



Impact of COVID-19 Lockdown on Short-Term Weight Loss in a Single Italian Institution: 1-Year Updated Data

Antonio Vitiello¹  · Giovanna Berardi¹ · Mario Musella¹

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Dear Editor,

In this pandemic era, the bariatric community has focused on the effects of prior SARS-CoV-2 infection on perioperative outcomes of metabolic surgery and on the 30-day morbidity and mortality [1–3].

Following our previous article [4], several studies started to report the impact of COVID-19 lockdown on weight loss after bariatric surgery. El Moussaoui et al. [5] compared excess weight loss percent (%EWL) and remission rate from comorbidities at 1-year follow-up between patients who underwent primary SG from June 2019 to October 2019 (COV-group) and a control group operated between June 2018 and October 2018 in Belgium. %EWL was 67.6% in the COV-group and 78.3% in the CONTROL-group.

A study [6] from Portugal showed that the COVID-19_Group presented significantly higher weight concern, grazing behaviour, and negative urgency than the NonCOVID-19_Group.

Recently, a retrospective observational case–control study [7] of patients undergoing primary GB in a tertiary referral Belgian center showed a reduced weight loss at 1-year follow-up (%EWL 82.4% vs. 82.4%; p : 0.043) for COVID-19 period group vs. nonCOVID-19 period group. COVID-19 group was composed by those whose 1-year postoperative period was affected by the COVID-19 (October to March 31st 2020).

Another recent article has demonstrated that there was no difference in target weight loss at 1 year in a cohort who underwent bariatric surgery before the pandemic in New York (USA) [8]. However, in the same paper, a significant difference was recorded for weight loss at 3 months, which was probably the period of full lockdown.

Despite these studies have provided larger samples, they have also included individuals who were submitted to surgery long before the full lockdown. The aim of our article was to describe what happened to those patients who had undergone a bariatric intervention just before (January–February 2020) the introduction of strict social limitations. Normally, it would not be ethically nor morally acceptable to perform a prospective trial allowing one group of subjects to conduct an ordinary life while the other group is forced to a housebound way of living. The lockdown gave us the unpleasant but unique opportunity to operate individuals with morbid obesity that were obliged to stay home shortly after the intervention and for a long period of time.

Therefore, we wanted to warn the bariatric community regarding the risk of the housebound lifestyle imposed by the pandemic; we also aimed to underline how telemedicine could be helpful but not sufficient to provide that stimulation and incitement coming from a face-to-face visit. Some studies have claimed that telemedicine gives high levels of satisfaction in weight management centers and both patients and providers wish to see these visit types offered in the future [9, 10]. Other authors have expressed the urgency for adequate hospitals' equipment for the diffusion of telemedicine to maintain a multidisciplinary relationship with patients [11]. Even before the pandemic, videoconferencing technologies had been proposed as a tool to maintain contact with patients living in rural areas [12]. However, we agree with more recent evidence showing that telemedicine could represent a barrier rather than a bridge in the patient–physician relationship [13]. Especially in the first postoperative year, which is crucial for a successful outcome, bariatric

✉ Antonio Vitiello
antoniovitiello_@hotmail.it

Giovanna Berardi
giovannaberardi88@gmail.com

Mario Musella
mario.musella@unina.it

¹ Advanced Biomedical Sciences Department, Naples
“Federico II” University, AOU “Federico II” - Via S. Pansini
5, 80131 Naples, Italy

subjects need to be motivated and receive direct feedback from face-to-face visits.

Therefore, with this letter, we aim to inform the bariatric community of the 1-year outcomes of our cohort of patients. Since we launched an alarm regarding short-term outcomes, we feel the necessity to report what happened to those patients after the easing of social restrictions.

Sixty-three patients were included in the original study [4]: 32 (14 SG and 18 MGB/OAGB) underwent bariatric surgery in the selected period of 2020 and 31 (12 SG and 19 MGB/OAGB) in the respective months of 2019. Baseline characteristics of the two groups resulted comparable as published in our previous report.

Surprisingly, %EBMIL at 1 year was comparable (71.6 ± 26.2 vs. 78.7 ± 16.4 ; $p=0.3$) despite weight loss was significantly lower in the first 6 months for those who underwent surgery in 2020. Moreover, all patients regularly attended their follow-up visit during the second part of 2020.

In our opinion, the fact that patients of 2020 made up for their weight disadvantage, once the full lockdown was lifted, is a clear demonstration that bariatric surgery achieved satisfactory results despite the pandemic and that an active lifestyle with face-to-face visits is mandatory in the first postoperative year.

The COVID-19 epidemic has clearly demonstrated that health systems need specific protocols that can provide a safe access to hospitals for critical patients, such as bariatrics, more than the implementation of telemedicine (which can be useful to overcome geographical problems).

Declarations

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Conflict of Interest The authors declare no competing interests.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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