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LETTER TO THE EDITOR

Weight change and lifestyle modifications implemented during the COVID-19 pandemic lockdown: Correspondence



Cambio de peso y modificaciones de estilo de vida implementados durante el confinamiento por la pandemia de COVID-19: correspondencia

Dear Editors,

We would like to comment on the article, "Weight change and lifestyle modifications implemented during the COVID-19 pandemic lockdown are associated with the development of gastrointestinal symptoms".¹ The planned study sought to determine the prevalence of gastrointestinal complaints caused by the COVID-19 lockdown and the resulting lifestyle modifications. While the emphasis on gastrointestinal health during the public health crisis is notable, the study lacks the depth required for a thorough understanding of the underlying causes. The biggest critique stems from its cross-sectional design, which limits causal inference. Without a longitudinal approach, it is difficult to determine whether reported symptoms are directly caused by pandemic-related lifestyle changes or impacted by pre-existing conditions that became worse during the lockdown. Furthermore, relying on self-reported symptoms introduces possible biases, as participants may over- or under-report their symptoms, based on recall or perception, thus compromising the validity of the results. Furthermore, the sample's demographic homogeneity calls into question the generalizability of the findings. Although the average age of participants was reported, a more specific breakdown of age groups, socioeconomic status, and pre-existing health issues would have provided a more complete dataset and aided in the intervention's tailoring. This study found significant increases in various gastrointestinal symptoms, but it did not provide a solid theoretical framework to explain how lifestyle changes during the lockdown, such as dietary changes, physical inactivity, and mental health issues, affected the gastrointestinal outcomes. Exploring these linkages in greater depth might improve understanding and provide useful recommendations for future health strategies.

In terms of novelty, this study might have been improved by including objective measurements of gut health, such as biomarkers or imaging techniques, in addition to self-report

questionnaires, rather than depending exclusively on participant accounts. Using validated scales or diagnostic criteria for gastrointestinal illnesses improves their validity and reliability. Future research should include longitudinal studies that can track gut health trends as lifestyle changes emerge following the lockdown. In addition, investigating the psychological impact of lockdown and stress on gut symptoms may provide a comprehensive picture of the interrelated physiological and psychological components that influence patient health.

Finally, the continuous nature of the pandemic provides an opportunity for future research into post-COVID disorders, particularly their long-term influence on gut health. Researchers should look into preventive approaches and educational interventions focused on lifestyle changes that promote gut health, particularly as communities adapt to the "new normal". Collaborative studies that include a varied population and use mixed-method approaches may help to grasp the complexities of this issue, allowing for more effective public health interventions aimed at reducing the worsening of gut symptoms caused by the epidemic.

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Data availability

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Conflict of interest

The authors declare that there is no conflict of interest.

Reference

1. Higuera-de-la-Tijera F, Servín-Caamaño A, Lajud-Barquín F, Tovar-Aguilar A. Weight change and lifestyle modifications implemented during the COVID-19 pandemic lockdown are associated with the development of gastrointestinal symp-

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Response to Hinpetch Daungsupawong et al. regarding ‘‘Weight change and lifestyle modifications implemented during the COVID-19 pandemic lockdown: Correspondence’’



Respuesta a Hinpetch Daungsupawong et al. respecto a «Cambios de peso y modificaciones de estilo de vida implementados durante el confinamiento por la pandemia COVID-19: Correspondencia»

Dear Editors,

We read the letter by Hinpetch Daungsupawong et al. with great interest. They made a constructive criticism of our study, pointing out its lack of depth necessary for providing a full understanding of underlying causes, stating that the study’s cross-sectional design limited causal inference. They also commented that the lack of a longitudinal design made it difficult to determine whether the reported symptoms were directly caused by lifestyle changes related to the pandemic or if they were impacted by previous conditions that worsened during the lockdown. In addition, they stated that depending on self-reported symptoms introduces possible biases, given that participants often over-report or under-report their symptoms, according to memory or perception, compromising the validity of the results. We absolutely agree with that point, describing it as an important study limitation in our discussion section. There is always a risk of bias when obtaining information through a survey, especially information bias, derived from errors in survey design or questionnaire application on the part of the interviewer or interviewee, which is why we stated that our findings had to be validated through additional studies.¹

Conducting a longitudinal study is extremely complicated in the context of our study aim, and be that as it may, other cross-sectional studies have reported findings similar to ours. For example, the study conducted by Qiao et al., who evaluated the presence of anxiety and depression among university students under movement control at their schools during the 2022 Shanghai lockdown due to the COVID-19 pandemic, analyzed the association of gastrointestinal complaints and the habit of omitting breakfast with symptoms of anxiety and depression. They utilized the general anxiety disorder (GAD-7) questionnaire and the patient

health questionnaire (PHQ-9) to evaluate the symptoms of anxiety and depression, respectively, finding symptoms as high as 56.8% for anxiety and 62.8% for depression. A longer lockdown duration, higher educational level, omitting breakfast, stomach or abdominal pain, and nausea or dyspepsia were significantly associated with symptoms of anxiety, whereas longer lockdown duration, female sex, omitting breakfast, stomach or abdominal pain, and nausea or dyspepsia were markedly related to symptoms of depression. Likewise, those authors found that regular exercise and a positive attitude toward COVID-19 were negatively correlated with symptoms of anxiety and depression.² Even though that study could obviously be susceptible to the biases inherent in cross-sectional analyses, we believe the reported student self-assessment and perception is undeniably a vitally important indicator to be taken into account and requires due attention, given that said study showed how potentially simple interventions could have provided psychologic and medical support for improving quality of life and reducing symptoms in those patients.

Hinpetch Daungsupawong et al. also commented that the demographic homogeneity of the sample we studied calls into question the generalizability of the findings, with which we fully agree. Mexico is a vast, extremely heterogeneous territory; the diet and lifestyle of the Mexican population is special and particular, with local ingredients that are not always available in all regions of the world. The traditional Mexican dietary pattern was previously identified in a historic review of the food composition of traditional Mexican diets in the United States and Mexico. It is composed of a mixture of native Mesoamerican (pre-Hispanic) and Hispanic foods, characterized by large quantities of fruits, vegetables, complex carbohydrates, and dishes based on corn, prepared with chili peppers, garlic, onions, spices, beans, squash, citrus fruits, and rice.³ Therefore, we agree that the findings of our study can only be extrapolated to the Mexican population in the urban center of the country.

Hinpetch Daungsupawong et al. indicated that even though the mean age of the participants was reported, a more specific breakdown by age group, socioeconomic level, and pre-existing health problems would have provided a more complete set of data and facilitated the personalization of the intervention. It should be pointed out that the aim of our study was never to carry out any type of intervention, but rather only to determine the prevalence of gastrointestinal symptoms during the period of lockdown due to the COVID-19 pandemic and evaluate if there was a relation between said gastrointestinal symptoms and the stress phenomena and lifestyle changes occurring during the lockdown.¹