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FACTORS ASSOCIATED WITH WEIGHT GAIN DURING THE COVID-19 PANDEMIC

Poster Contributions
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Background: To limit transmission of COVID-19, state governments issued shelter-in-place orders. These orders coincided with a decrease in daily step count and an increase in overeating. We evaluated factors associated with weight gain of ≥15 pounds during the pandemic within an integrated health care system.

Methods: We included adults age 18 and above with at least one weight measurement before the pandemic (March 19, 2019-March 18, 2020) and another measurement after COVID-19 vaccines became available, more than 9 months into the pandemic (December 14, 2020-June 30, 2021). Patients were categorized into tertiles using the area deprivation index, with the lowest tertile representing disadvantaged neighborhoods. Logistic regression was used to identify factors associated with weight gain of 15 pounds or more.

Results: Of 273,732 adults included in the study, mean age was 59.6 years, 43.2% were women, 35.4% White, 8.7% Black, 36.6% Hispanic, and 14.5% Asian. During the pandemic, 19,882 (7.3%) adults gained ≥ 15 pounds. A higher proportion of young adults gained weight (15.6% age 18-39, 7.7% age 40-64, 4.9% age 65-79, and 3.2% age ≥80). No significant difference was observed between men and women (7.2% women versus 7.3% men). Weight gain was more commonly observed in adults from disadvantaged neighborhoods (5.9% well-resourced neighborhoods, 7.3% intermediate neighborhoods, 8.7% disadvantaged neighborhoods). In univariable analysis, Black race was associated with weight gain (OR 1.21, 95% CI 1.16-1.27) but this association was no longer significant after accounting for other risk factors (adjusted OR 0.98, 95% CI 0.93-1.03). Multivariable logistic regression showed that being from disadvantaged neighborhoods was independently associated with weight gain (adjusted OR 1.28, 95% CI 1.23-1.33).

Conclusion: Significant weight gain of 15 pounds or more was observed in 7.3% of the adult population during the COVID-19 pandemic. Adults who resided in disadvantaged neighborhoods were disproportionally affected. Intervention strategies to increase physical activity and reduce sedentary behavior may be particularly important in disadvantaged neighborhoods.