Obstacles and Impediments of Overweight and Obesity

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Obesity is now pandemic, affecting millions of people in worldwide [1]. Obesity is defined as the excessive fat accumulation which may damage the health. Two groups of beneficial bacteria are dominant in the human gut, the Bacteroidetes and the Firmicutes. The relative proportion of Bacteroidetes is decreased in obese people by comparison with lean people and this proportion increases with weight loss on two types of low-calorie diet. Obesity has a microbial component which might have potential therapeutic implications [2]. Third National Health and Nutrition Examination Survey (NHANES III) provides the detailed population based overweight and obesity prevalence data [3]. Body mass index (BMI) is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m²). BMI provides the useful to measure of obesity and it is same for both sexes and for all ages. BMI value from 25 to 30 kg/m² (overweight), 30 to 35 kg/m² (obesity) points used by the World Health Organization (WHO) [4] and the National Institutes of Health (NIH) [5]. The basic cause of obesity is an energy imbalance between calories consumed and calories expended. Stevens et al. [6] viewing the burden of obesity showed that moderate obesity generally results in a 1 to 3-year reduction in life expectancy, depending on age. Obesity is a major cause of mortality [7] in the United States. Obesity substantially increases morbidity and impairs quality of life [8]. Metabolic clearance of Vitamin D may increase in obesity, possibly with enhanced uptake by adipose tissue [9]. Foetal macrosomia is more common in the obese non-diabetic mother compared to the lean mother with gestational diabetes [10]. Amino acids are insulin secretagogues and an increased flux on amino acids could stimulate foetal hyperinsulinemia. Triglycerides are energy rich and placental lipases can cleave triglyceride and transfer free fatty acids to the foetus [11]. Raised BMI is a major risk factor for cardiovascular diseases, diabetes, osteoarthritis and some cancers. Lower income people can afford more fat (from edible oils) and this upward shift in fat consumption is important for explaining part of the nutrition transition in China [12]. The increases in prevalence of overweight and obesity in Canada between 1985 and 2003 are cause for concern for increased risk of premature death and musculoskeletal complications arising from morbid obesity [13]. A large hip or thigh circumference or both, which could be due to a greater lean mass in the abdominal regions is negatively associated with all-cause mortality [14]. The US Preventive Services Task Force recently recommended screening all adult patients for obesity due in part to the strong association between obesity and chronic diseases [15]. The direct medical costs attributable to adult obesity in Canada are estimated to have been $1.8 billion in 1997 [16]. Obese individuals are frequently stigmatized in online news photographs; this phenomenon has important implications for public perceptions of obese persons and may reinforce pervasive prejudice and discrimination [17]. Understanding the trends in childhood obesity is important because obesity in childhood has many adverse effects on health in both childhood and adulthood [18]. NHANES I and NHANES III were cross-sectional representative samples of the US civilian non-institutionalized population. Both surveys used to standardize the protocols for all interviews and examinations. Data on weight and height were collected for each individual in a fully equipped mobile examination center through direct physical examinations [19].
It is important to note that shifts toward reduced adult obesity in Brazil do not appear to have reached older children and adolescents [20]. Systematic education of administrators and teachers, better physical education and nutritional improvement in the beverages and food products are available in Singapore schools [21]. United Nations reveal the comparative information on trends in childhood and adolescent underweight and overweight status approximately one-third of the global population [22]. China National Nutrition Survey data showed an increase in the prevalence of overweight and a remarkable decrease in under nutrition in children [23]. BMI cutoffs are linked to adult cutoffs for overweight and obesity, which are good indicators of risks for adverse health outcomes [24]. Television watching is a major cause of children's inactivity and has been linked to childhood obesity [25]. The weight trends in Russia are very different from other countries, the sex difference initiate in the changing prevalence of underweight may suggest that Russian males and females have been prejudiced differently by the socioeconomic difficulties in the society [26]. Studies have demonstrated that changes in lifestyle are effective in preventing both diabetes and obesity in high-risk adults with impaired glucose tolerance [27]. Less than 20% of US adults who were trying to lose or maintain weight were following recommendations to eat fewer calories and increase physical activity to at least 150 minutes per week [28]. Strategies aimed at improving dopamine function may be beneficial in the treatment of obese individuals [29]. Obesity's impact is diverse and extreme that it is one of the greatest neglected public health problems [30]. Holmes [31] explained that obesity is a societal problem and it's an illness can be framed as a risk to the individual, a threat to populations. Schneider and Ingram [32] described that social constructions of populations influence the choices of policymakers and children as dependents: a powerless, positively viewed group who are not expected to be responsible for their own well being. Creating a toxic environment of food industry which promotes high density and low nutrient food, physical activity is low because of a reliance on cars as a result of poor urban planning and neighborhoods perceived to be unsafe [33]. Margaret Chan, Director General of the WHO, was reported in the media calling for the multinational corporations who driven by commercial interests, aggressively advertise cheap food and drinks laden with fat and sugar to share the responsibility for the obesity epidemic [34]. Obesity is generally agreed to be primarily linked to increased energy intake and decreased energy expenditure facilitated by environmental influences that favor energy dense diets and sedentary lifestyles [35]. Numerous studies have shown that the public, identify the media as their primary source of science and medical information [36]. Healthier lifestyle will decrease the obesity problems.

References


Obes Res. 1998 Sep; 6 Suppl 2:S1S-209S.


13. Katzmarzyk PT. The Canadian obesity epidemic, 1985-


