Letters

Journal of Nutritional Biology**Obstacles and Impediments of Overweight and Obesity****Prabhakar Reddy Veerareddy***

***Correspondence:** Prabhakar Reddy Veerareddy, University College of Pharmaceutical Sciences, Palamuru University, Mahabubnagar, Telangana State, India, E-mail: vpreddyindia@gmail.com

Rec date: Mar 22, 2018; Acc date: Apr 26, 2018; Pub date: Apr 30, 2018

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/m^2). 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/m^2 (overweight), 30 to 35 kg/m^2 (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

1. WHO Consultation on Obesity (1999: Geneva S, Organization WH. Obesity?: preventing and managing the global epidemic?: report of a WHO consultation. Obésité?: prévention et prise en charge de l' épidémie mondiale?: rapport d' une consultation de l' OMS [Internet]. 2000 [cited 2018 Apr 25]; Available from: <http://apps.who.int/iris/handle/10665/42330>.
2. Gill SR, Pop M, Deboy RT, Eckburg PB, Turnbaugh PJ, Samuel BS, et al. Metagenomic analysis of the human distal gut microbiome. *Science*. 2006 Jun 2; 312(5778):1355-9.
3. Vargas CM, Burt VL, Gillum RF. Cardiovascular disease in the NHANES III. *Annals of Epidemiology*. 1997 Nov 1; 7(8):523-5.
4. WHO | The world health report 1998 - Life in the 21st century: A vision for all [Internet]. WHO. [cited 2018 Apr 25]. Available from: <http://www.who.int/whr/1998/en/>
5. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults- The Evidence Report. National Institutes of Health. *Obes Res*. 1998 Sep; 6 Suppl 2:51S-209S.
6. Stevens J, Cai J, Pamuk ER, Williamson DF, Thun MJ, Wood JL. The effect of age on the association between body-mass index and mortality. *N Engl J Med*. 1998 Jan 1; 338(1):1-7.
7. Allison DB, Pi-Sunyer FX. Obesity treatment: examining the premises. *Endocr Pract*. 1995 Oct; 1(5):353-64.
8. Fontaine KR, Bartlett SJ. Estimating Health-Related Quality of Life in Obese Individuals. *Dis-Manage-Health-Outcomes*. 1998 Feb 1; 3(2):61-70.
9. Liel Y, Ulmer E, Shary J, Hollis BW, Bell NH. Low circulating vitamin D in obesity. *Calcif Tissue Int*. 1988 Oct; 43(4):199-201.
10. Factors predisposing to and outcome of gestational diabetes. - Abstract - Europe PMC [Internet]. [cited 2018 Apr 26]. Available from: <http://europepmc.org/abstract/med/2761910>.
11. Thomas CR. Placental Transfer of Non-Esterified Fatty Acids in Normal and Diabetic Pregnancy. *NEO*. 1987; 51(2):94-101.
12. Drewnowski A, Popkin BM. The nutrition transition: new trends in the global diet. *Nutr Rev*. 1997 Feb; 55(2):31-43.
13. Katzmarzyk PT. The Canadian obesity epidemic, 1985-

