

Epidemiology

Young adults most likely to become overweight or obese

Individuals aged 18-24 years are at greatest risk of becoming overweight or obese over the following decade, a longitudinal, large-scale, population-based cohort study has found.

Data were obtained from 400 primary care practices in England, between January 1998 and June 2016 via the Clinical Practice Research Datalink. Clinically recorded measures of height, weight and BMI for more than two million patients, 58% women, aged 18-74 years were analysed.

Individuals were grouped according to age at first BMI measurement: 18-24, 25-34, 35-44, 45-54, 55-64 and 65-74 years. Data on smoking, chronic disease and physical activity were also recorded.

These data were compared with cross-sectional comparators from UK and US health surveys to ensure that they were representative.

Changes in BMI over one, five and ten years were assessed. One pair of measurements from individuals taken during time windows of six months to two years, four years to six years, and eight years to 12 years, were obtained.

Absolute risk and odds ratios (OR) of transitioning between BMI categories were calculated.

The association of sociodemographic factors with BMI transitions was also estimated, adjusting for baseline BMI, family history of cardiovascular disease, use of diuretics, and prevalent chronic conditions.

Compared with adults in the oldest age group (65-74 years), adults in the youngest age group (18-24 years) had the highest risk at ten years of transitioning:

From the normal weight BMI category to overweight or obesity

- OR 4.22 (95% CI: 3.86-4.62)
- Absolute risk (37% vs 24%)

From overweight to class 1 or 2 obesity

- OR 4.60 (95% CI: 4.06-5.22)
- Absolute risk (42% vs 18%)

From class 1 and 2 obesity to class 3 obesity

- OR 5.87 (95% CI: 5.23-6.59)
- Absolute risk (22% vs 5%)

The following sociodemographic factors showed weaker associations with transitioning to a higher BMI:

- OR 1.23 (95% CI: 1.18-1.27) for those living in the most deprived areas
- OR 1.12 (95% CI: 1.08-1.16) for men compared with women
- OR 1.13 (95% CI: 1.04-1.24) for black compared with white individuals

The study authors conclude: 'Young adulthood offers an important, and currently neglected, opportunity for both population-level prevention of the onset of obesity and the identification of individuals at high risk of weight gain for targeted interventions.'

This is the first study to track patients over long periods identifying which individuals are at increased risk of obesity.

Obesity is a risk factor for a range of conditions, and prevention measures offer enormous benefits. The findings reinforce the need to target this group of patients to address overweight.

DR PETER SAUL

Katsoulis M, Lai AG, Diaz-Ordaz K et al. Identifying adults at high-risk for change in weight and BMI in England: a longitudinal, large-scale, population-based cohort study using electronic health records. *Lancet Diabetes Endocrinol* 2021 Published Online September 2 2021

Epidemiology

UK drinking levels rose during the pandemic

Alcohol consumption increased in the UK during the first months of the COVID-19 pandemic. However, in most countries in Europe it declined, a panEuropean study has found.

Data were obtained from the cross-sectional online European Alcohol and COVID-19 survey that collected information on changes in alcohol consumption among European adults.

The survey was translated from English into 20 languages and disseminated across 21 European nations. Targeted sampling was adopted in some countries to ensure sufficient representation across age, gender and education.

Data were collected between April and July 2020 and the final analytical sample included 31,964 individuals.

Respondents were asked whether their frequency of drinking occasions, quantity of alcohol consumed on each occasion or frequency of heavy episodic drinking had changed during the past month.

The three consumption variables were summed and divided by six in order to obtain an aggregate consumption-change score scaled to a potential range of -1 to +1, with negative values indicating a decrease and positive values an increase in consumption during the past month relative to baseline alcohol consumption over the preceding 12 months.

Across the countries surveyed, the aggregated consumption-change score showed an average decrease of -0.14 (95% CI: -0.18 to -0.10; P < 0.001).

Statistically significant reductions in consumption were found in every country, except Ireland and the UK.

In Ireland, there was a non-significant decrease; -0.08 (95% CI: -0.17 to 0.01; $P = 0.084$). The UK was the only country to demonstrate a statistically significant mean increase in alcohol consumption; +0.10 (95% CI: 0.03 to 0.17; $P = 0.004$). Both drinking frequency and quantities consumed on each occasion increased.

Albania had the biggest change in consumption score; -0.37 (95% CI: -0.52 to -0.22; $P < 0.001$).

The frequency of heavy episodic drinking events decreased in almost all countries except for the UK where, on average, frequency of these events remained unchanged.

Aggregated data across all countries showed no significant differences between women -0.13 (95% CI: -0.18 to -0.07) and men -0.16 (95% CI: -0.20 to -0.12; $P = 0.059$).

The consumption-change score was substantially greater among those aged 18-34 years; -0.20 (95% CI: -0.26 to -0.15; $P = < 0.001$) and those aged ≥ 55 ; -0.13 (95% CI: -0.20 to -0.07; $P = 0.004$) compared with those aged 35-54; -0.07 (95% CI: -0.11 to -0.04).

It is important for GPs in the UK to recognise that the anecdotal increase in alcohol consumption in this country that was talked about has been substantiated by this research.

DR JEZ THOMPSON

Kilian C, Rehm J, Allebeck P et al. Alcohol consumption during the COVID-19 pandemic in Europe: a large-scale cross-sectional study in 21 countries. *Addiction* 2021;116:3369-80

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