mexico city: a prospective cohort study. Rev invest clin. 2020
- 24. Hajifathalian K, Kumar S, Newberry C, Shah S, Fortune B, Krisko T, Ortiz-Pujols S, Zhou XK, Dannenberg AJ, Kumar R, Sharaiha RZ. Obesity is associated with worse outcomes in COVID-19: analysis of early data from New York City. Obesity. 2020 Sep;28(9):1606-12.
- 25. L. Hu, S. Chen, Y. Fu, Z. Gao, H. Long, J.M. Wang, *et al.*Risk factors associated with clinical outcomes in 323 COVID-19 hospitalized patients in Wuhan, China
- 26. Docherty AB, Harrison EM, Green CA, Hardwick HE, Pius R, Norman L, Holden KA, Read JM, Dondelinger F, Carson G, Merson L. Features of 20 133 UK patients in hospital with covid-19 using the ISARIC WHO ClinicalCharacterisation Protocol: prospective observational cohort study. bmj. 2020 May 22;369
- 27. Goyal P, Choi JJ, Pinheiro LC, Schenck EJ, Chen R, Jabri A, Satlin MJ, Campion Jr TR, Nahid M, Ringel JB, Hoffman KL. Clinical characteristics of Covid-19 in New York city.

- New England Journal of Medicine. 2020 Jun 11;382(24):2372-4.
- 28. Ong SW, Young BE, Leo YS, Lye DC. Association of Higher Body Mass Index With Severe Coronavirus Disease 2019 (COVID-19) in Younger Patients. Clinical Infectious Diseases. 2020 Oct 15;71(16):2300-2
- Giacomelli A, Ridolfo AL, Milazzo L, Oreni L, 29. Bernacchia D, Siano M, Bonazzetti C, Covizzi A, Schiuma M, Passerini M, Piscaglia M. 30day mortality in patients hospitalized with COVID-19 during the first wave of the Italian prospective cohort epidemic: a study. Pharmacological research. 2020 Aug 1;158:104931.
- 30. Zhang F, Xiong Y, Wei Y, Hu Y, Wang F, Li G, Liu K, Du R, Wang CY, Zhu W. Obesity predisposes to the risk of higher mortality in young COVID-19 patients. Journal of medical virology. 2020 Nov;92(11):2536-42.
- 31. Kass DA, Duggal P, Cingolani O. Obesity could shift severe COVID-19 disease to younger ages. Lancet (London, England). 2020 May 16.
- 32. Z. Imam, F. Odish, J. Armstrong, H. Elassar, J. Dokter, E. Langnas, *et al*.
- 33. Independent correlates of hospitalization in 2040 patients with COVID-19 at a large hospital system in Michigan, United States
- 34. J Gen Intern Med, 35 (2020), pp. 2516-2517
- 35. Dreher M, Kersten A, Bickenbach J, Balfanz P, Hartmann B, Cornelissen C, Daher A, Stöhr R, Kleines M, Lemmen SW, Brokmann JC. The characteristics of 50 hospitalized COVID-19 patients with and without ARDS. Deutsches Ärzteblatt International. 2020 Mar;117(10):271
- 36. S.H. Cai, W. Liao, S.W. Chen, L.L. Liu, S.Y. Liu, Z.D. ZhengAssociation between obesity and clinical prognosis in patients infected with SARS-CoV-2
- 37. Wang J, Zhu L, Liu L, Zhao XA, Zhang Z, Xue L, Yan X, Huang S, Li Y, Cheng J, Zhang B. Overweight and Obesity are Risk Factors of Severe Illness in Patients with COVID-19. Obesity. 2020 Nov;28(11):2049-55
- 38. E. Klang, G. Kassim, S. Soffer, R. Freeman, M. A. Levin, D.L. ReichMorbid obesity as an independent risk factor for COVID-19

- mortality in hospitalized patients younger than 50
- 39. Townsend MJ, Kyle TK, Stanford FC. COVID-19 Vaccination and Obesity: Optimism and Challenges. Obesity. 2021 Jan 28.
- 40. Neidich SD, Green WD, Rebeles J, Karlsson EA, Schultz-Cherry S, Noah TL Chakladar S, Hudgens MG, Weir SS, Beck MA. Increased risk of influenza among vaccinated adults who are obese. International journal of obesity. 2017 Sep;41(9):1324-30.CoV-2 vaccine immunogenicity. medRxiv. 2021 Jan
- 41. Pellini R, Venuti A, Pimpinelli F, Abril E, Blandino G, Campo F, Conti L, De Virgilio A,

- De Marco F, Di Domenico EG, Di Bella O. Obesity may hamper SARS-CoV-2 vaccine immunogenicity. medRxiv. 2021 Jan 1.
- 42. Dicker D, Bettini S, Farpour-Lambert N, Frühbeck G, Golan R, Goossens G, Halford J, O'Malley G, Mullerova D, Salas XR, Hassapiou MN. Obesity and COVID-19: the two sides of the coin. Obesity Facts. 2020;13(4):430-8.
- 43. Yang S, Guo B, Ao L, Yang C, Zhang L, Zhou J, Jia P. Obesity and activity patterns before and during COVID-19 lockdown among youths in China. Clinical obesity. 2020 Dec;10(6): e12416.