having an onset within Month 1 of treatment. Eighteen serious AEs occurred, none were interpreted as related to the study drug. **Conclusions:** In patients with POMC/PCSK1 or LEPR deficiency obesity who received setmelanotide treatment, the onset of AEs of special interest in any month was generally highest during Month 1 of treatment, with fewer events occurring during subsequent months. Apart from hyperpigmentation, all AEs occurred intermittently.

Adipose Tissue, Appetite, and Obesity
INTEGRATED PHYSIOLOGY OF OBESITY AND METABOLIC DISEASE

Trends in the Racial and Ethnic Disparity and Predictors of Hepatic Steatosis: Data From NHANES III and NHANES 2017–2018

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Hepatic steatosis is a serious problem worldwide and it affects Hispanics at a higher rate than Blacks. This disparity is an important public health problem. The purpose of this study was to examine the trend in the racial/ethnic disparity of hepatic steatosis among a representative sample of the U.S. adult ≥20 years old in two time-periods. Data from the National Health and Nutrition Examination Survey (NHANES) III (1988–1994) and NHANES 2017–2018 were analyzed. The sample size in the two respective cycles was 13,910 and 5,492 respectively. Hepatic steatosis in NHANES III was diagnosed using ultrasound while in NHANES 2017–2018, fibroscan was used. We analyzed the data using bivariate Chi square, and multiple logistic regression to adjusting for confounding variables and considering the design and sample weights. In both time-periods, Mexican American had the highest prevalence of hepatic steatosis (28% in NHANES III and 43% in NHANES 2017–2018) compared to the other racial/ethnic groups ($p<0.05$). In the adjusted logistic regression model, relative to the white population, Mexican-Americans had 40% higher odds of hepatic steatosis in NHANES III (adjusted odds ratio [AOR]=1.4, 95% confidence level [CL]=1.1–1.9, $p<0.05$) and 200% higher odds of hepatic steatosis in NHANES 2017–2018 (AOR=2.0, 95% CL=1.3–3.1, $p<0.05$). The common predictors of hepatic steatosis in the two time periods were gender, high waist-to-hip ratio, borderline and high levels of triglyceride, and prediabetes and diabetes as diagnosed by HbA1c ($p<0.05$). For CRP, independent of the method used, mild and significant inflammation were predictors of hepatic steatosis ($p<0.05$). In NHANES 2017–2018, participants ≥ 65 years (compared to 20–34 years of age) and Blacks (relative to Whites) had a lower chance of hepatic steatosis in the adjusted regression model ($p<0.05$), and those inactive (relative to those who met the physical activity guideline) had a higher chance of hepatic steatosis ($p<0.05$). The increased prevalence of hepatic steatosis in 2017–2018 compared to 1988–1994, may be related to the obesity epidemic, although differences in methodological factors may also play a role. Our study indicated that the racial/ethnic disparity in hepatic steatosis especially among Mexican American persisted over time. Future work is needed to explore the persistence of the racial/ethnic disparity of hepatic steatosis and its underlying mechanisms.

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Weight Loss Mobile Apps: Do They Address COVID-19 and Diabetes

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Background: Over 70 million Americans are obese and 99 million are overweight. There are over 3.7 billion ehealth mobile app downloads per year. Weight loss apps offer information on exercise and nutrition as well as weight tracking. Obesity is a risk factor for COVID-19 infection, along with diabetes and hypertension. In addition, obesity plays a role in the increased mortality of COVID patients. In March of 2020, the U.S. government, through the Small Business Administration and through the Small Business Innovation Research program, as well as through Facebook and Google, offered individuals and companies money for public education and/or solutions for the COVID-19 epidemic. Thus, are software app developers adding information about COVID-19 for their audience? Specifically, do weight loss apps mention obesity being a risk factor for DM, Hypertension, and COVID-19? Weight loss apps target a young demographic, and for public health purposes, COVID-19 information needs to reach this demographic since obesity can be a risk factor for COVID-19 infection. **Purpose**: Do weight loss apps provide information about DM, HTN, and COVID-19 during this pandemic era? **Methods:** Evaluation of the 10 most popular apps in the Apple (iOS) and Google (Android) stores via the search term "weight loss." Apps were ranked by downloads/star rating respectively for Android and iOS apps. Apple does not provide information about the number of downloads. App inclusion criteria: 1) Free 2) iOS: star ratings greater than 4 (greater than 10K ratings); Android: greater than or equal to 1 Million downloads; App features: DM, HTN, Race, Gender, COVID-19, BMI, Heart Disease, Calorie Count, and Fitness. **Results:** DM: 0/20, HTN: 0/20, BMI: 19/20, while Race is 0/20; Gender 19/20; COVID-19: 0/20; Calorie Count 11/20; Fitness 13/20. **Conclusion**: 1) Weight Loss apps have not ventured in the public education realm of risk factors and comorbidities of COVID-19 despite the pandemic in 2020. 2) As physicians, we should continue to educate our patients with weight issues and other risk factors in the era of a worldwide pandemic.