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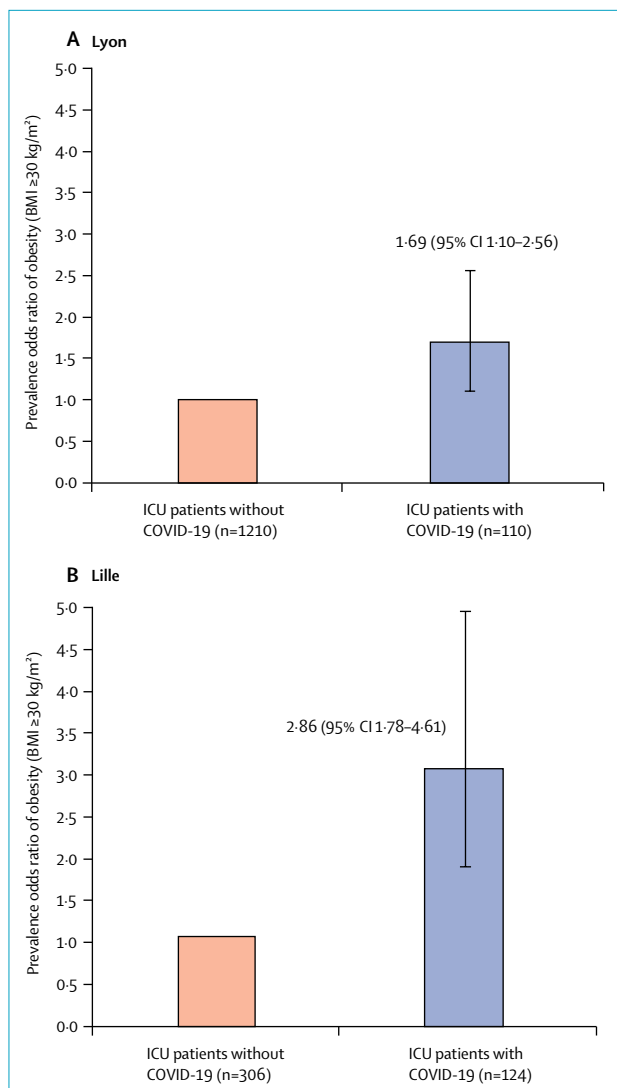


Figure 2: Prevalence of obesity in patients with critical COVID-19 compared with ICU patients without COVID-19 in the Lyon (A) and Lille (B) populations. Critical COVID-19 was defined as any case of COVID-19 requiring ICU admission. ICU=intensive care unit.

the prevalence of obesity with the general population is based only on our sample of patients with COVID-19, and a population-based study would be needed to precisely assess the demographics of patients with COVID-19 with respect to the general population.

Given the dual pandemics of COVID-19 and obesity in high-income countries, our findings have major implications for the clinical care of patients with obesity and COVID-19, as well as for public health interest.

Further independent multicentre studies including longitudinal assessment of outcomes such as duration of hospitalisation and mortality are needed to confirm that obesity is a risk factor for severe COVID-19, and further analyses are planned on our datasets once follow-up is complete. These findings can help clinicians to better identify specific populations with higher risk of severe disease, which could lead to an increase in protective measures, proposal of serological screening for immunisation, and recommendation of a vaccination once available for people with obesity.

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**Cyrielle Caussy*†, *François Pattou*†, *Florent Wallet*, *Chantal Simon*, *Sarah Chalopin*, *Charlène Telliam*, *Daniel Mathieu*, *Fabien Subtil*, *Emilie Frobert*, *Maud Alligier*, *Dominique Delaunay*, *Philippe Vanhems*, *Martine Laville*, *Merce Jourdain*‡, *Emmanuel Disse*‡, on behalf of COVID Outcomes HCL Consortium and Lille COVID–Obesity Study Group§ cyrielle.caussy@chu-lyon.fr

†Co-first authors

‡Co-last authors

§Members listed in the appendix

CarMen Laboratory, INSERM, INRA, INSA Lyon, Université Claude Bernard Lyon 1 (CC, CS, ML, ED), Hospices Civils de Lyon, Département Endocrinologie, Diabète et Nutrition (CC, CS, SC, CT, DD, ML, ED), and Medical Intensive Care Unit (FW), Hôpital Lyon Sud, Pierre-Bénite 69495, France; COVID-O-HCL Consortium, Hospices Civils de Lyon, Lyon, France (CC, FW, ML, ED); Université Lille, Inserm Pasteur Lille, Inserm U1190 European Genomic Institute of Diabetes (FP, MJ) and Department of Intensive Care (DM), CHU Lille, Lille, France; Hospices Civils de Lyon, Service de Biostatistique, Lyon, France (FS); Université Claude Bernard Lyon 1, CNRS, Laboratoire de Biométrie et Biologie Évolutive UMR 5558, Villeurbanne, France (FS); Hospices Civils de Lyon, Laboratoire de Virologie, Institut des Agents Infectieux, Groupement Hospitalier Nord, Lyon, France (EF); Equipe Virpath, Centre International de Recherche en Infectiologie, INSERM U1111 CNRS UMR 5308, ENS, Université de Lyon (EF), Laboratoire des Pathogènes Emergents-Fondation Mérieux, Centre International de Recherche en Infectiologie, Institut National de la Santé et de la Recherche Médicale

