Weight loss in the midst of the COVID-19 Pandemic: A Physician's insights

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In the medical world, there exists complex and rare diseases which elude diagnosis despite extensive investigations. On the other hand, there is one disease which is extremely straightforward to diagnose, yet could be one of the most difficult to treat. It is a disease that is shrouded by misconceptions and myths, and could even be likened to "the elephant in the room".

I am referring to obesity, which some may not even recognize to be a disease. Indeed, obesity is a chronic disease which is associated with more than 200 diseases affecting every organ system from head to toe, including Diabetes Mellitus (DM), coronary heart disease, cancer, obstructive sleep apnea and fatty liver disease. To make matters worse, obesity is common – two out of every ten adults are obese; starts young – 10% of 5-year-old children are overweight; and begets further obesity – 70% of children who are overweight at age 7 remained overweight as adults.

Recognizing the urgent need for weight management, the Sengkang General Hospital Weight Improvement Therapy and Complete Health (SWITCH) program was set up. At the heart of this program is a multidisciplinary team comprising an endocrinologist, an internal medicine physician, bariatric surgeons, dieticians, physiotherapists, psychologists and specialist nurses. Here, I describe three patients seen in the SWITCH clinic which illustrated pertinent points regarding obesity and weight management.

Patient A is a woman in her 50s with obesity. From the start of the consultation, it was apparent that she had an urgent need, even desperation, to lose weight – in her own words, "I would do anything to lose weight". Further interviewing unravelled a heart-wrenching story behind her predicament – her friends and relatives often made remarks with reference to her weight, such as how she was "slow" and could not keep up with them, how she could only fit into a small selection of baggy clothes unlike them, and so on. As a result, this woman felt judged and self-conscious about her weight. To make matters worse, she felt that nobody understood her, even her own husband. She stayed at home most of the time and avoided social interactions with others as much as possible. To make herself feel better, she started eating and snacking on food and drinks such as desserts, cakes, chips and coconut juice. This only led to temporary relief, as the food cravings would return shortly after – soon, the patient found herself eating almost continuously. Needless to say, this led to rapid weight gain, worsening the resultant problems and setting up a vicious cycle.

I spoke to the patient and affirmed her feelings and emotions. Together with our psychologist and dietician, we worked on helping her overcome her food cravings and snacking, including by addressing the root cause – emotional distress. Three months later, the patient had lost about 4 kg of weight, food cravings and snacking were significantly reduced and most importantly, she felt better about herself.

As illustrated by Patient A, people with obesity suffer from significant bias and discrimination. Common misconceptions are that people are obese because of their own choice, laziness or greed. This is untrue, as a person does not "choose" to have obesity any more than he or she "chooses" to have another chronic disease such as DM. As a result, people with obesity often experience poor self-esteem, low mood and depression. These negative attitudes towards obesity are also a barrier to seeking help – therefore, people with obesity often do not receive timely medical attention. In people with obesity, it is important to identify and address food cravings, excessive snacking or binge eating, as these are impediments to weight loss and could point to underlying psychological distress or mental illness.

Patient B is a man in his 40s with obesity, complicated by DM, hypertension and gout. Being aware of the health consequences of obesity, he had completely changed his lifestyle. He replaced his usual favourites of roti prata and curry with plain chapatti and salads, and did brisk walking twice daily for about 40 minutes. He was initially successful in losing 10 kg of weight. However, despite his best efforts, he could not lose any more weight thereafter, and was frustrated and demoralized. I explained to the patient that weight plateau and weight gain following initial weight loss was only to be expected. In addition, control of his diabetes and high blood pressure had significantly improved with the current degree of weight loss. As the patient was keen to lose further weight, following a detailed discussion of the available weight loss strategies, he was started on medications and meal replacements, which led to an additional weight loss of 5 kg in the next 3 months.

Most of us would agree that weight loss is often not easy. Why is this so? All of us have a fat mass set point which our body tends to persistently stick to. Following initial weight loss, the body tends to compensate through an increase in appetite and decrease in metabolism, which limits further weight loss and often leads to weight regain. This explains why weight loss is often initially successful until a certain weight is reached, beyond which there is a seemingly insurmountable barrier – and why maintaining sustained weight loss is so difficult. Therefore, if we are unsuccessful in losing weight, or regain weight after initial weight loss, we should understand this is the natural way our body would respond, rather than blaming ourselves. This also highlights the importance of programs for long-term weight management, such as our SWITCH program. Although lifestyle intervention is the foundation of successful weight management, there are other treatment modalities including medications, meal replacements and bariatric surgery. The available medications – phentermine, phentermine and topiramate, orlistat and liraglutide, work by different mechanisms including appetite suppression, increasing the metabolic rate and inhibiting fat absorption. Meal replacements are nutritionally complete yet low in calories, while bariatric surgery can achieve the largest degree of weight loss and ameliorate many obesity-related complications – most notably, remission of DM. That said, prior to undergoing surgery, the patient must understand that surgery is not a “quick fix” for weight as post-operative weight gain can still occur, and they would require long-term vitamin and mineral supplementation to prevent nutritional deficiencies.

Patient B illustrates another important point – weight loss of just 3 – 5% is sufficient to achieve health benefits and lead to improvement in obesity-related complications. Reversing obesity is often unrealistic – setting a goal to lose half of the body weight is often futile, and may not even be necessary. Of course, with additional weight loss there

would be incremental benefit; but 3 – 5% weight loss in 3 – 6 months is a realistic initial goal to work towards. Our focus should be on improving overall health, rather than simply reducing numbers on the scale. In addition, lifestyle changes need to be maintained long-term – "crash diets" are often followed by regaining of most, if not all the lost weight. Thus, we should have realistic weight-loss expectations and aim to achieve these through sustainable lifestyle changes.

Patient C is a man in his 30s who had undergone sleeve gastrectomy two years ago, following which he maintained a strict diet and exercise regime, and had achieved excellent weight loss. However, he had sudden unexpected weight gain as a result of circumstances forced upon him due to the COVID-19 pandemic. Due to telecommuting, there was a steep increase in contact and friction between the patient and his family members. A major subject of disagreement was food – whereas he previously prepared his own meals and brought them to work, everybody now consumed the same meals together. He often felt what was on the table was too oily, salty or sweet – however, voicing out his objections and refusal to have the same meals was met with antagonism. This led to a sense of "loss of freedom" and "isolation", and the resultant mental turmoil led him to paradoxically resort to "comfort" food and snacks.

The COVID-19 pandemic has had a huge impact on obesity. The various measures implemented to curb virus transmission such as "stay home measures", telecommuting and closure of exercise facilities all lead to an increasing sedentary lifestyle and weight gain. People with obesity who are faced with various new challenges such as disruption of lifestyle and livelihoods, on top of their pre-existing psycho-social distress, often develop mental health disorders. As illustrated by Patient C, all of us should recognize that the post COVID-19 world has changed, and while adapting to these changes, we should all place a priority on mental health.

In summary, weight management is a journey – a marathon, not a sprint. As with any journey, there are bound to be obstacles, though with perseverance and commitment, all these obstacles can eventually be overcome. I feel thankful to be able to walk this journey with my patients and make a difference to their lives.