



Letter to Editor

Viral overload of COVID-19 pandemics: Overweight people a soft target to get an infection

Faheem Anwar^{1*}, Muhammad Tayyab^{2*}, Ihteshamul Haq¹ and Obaid Ullah Shah³

Department of Biotechnology and Genetic Engineering, Hazara University, Mansehra 21300, KP, Pakistan

²Institute of Biotechnology and Genetic Engineering, The University of Agriculture, Peshawar, KP Pakistan

³Department of Biotechnology, Abdul Wali Khan University, Mardan, KP, Pakistan

A growing figure of data proposes that outcomes with Coronavirus Disease 2019 are worse in those suffering from obesity and that a significant proportion of those requiring intensive care suffers from overweight or obesity [1]. Up to date 4 September 2021, COVID-19 has been confirmed in 220,712,750 individuals in more than 185 countries, with have 4,568,652 deaths globally according to worldometers. info/coronavirus/ [2]. Obesity has increased sharply in the last few decades. Obesity is a worldwide disease with at least 2.8 million people who die each year because of being obese according to the world health organization [3]. From 1975 to 2014, the global obesity rate has risen from 3.2 to 10.8% in males while in females from 6.4 to 14.9%. A very significant increase in England in the number of overweight/obese adults jumped from 36% to 62% between 1980 and 2013. If this continues by 2025, 18% of men and 21% of women worldwide will be obese. [3] Obesity is linked with another risk factor for the development of type-2 diabetes, asthma, hypertension, stroke, sleep apnea, osteoarthritis [4,5] The other diseases caused by obesity include blood pressure, and blood glucose body; these risk factors are responsible for our body weight [6,7]. As per reports people with heart diseases were more vulnerable to COVID-19 and had a high death rate. The reason probably was the fare of contracting the COVID-19 infection which stops them from going to the hospital for routine checkups. As per the survey, the number of heart patients decreased by 90% because they did not visit the hospital. Infect where is the actual death rate during the pandemic was as high as 2.4 times in heart patients [8]. Diabetes, a fetal disease as another reason for obesity. Between the years 1980 to 2014, the number of diabetic patients increases from 108 to 422 million. This ratio for adults was noted as 4.5 to 8.5 in the mentioned years. A study conducted in different parts of China revealed that more than 20% of deaths from COVID-19 were also

More Information

*Address for Correspondence: Faheem Anwar, Department of Biotechnology and Genetic Engineering, Hazara University, Mansehra 21300, KP, Pakistan, Email: Faheemburney2@gmail.com

Muhammad Tayyab, Institute of Biotechnology and Genetic Engineering, The University of Agriculture, Peshawar, KP Pakistan,

Submitted: August 25, 2021 Approved: September 06, 2021 Published: September 07 2021

Email: Tayyab_bbt@yahoo.com

How to cite this article: Anwar F, Tayyab M, Haq I, Shah OU. Viral overload of COVID-19 pandemics: Overweight people a soft target to get an infection. Int J Clin Virol. 2021; 5: 070-071.

DOI: 10.29328/journal.ijcv.1001037

Copyright: © 2021 Anwar F, et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



diabetes patients [9,10]. High blood pressure patients were reported to be more at risk of contracting COVID-19 infection. Early data from both China and the U.S. shows that high blood pressure is the most shared pre-existing condition among those hospitalized, affecting between 30% to 50% of the patients. Other health conditions included cancer, diabetes, or lung disease. Data from China and Italy showed a higher risk of COVID-19 infections and complications in people with high blood pressure. As per the latest statistic in Italy, 99% of deaths from the virus were accompanied by 76% of high blood pressure. High blood pressure is considered two times more deadly compared to overall deaths worldwide from coronavirus [10]. This letter's purpose is to spread awareness among the people about the fatal nature of obesity which causes blood pressure heart disease and diabetes. People with the above-mentioned diseases were found more prone to COVID-19 than the rest. The question arises what the future of obese people will be and particularly those who have other secondary diseases as well. As a correlation between COVID-19 and heart diseases has been discovered it is yet to be decided whether medications taken for heart diseases affect recovery and COVID-19 patients at any level. The same question arises about medicine's taken for weight loss and to cure COVID-19. As discussed earlier diabetic patients were easily infected by a coronavirus. It is very much essential to keep a check on the mortality rate of diabetic patients who also had contacted



