

Metabolic health: a priority for the post-pandemic era

Rallying behind the mantra Every Body Needs Every Body, this year's World Obesity Day (March 4) calls on the global community to come together and work towards the common goal of building happier, healthier, and longer lives for everybody. Raising awareness of obesity as a disease, increasing understanding of its multifactorial roots and the solutions needed to address them, changing society's perception of and response to obesity, creating healthier environments, and prioritising obesity as a health issue will be key. Only then, can we turn the tide on the obesity epidemic, improve the lives of those living with obesity, and spare future generations a similar burden. With 800 million people worldwide living with obesity, childhood obesity predicted to increase by 60% in the coming decade (reaching 250 million by 2030), and medical costs associated with obesity expected to exceed US\$1 trillion by 2025, it is clear that current efforts to prevent and treat obesity are inadequate.

As a major contributor to mortality, action on obesity (including its prevention and treatment) is of the utmost importance. Recently published data showed that excess adiposity now accounts for more deaths in England and Scotland than smoking among people aged 45 years and older. The percentage of all deaths attributable to smoking or former smoking fell from 23% in 2003 to 19% in 2017, while deaths due to adiposity (overweight and obesity) rose from 18% in 2003 to 23% in 2017, reflecting underlying changes in the prevalence of smoking and obesity. Additionally, obesity is now the leading cause of other metabolic diseases such as type 2 diabetes and non-alcoholic fatty liver disease. A recent analysis of longitudinal data from the Multi-Ethnic Study of Atherosclerosis (MESA; 2000–17) and serial cross-sectional data from the National Health and Nutrition Examination Survey (NHANES; 2001–16) reported that US adults with obesity were almost three times more likely to develop type 2 diabetes than people without obesity, and that approximately 40% of new-onset diabetes in the period 2013–16 was directly attributable to obesity, with rates highest among non-Hispanic White women (53%) and lowest among non-Hispanic Black men (30%). The impact that reducing rates of obesity could have on preventing type 2 diabetes in the USA is clear to be seen.

The ongoing COVID-19 pandemic has highlighted the underlying poor metabolic health in our society, with metabolic diseases associated with COVID-19 severity and worse outcomes. A recently published comparative risk assessment of COVID-19 hospitalisations in the USA showed that the majority were due to one of four cardiometabolic conditions. Of the more than 900000 hospitalisations that occurred up to Nov 18, 2020, 30% were attributable to obesity, 26% to hypertension, 21% to diabetes, and 12% to heart failure. Moreover, the researchers estimated that a 10% reduction in each of the four cardiometabolic conditions would have potentially prevented 11% of COVID-19 hospitalisations. Further insight into the impact of underlying metabolic comorbidities on COVID-19 outcomes can perhaps be inferred from provisional life expectancy estimates released by the National Center for Health Statistics (NCHS) in the USA. In the first 6 months of 2020, life expectancy fell by a full year—the most dramatic decline since during World War 2. Provisional life expectancy from birth is now at the lowest level since 2006 for the total population (77.8 years). Although the decline in life expectancy reflects not just the toll of the pandemic but also an increase in deaths from drug overdoses, heart attacks, and other causes, metabolic comorbidities are likely to also have played a role.

With now in excess of 115 million infections and more than 2.5 million deaths from COVID-19 reported worldwide, many of which occurred in people with poor metabolic health, COVID-19 has sent the world a wake-up call about its inaction on metabolic diseases. In the post-COVID-19 era, metabolic health must be a priority, with obesity taking centre stage as the number one non-communicable public health concern of our time. As the obesity epidemic we know today is a relatively recent phenomenon, taking off in the USA only as far back as the 1990s, changing its trajectory is possible. We know many of the solutions to preventing and treating obesity but, more than words and promises, we now need true action. The days when obesity and metabolic diseases were just about other people are long gone; directly or indirectly, all of us are or will be affected in some way or another. The mantra Every Body Needs Every Body has never been truer. ■ *The Lancet Diabetes & Endocrinology*



Lancet Diabetes Endocrinol 2021

Published Online
March 4, 2021
[https://doi.org/10.1016/S2213-8587\(21\)00058-9](https://doi.org/10.1016/S2213-8587(21)00058-9)

For more on **World Obesity Day** see <https://www.worldobesityday.org/>

For more on **adiposity and deaths in England and Scotland** see *BMC Public Health* 2021; 21: 169

For more on the **impact of obesity on incident diabetes in the USA** see *J Am Heart Assoc* 2021; published online Feb 10. <https://doi.org/10.1161/JAHA.120.018799>

For more on **metabolic health and COVID-19** see **Editorial** *Lancet Diabetes Endocrinol* 2020; 8: 457

For more on **COVID-19 hospitalisations due to cardiometabolic diseases** see *J Am Heart Assoc* 2021; published online Feb 25. <https://doi.org/10.1161/JAHA.120.019259>

For more on **life expectancy estimates in the USA** see <https://www.cdc.gov/nchs/data/vsrr/VSRR010-508.pdf>

For more on the **obesity epidemic in the USA** see *JAMA* 1999; 282: 1519–22