1998. CMAJ. 2002 Apr 16; 166(8):1039-40.
14. Allison DB, Zhu SK, Plankey M, Faith MS, Heo M. Differential associations of body mass index and adiposity with all-cause mortality among men in the first and second National Health and Nutrition Examination Surveys (NHANES I and NHANES II) follow-up studies. *Int J Obes Relat Metab Disord*. 2002 Mar; 26(3):410-6.
15. Jia H, Lubetkin EI. The impact of obesity on health-related quality-of-life in the general adult US population. *J Public Health (Oxf)*. 2005 Jun; 27(2):156-64.
16. Birmingham CL, Muller JL, Palepu A, Spinelli JJ, Anis AH. The cost of obesity in Canada. *CMAJ*. 1999 Feb 23; 160(4):483-8.
17. Heuer CA, McClure KJ, Puhl RM. Obesity Stigma in Online News: A Visual Content Analysis. *Journal of Health Communication*. 2011 Oct 1;16(9):976-87.
18. Must A, Strauss RS. Risks and consequences of childhood and adolescent obesity. *Int J Obes Relat Metab Disord*. 1999 Mar; 23 Suppl 2:S2-11.
19. SciELO Brasil - www.scielo.br [Internet]. [cited 2018 Apr 26]. Available from: http://www.scielo.br/scielo.php?script=sci_nlinks&ref=000113&pid=S1415-5273200800020000500019&lng=en
20. Monteiro CA, D'A Benicio MH, Conde WL, Popkin BM. Shifting obesity trends in Brazil. *Eur J Clin Nutr*. 2000 Apr; 54(4):342-6.
21. Popkin BM, Horton S, Kim S. The Nutritional Transition and Diet-Related Chronic Diseases in Asia and the Pacific. *Food Nutr Bull* 2001; 22 (suppl) 1-58.
22. UNITED NATIONS "DEMOGRAPHIC YEARBOOK 1997" PUBLISHED | Meetings Coverage and Press Releases [Internet]. [cited 2018 Apr 25]. Available from: <https://www.un.org/press/en/1999/19990315.stat439.html>
23. Chang S, Ge K, Zhai F, Jia F. [Dietary intake of some micronutrients in different provinces of China]. *Wei sheng yan jiu = Journal of hygiene research*. 1999 Dec 1; 28:364-6.
24. WHO Expert Committee on Physical Status?: the Use and Interpretation of Anthropometry (1993?: Geneva S, Organization WH. Physical status?: the use of and interpretation of anthropometry, report of a WHO expert committee. Utilisation et interprétation de l' anthropométrie?: rapport d' un comité OMS d' experts [Internet]. 1995 [cited 2018 Apr 25]; Available from: <http://apps.who.int/iris/handle/10665/37003>.
25. Gortmaker SL, Must A, Sobol AM, Peterson K, Colditz GA, Dietz WH. Television viewing as a cause of increasing obesity among children in the United States, 1986-1990. *Arch Pediatr Adolesc Med*. 1996 Apr; 150(4): 356-62.
26. Mroz TA, Popkin BM. Poverty and the Economic Transition in the Russian Federation. *Economic Development and Cultural Change*. 1995 Oct 1; 44(1):1-31.
27. Tuomilehto J, Lindström J, Eriksson JG, Valle TT, Hämäläinen H, Ilanne-Parikka P, et al. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. *N Engl J Med*. 2001 May 3; 344(18):1343-50.
28. Mokdad AH, Bowman BA, Ford ES, Vinicor F, Marks JS, Koplan JP. The continuing epidemics of obesity and diabetes in the United States. *JAMA*. 2001 Sep 12; 286(10):1195-200.
29. Wang GJ, Volkow ND, Logan J, Pappas NR, Wong CT, Zhu W, et al. Brain dopamine and obesity. *Lancet*. 2001 Feb 3; 357(9253):354-7.
30. Obesity epidemic puts millions at risk from related diseases. *Isr J Med Sci*. 1997 Oct; 33(10):706.
31. Holmes BJ. Media coverage of Canada's obesity epidemic: illustrating the subtleties of surveillance medicine. *Critical Public Health*. 2009 Jun 1; 19(2):223-33.
32. Schneider A, Ingram H. Social Construction of Target Populations: Implications for Politics and Policy. *American Political Science Review*. 1993 Jun; 87(02):334-47.
33. Moffat T. The "childhood obesity epidemic": health crisis or social construction? *Med Anthropol Q*. 2010 Mar; 24(1):1-21.
34. Beckford SA and M. British men among fattest in Europe. 2011 Apr 27 [cited 2018 Apr 25]; Available from: <https://www.telegraph.co.uk/news/health/news/8476754/British-men-among-fattest-in-Europe.html>
35. Jebb S. Obesity: causes and consequences. *Women's Health Medicine*. 2004 Nov 1; 1(1):38-41.
36. Towards a Better Map: Science, the Public and the Media [Internet]. The Communication Initiative Network. [cited 2018 Apr 26]. Available from: <http://www.comminit.com/content/towards-better-map-science-public-and-media>.

Copyright: © **Veerareddy PR**. This is an Open Access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.