COVID-19. It is still to be determined whether a different type of diabetes (Type-1, Type-2) reacts differently to COVID-19 infection or there has been no different. This calls for extra care of diabetic patients such as the insurance supply of medicine and an active lifestyle will be of prime importance. In a short diabetic, overweight people need to be very careful and take care of their health especially in such pandemic diseases. Obesity is independent risk factor related to COVID-19 severity. Graded analyses have suggested that obesity may grant greater risk to patients with diabetes mellitus compared with patients without diabetes mellitus, and this relationship requires further research.

References

- Muscogiuri G, Pugliese G, Barrea L, Savastano S, Colao A. Commentary: obesity: the "Achilles heel" for COVID-19? Metabolism-Clinical and Experimental. 2020; 108: 154251.
 PubMed: https://pubmed.ncbi.nlm.nih.gov/32353356/
- 2. worldometers.info/coronavirus/
- Hussain A, Mahawar K, Xia Z, Yang W, El-Hasani S. Obesity and mortality of COVID-19. Meta-analysis. Obesity Res Clin Pract. 2020; 14: 295. PubMed: https://pubmed.ncbi.nlm.nih.gov/32660813/
- Todisco P, Donini LM. Eating disorders and obesity (ED&O) in the COVID-19 storm. Eat Weight Disord. 2021; 26: 747-750.
 PubMed: https://pubmed.ncbi.nlm.nih.gov/32488728/

- Yang J, Hu J, Zhu C. Obesity aggravates COVID-19: a systematic review and meta-analysis. J Med virol. 2021; 93: 257-261.
 PubMed: https://pubmed.ncbi.nlm.nih.gov/32603481/
- Thomas CN, Inokuchi D, Lehman T, Ledsky, R, Weldy A. Peer Reviewed: Overweight and Obesity in Local Media: An Analysis of Media Coverage in CDC-Funded Communities. Prevent Chronic Dis. 2017; 14.
- Browne NT, Snethen JA, Greenberg CS, Frenn M, Kilanowski JF, et al. When pandemics collide: the impact of COVID-19 on childhood obesity. J Pediatr Nurs. 2021; 56, 90-98.
 - PubMed: https://pubmed.ncbi.nlm.nih.gov/33293199/
- 8. Anwar F, Tayyab M, Khan J, Haq I. COVID-19 and taking care and protection of patients with intellectual disabilities, need special care and equity. 2020;4: 116-117.
 - PubMed: https://www.heighpubs.org/hjcv/ijcv-aid1026.php
- Muscogiuri G, Pugliese G, Barrea L, Savastano S, Colao A. Commentary: obesity:the"Achillesheel"forCOVID-19?Metabolism.2020;108:154251.
 PubMed: https://pubmed.ncbi.nlm.nih.gov/32353356/
- Li X, Wang L, Yan S, Yang F, Xiang L, et al. Clinical characteristics of 25 death cases with COVID-19: a retrospective review of medical records in a single medical center, Wuhan, China. Int J Infect Dis. 2020; 94: 128-132. PubMed: https://pubmed.ncbi.nlm.nih.gov/32251805/
- Sarwar N, Gao P, Kondapally Seshasai SR, Gobin R, Kaptoge S, et al. Diabetes mellitus, fasting blood glucose concentration, and risk of vascular disease: A collaborative meta-analysis of 102 prospective studies. Lancet. 2010; 375: 2215–2222.
 - PubMed: https://pubmed.ncbi.nlm.nih.gov/20609967/