U1111 (PV), and Centre National de La Recherche Scientifique, UMR5308, Ecole Normale Supérieure de Lyon (PV), Université Claude Bernard Lyon 1, Lyon, France; FCRIN/FORCE Network, Centre de Recherche en Nutrition Humaine Rhône-Alpes, Lyon, France (MA, ML); and Service D'Hygiène, Épidémiologie et Prévention, Hôpital Edouard Herriot, Hospices Civils de Lyon, Lyon, France (PV)

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Health care and mental health challenges for transgender individuals during the COVID-19 pandemic

As a medical and socially vulnerable group, transgender individuals face numerous health disparities

and mental health problems.¹ The coronavirus disease 2019 (COVID-19) pandemic brings international health concerns and devastating psychological distress on a global scale to many populations. Transgender individuals are now facing unprecedented difficulties with mental, physical, and social wellbeing, as well as difficulties accessing health care. Before the pandemic, there already existed many barriers to transgender individuals accessing health care, such as a shortage of specialised health-care professionals; as a result, very few transgender individuals receive gender-affirming surgeries and hormone interventions, especially in low-income and middle-income countries.² As a marginalised group, inequalities faced by transgender individuals in policies and social aspects, such as legislated policies based on binary gender norms, could increase the risk of illness and mortality during the COVID-19 pandemic.³ In addition, to prevent the potential overload of health-care systems by COVID-19 cases, most hospitals have cancelled or postponed elective procedures to save resources. Thus, it is even more difficult for transgender individuals to access hormone interventions and gender-affirming surgeries.

Besides access to health care, it is also important to highlight mental health issues of transgender individuals. Previous studies showed that gender-affirming surgery was associated with reduced mental health problems.⁴ Because of the difficulties caused by COVID-19 discussed above, it is likely that transgender individuals are also facing challenging situations with regards to their mental health. In our transgender clinic, in Beijing, China, we found that difficulty in accessing hormone interventions was associated with high levels of anxiety and depression due to uncertainty about the availability of future treatments and struggles with maintaining unwanted gender identities during the COVID-19 pandemic.

We call for an inclusive assessment of the mental and physical health of transgender individuals that includes quality of life, physical functions, surgical complications, and hormone-related health problems. These assessments could identify transgender individuals at a high risk of developing severe psychological or physical health problems. Early screening could help to provide timely interventions for symptoms that occur during the COVID-19 pandemic. Furthermore, we suggest that it is important to note that there are subgroup differences in transgender individuals' physical and mental health needs. After gender-affirming surgery, groups such as transgender women tend to have adverse outcomes of vaginoplasty, such as visceral injury, fistulas, vaginal prolapse, and pelvic floor disorders, which occur because of the complex nature of the gender reassignment and require long-term care after surgery.⁵ During the COVID-19 pandemic, transgender women might therefore face additional difficulties compared with transgender men.

To prevent detrimental consequences caused by barriers to health care when resources are scarce, governments should implement urgent solutions to ensure both prescription supply, such as hormones, and provide remote online physician counselling for transgender individuals. Hormone intervention requires lifelong medical support as the concentration of hormones and adverse events need to be carefully monitored.² In response to the ongoing COVID-19 pandemic, we suggest that governments, policy makers, and the private sector should actively consider the unprecedented difficulties and situation faced by transgender people when planning to address the health-care crisis, and implement suitable strategies to help this minority group. Finally, it is important for health-care systems to establish assessment screening and provide a monitoring service to ensure psychological wellbeing of this vulnerable population.

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Yuanyuan Wang†, Bailin Pan†, Ye Liu†, Amanda Wilson, Jianjun Ou, *Runsen Chen

runsen.chen@psych.ox.ac.uk

†Contributed equally

Department of Psychiatry, The Second Xiangya Hospital, Central South University, Chinese National Clinical Research Centre on Mental Disorders (Xiangya), Chinese National Technology Institute on Mental Disorders, Hunan Key Laboratory of Psychiatry and Mental Health, Changsha, Hunan, China (YW, RC, JO); Division of Psychology, Faculty of Health and Life Sciences, De Montfort University, Leicester, UK (YW, AW); Department of Plastic Surgery and Transgender Clinic (BP) and Department of Endocrinology and Metabolism (YL), Peking University Third Hospital, Beijing, China; and Department of Psychiatry, University of Oxford, Oxford, UK (RC)

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Maturity-onset diabetes of the young (MODY): a time to act

The Middle East and north Africa have the second highest prevalence of diabetes worldwide. According to the International Diabetes Federation, 14.8% of the adult population in Kuwait is estimated to have diabetes. Kuwait has also one of the highest incidences of type 1 diabetes in children worldwide.¹ As a consequence of overlapping signs and symptoms, it can be expected that some patients who are currently diagnosed with type 1 diabetes or type 2 diabetes