

Clinical obesity service prioritisation guide during COVID-19

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This document aims to support clinical obesity services by prioritising service delivery during the COVID-19 pandemic. It has been developed to support outpatient appointment prioritisation for clinical obesity services.

General principles for prioritisation

- To provide optimal clinical management and education for people with obesity in outpatient settings, balancing any urgent need for face-to-face consultation against the risk of hospital acquired COVID-19 transmission and the safety of staff.
- Categories include three appointment types: deferral, virtual care and urgent face-to-face appointments.
- For people meeting the criteria for deferral but who need additional help with weight management, referral to [Get Healthy NSW](#), a telephone-based health coaching service is recommended.¹
- For people needing additional support for anxiety and depression, referral to [MindSpot Clinic](#) or [This Way Up](#) is recommended.^{2,3}
- For people requiring referral to psychology services, a mental health care plan from their general practitioner is recommended.

Document development

This document was developed by an Obesity Subgroup of the Metabolic and Endocrine Advisory Group with representatives from the Diabetes COVID-19 Community of Practice. Two one hour meetings were held on 28/4/20 and 12/5/20 to gather clinical expertise. In the interval between the meetings the document was circulated by email for comment. The final document was endorsed by the Diabetes COVID-19 Community of Practice.

	Red and amber alerts	Yellow and green alerts
Deferral	<p>General statement</p> <p>People with obesity who may have presented for routine appointments and could, for the time being, be managed by their general practitioner with support from the Get Healthy NSW service.</p> <p>Specifically</p> <ul style="list-style-type: none"> • People participating in a behavioural weight loss management program • No acute clinical or self-management issues. 	<p>General statement</p> <p>People with obesity and stable metabolic and obesity-related comorbidities can be deferred.</p>
Virtual care (video, phone)	<p>General statement</p> <p>People with obesity who are receiving a more intensive intervention or who suffer from significant obesity-related comorbidities. These patients require immediate specialist assessment or careful specialist supervision to prevent destabilisation or where medical therapy necessitates close monitoring because of potential adverse side effects.</p> <p>Specifically</p> <ul style="list-style-type: none"> • People who are on a very low energy diet, particularly if on medications that may need dose modification with weight loss, such as anti-hypertensive agents, sulphonylureas or insulin • People who have had bariatric surgery in the last 12 months • People with binge eating disorder • People prescribed weight reducing pharmacotherapy • People with Prader Willi Syndrome. 	<p>General statement</p> <p>Most people, who were previously seen face-to-face should be seen by virtual care if possible during sub-acute COVID-19 suppression response.</p>
Face to face	<p>General statement</p> <p>Given people with obesity are at high risk of more severe complications following infection with SARS-COV-2, it is preferable that all consultations be conducted by virtual care whenever possible, provided care delivery is not compromised. If issues are unable to be resolved by virtual care, a face-to-face appointment may be required. If there is grave concern for a person's health and wellbeing, such that this individual may otherwise become acutely unwell, they should be seen in person.</p> <p>Specifically</p> <ul style="list-style-type: none"> • People who have had bariatric surgery in the last six months • People who are having problems swallowing liquids, solids or medications following bariatric surgery • Vulnerable patients, such as those who have recent hospitalisation, are homeless, or have health or mental health issues impacting on clinical outcomes that may lead to hospitalisation • People with metabolic instability, for example unstable diabetes requiring insulin therapy • People commencing weight reducing pharmacotherapy, including the use of injectable medications • People prescribed weight reducing pharmacotherapy who require monitoring of their body weight and/or blood pressure, (where this is not available in their local community) • Those with Prader Willi Syndrome. 	<p>General statement</p> <p>Given that the general risk of infection for patients coming into hospital may still be high in the sub-acute COVID-19 response phase, the number of patients being seen face-to-face will remain limited. If issues are unable to be resolved by telehealth, a face-to-face appointment may be required.</p> <p>Specifically</p> <p>In addition to the conditions listed in the red and amber COVID-19 alerts, conditions in the yellow and green COVID-19 alerts include the following:</p> <ul style="list-style-type: none"> • People scheduled for bariatric surgery, prioritising people with Edmonton Obesity Staging System stage 3 obesity. • People with medical comorbidities that require physical examination.

References

1. NSW Ministry of Health. Get Healthy Information and Coaching Service [internet]. Sydney: NSW Ministry of Health; 2022 [cited 10 Oct 2022]. Available from: <https://www.gethealthynsw.com.au/>
2. MQ Health. MindSpot [internet]. Sydney: MQ Health; 2022 [cited 10 Oct 2022]. Available from: <https://www.mindspot.org.au/>
3. St Vincent's Hospital Sydney, University of New South Wales. This Way Up [internet]. Sydney: St Vincent's Hospital Sydney; 2020 [cited 10 Oct 2022]. Available from: <https://thiswayup.org.au/>