

## RESPONSE TO THE COVID-19 PANDEMIC

25 April 2020

### Claims of Link Between Higher Body Weight And COVID-19 Risk And Complications Are Unsupported

HAES Australia extends our deepest sympathies to families, friends and communities across the world who are grieving the loss of loved ones due to COVID-19.

In this post we share statistics (including BMI) about people who have received treatment intensive care and those who have lost their lives, which may be distressing.

However, reviewing these statistics is necessary to refute claims by the [World Obesity Federation](#) and the [media](#) that people with higher body weight are more vulnerable to COVID-19. Such claims are implicitly weight-biased and not supported by current evidence.

[Initial evidence](#) indicates that COVID-19 may be more severe in people with chronic health conditions, such as cardiovascular disease and diabetes. However, HAES Australia notes that these conditions can be experienced by people of all sizes, and that larger body size is [not necessarily](#) a marker of chronic health problems. For instance, [a chart review](#) of people who died in hospital in Italy (n=2014) found that while only 12.2% had a BMI over 30, 69.1% had hypertension, 31.7% had type 2 diabetes and 27.5% had ischaemic heart disease.

[Recent data](#) from the United Kingdom (UK) (n=6005) demonstrates that the body mass index (BMI) distribution of patients in intensive care units matches that of the general population, therefore it is unlikely that BMI status alone is linked to severe COVID-19 infection requiring intensive care. Further analysis shows patients with a BMI over 30 received similar treatment and had comparable outcomes to patients with a BMI under 30.

The proportion of patients with confirmed COVID-19 who received advanced respiratory support was similar for patients with a BMI over 30 (70.4%) and patients with a BMI under 30 (72%). Likewise, people with a BMI over 30 were equally likely to be discharged alive from critical care (49.6%) as people with a BMI under 30 (50%).

The relationship between [body weight and health status](#), and the interplay of these with complications of the COVID-19 virus are extremely [complex](#). Scientific understanding of these factors is in its infancy. Making hasty claims of a strong, causal relationship between higher weight and COVID-19 severity causes significant psychological distress to those in larger bodies. Moreover, such statements further entrench weight bias in research, which risks limiting the understanding and treatment of this virus.

(ends)

## **HAES Australia Advocates for Weight-Inclusive Medical Care To Address COVID-19**

A significant increase in cases of COVID-19 may lead to a scarcity of life-saving resources, such as intensive care unit (ICU) beds and ventilators. HAES Australia supports calls for an [ethical process](#) for allocating ICU beds that is transparent and publicised and structured to support decision making and avoid discrimination and bias. When assessing whether a person will benefit from intensive care, health professionals must be mindful of [unconscious weight bias](#), as a person's body size is an unreliable indicator of their general health, fitness, functioning, or quality of life.

HAES Australia commends the [Australian and New Zealand Intensive Care Society \(ANZICS\)](#) for producing weight-inclusive COVID-19 guidelines that apply to all people irrespective of their weight. We encourage healthcare organisations that are currently developing local ICU pandemic plans to follow ANZICS lead. HAES Australia calls on the [World Obesity Federation](#) and local organisations to use their media and academic influence to join us in advocating for equitable and respectful care for patients with larger bodies during the COVID-19 crisis.

At this unprecedented time, workers across Australia are being redeployed to address workforce and skills shortages to fight COVID-19. Acknowledging that body size diversity exists in the Australian population, it is essential that personal protective equipment and medical equipment is available in a broad range of sizes. In addition, rather than simply drawing attention to the challenges associated with [‘managing’ larger patients](#), we implore those skilled in the surgical management of patients in larger bodies, in particular bariatric physicians and nurses, to provide direct care in intensive care units as well as training health professionals on how to safely care for and intubate higher weight patients.

### **Focus on well-being, not weight during COVID-19**

At a time when Australians are doing their best to survive an unprecedented global crisis, HAES Australia warns the rise in speculative media articles and academic opinion pieces about the impact of the COVID-19 pandemic on the future weight status of our population will cause harm.

Articles encouraging people to pursue restrictive dieting, excessive exercise, and police their weight during isolation or lockdowns reinforce stereotypical beliefs about individual control over body size. Such ideas are contradicted by a [wealth of weight science literature](#), lack sensitivity to issues such as socio-economic status, trauma, and mental health, and will only fuel weight stigma.

Weight stigma is common in Australian society and [research](#) shows that weight stigma is a chronic stressor that is independently associated with increased risk of cardiovascular disease and diabetes, as well as anxiety and depression.

HAES Australia calls on the Federal and State governments to use this crisis as an opportunity to pivot public health messages to embrace a weight-inclusive approach that focuses on well-being by:

- prioritising reliable and affordable access to enough food for all and nourishment above weight concern;
- supporting people to find enjoyable ways to move their bodies to maintain their physical fitness and support their mental health, without reference to weight.

A weight-inclusive approach is both [evidence-based](#) and [ethical](#) and, in addition to addressing weight stigma, will support Australians' physical, mental and social well-being during and beyond the COVID-19 pandemic.

**Sources:**

Intensive Care National Audit and Research Centre (ICNARC) (2020). Report on 6720 patients critically ill with COVID-19. Report based on available data on April 24<sup>th</sup>, 2020.

<https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports>

Istituto Superiore di Sanità (2020). Characteristics of SARS-CoV-2 patients dying in Italy. Report based on available data on April 23<sup>th</sup>, 2020

<https://www.epicentro.iss.it/coronavirus/sars-cov-2-decessi-italia>

**About HAES Australia:** HAES Australia is the representative body for health and fitness professionals, researchers and academics working from a Health at Every Size® paradigm. The work of HAES Australia and its members is underpinned by an evidence-based, weight-neutral, size inclusive, and body positive perspective.