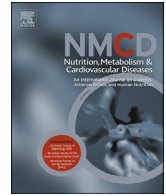




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LETTER TO THE EDITOR

Online group lifestyle modification programs for obesity during the COVID-19 pandemic: The EDON (EDON) retrospective study



In Spring 2020, restrictions determined by COVID-19 pandemic interrupted group lifestyle modification programs for obesity. Instead of stopping this activity altogether, we organized online sessions, with the same curriculum. Our program, enrolling patients with body mass index (BMI) > 30 kg/m² aged less than 65 years without major psychiatric disorders, is composed of six weekly 2-hour sessions for 8–12 patients, including interactive nutritional education, behavioral interventions, motivation enhancement, and self-monitoring of food intake and physical activity [1]. After the beginning of lockdown, the same program was performed online, using a Regional web platform.

Although the web approach was originally intended as an emergency response to the pandemic, some patients expressed their preference for this solution. For this reason, we performed a retrospective observational study, comparing a consecutive series of 62 patients enrolled in the online program with a consecutive series of 78 patients enrolled in the traditional group program immediately before the first lockdown. The study was approved by the local ethical board (19811 PF) and participants provided their written informed consent. The principal outcome was differences in 6-month weight loss (% from baseline, intention-to-treat, last observation carried forward for missing data). Patients in the online program were also asked to anonymously assess (online) their satisfaction and their evaluation of the program's efficacy on a 5-point Likert scale. Groups were compared using Student's *t* and chi square tests whenever appropriate.

The online and traditional group cohorts were similar for BMI (38.6 ± 6.1 versus 38.8 ± 5.4 kg/m²), whereas age was 48.5 ± 13.3 years in the online and 52.7 ± 12.5 in the traditional group (*p* = 0.06). The proportion of patients

participating to at least two thirds of scheduled sessions was significantly higher in the online group (89.7 versus 55.2%, *p* < 0.05). Six-month weight loss was not statistically different between the two cohorts (2.8 ± 0.7% and 3.8 ± 0.9%, *p* = 0.38) in the online and traditional groups, respectively, with a similar proportion of missing data [14 and 15%, respectively]). Among participants to the online program, 59% and 60% expressed a positive (>3 on a 5-point scale) evaluation of their treatment satisfaction and of the program's efficacy.

The two cohorts of patients are not completely comparable: participants to the online program were inevitably selected for digital competence and access to online resources. In addition, traditional in-person group programs performed during usual office hours could be more difficult to access for working patients. These two factors could account for the trend toward a younger age in the online group. The online organization allowed for a higher participation rate, which could have been partly determined also by the restrictions during lockdown periods, with the inhibition of many working, leisure, and social activities. Despite these limitations, this study suggests that the online program is similarly effective as the traditional program. In addition, participants to the online groups expressed a high degree of satisfaction for this approach. The present results support the use of telemedicine in the treatment of obesity, as suggested by previous studies on online group programs [2], as an alternative to traditional in-person groups.

Declaration of competing interest

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