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Research Article

GENDER RELATED DIFFERENCES IN CARDIO METABOLIC RISK FACTORS AND LIVING HABITS BEHAVIOUR OF ADOLESCENTS SEEKING TREATMENT WITH ACUTE OBESITY

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Abstract:

Aim: *Hefiness during youth related with cardiovascular mortality in adulthood. The antagonistic corpulence related cardio metabolic hazard profile is as of now saw in immaturity. We expected to look at conceivable sex contrasts in cardio metabolic hazard variables and way of life practices among young people with extreme stoutness, speculating that young men would have both a higher pervasiveness of the metabolic disorder just as less sound way of life practices than young women.*

Methods: *Cross-sectional investigation of treatment-chasing youths with serious weight who went to the Lahore General Hospital Lahore and who continuously taken a crack at the Vestfold Register of Obese Youngsters between from March 2019 to February 2020. Our current research conducted at Lahore General Hospital Lahore from March 2019 to February 2020. A sum of 313 teenagers matured 14 to 21 years were selected, whereof 278 subjects (48% young men) finished a food and movement recurrence survey and were remembered for the investigation.*

Results: *The mean age (SD), BMI, and SDS were 16 (1.7) years, 39.7 (6.8) kg/m², and 3.5 (0.6) years. LDL cholesterol, insulin and fasting glucose levels and diastolic pulse (DBP) did not contrast between sexual orientations. In contrast to young women, young men primarily had higher levels of fatty oil ($p = 0.038$) and systolic pulse (SBP) ($p = 0.004$), as well as lower HDL cholesterol ($p = 0.003$). Metabolic status was available in 28% of the young men and 19% of the young women ($p = 0.141$), nor did the prevalence of elevated BPD, dyslipidemia and dysglycemia vary primarily by sexual orientation. The banality of high BPP was higher in young men than in young women (18% versus 8%, $p = 0.022$). Gender was related to a variety of lifestyle propensities, with a higher proportion of young males having a longer screening time ($p = 0.034$), a more normal breakfast ($p = 0.024$), a higher intake of enhanced sweetened soft drinks ($p = 0.037$), and a lower intake of vegetables than young females ($p = 0.012$). Paradoxically, the level of active work and intake of leafy foods did not vary between genders.*

Conclusion: *Male treatment-chasing teenagers with serious corpulence had a more troublesome arrangement of metabolic and social danger factors for cardiovascular infection than young ladies. Our outcomes demonstrate that way of life social markers should be completely surveyed in the two sexual orientations, and conceivable sex related contrasts in hazard profile should be considered in future treatment programs.*

Keywords: *Gender related, cardio metabolic risk factors, acute obesity.*

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INTRODUCTION:

Cardiovascular disease (CVD) is the main source of mortality in these two individuals. Men are 3 to 4 times more likely than women to have intense coronary heart disease before the age of 60, despite the fact that ischemic coronary heart disease is increasingly common in younger women [1]. Over the past 30 years, the prevalence of overweight has increased further, and childhood obesity has reached alarming proportions in many Western countries, with overweight now influencing one-fifth of young Americans aged 12 to 19 [2]. Weight during the high school years is hardly a psychosocial problem, but on the other hand, it is associated with increased mortality in middle age due to cardiovascular disease and a shorter future [3]. The antagonistic cardio metabolic risk profile identified with corpulence is observed in early immaturity and even in young people, and cardio metabolic risk factors are more prevalent with increasing weight in adolescents, especially young men [4]. In addition, young adult males will generally have higher abdominal fat stores than young females, a condition related to hypertension, dyslipidemia and dysglycemia. Various tests have shown that undesirable lifestyle practices, such as low levels of active work, high screen time, skipping breakfast, high intake of sugary refreshments (SSB) and low intake of plant soil products are identified as risk factors for heaviness and cardio-metabolism in youth and adolescents, and CVD in adults. However, the causes and outcomes of weight in youth vary between the sexes due to natural and social contrasts. From this perspective, it is necessary to more clearly highlight the contrasts related to sexual orientation in the area of youthful corpulence [5]. Given that juvenile females may need to modify their diet to control their weight, and that young men have a more unfavorable fat dispersion after puberty, an unhealthy lifestyle may have a greater effect on the future risk of cardiovascular disease in young men. While some cross-sectional surveys of risk factors for CVD in overweight adolescents have examined young men and women independently, few have explicitly examined gender contrasts. In addition, to the best of our knowledge, no reviews have examined gender contrasts in lifestyle propensities and CVD risk factors in extremely large adolescents. We wanted to examine the conceivable sexual contrasts in lifestyle practices

and cardio-mechanical risk factors in a treatment population looking for adolescents with extreme corpulence. We estimated that, unlike young women, young men would suffer from a more prevalent metabolic disorder and its components, while having less healthy lifestyle practices. Finally, we wanted to assess the conceivable relationship between cardio-mechanical risk factors and lifestyle practices, assuming that undesirable lifestyle propensities were related to troublesome degrees of cardio-mechanical risk factors.

METHODOLOGY:

The MOC receives patients who present with severe heaviness, which professionals refer to as essential considerations. The standard of essential consideration is a BMI (weight list) of 5 kg/ m² or more compared to the limit proposed by the Worldwide Obesity Task Force (IOTF 30 kg/m² (iso- BMI 30) + 5 kg/m²), or a BMI level below this limit for weight-related co-morbidity (taking into account family history of weight-related co-morbidity, type 2 diabetes mellitus, hypertension, dyslipidemia, very rapid weight gain, extreme psychosocial problems). We characterized serious weight as BMI \geq iso-BMI 35 as recommended by Bervoets et al. Notwithstanding this definition, we also included subjects with BMI \geq iso-BMI 30 with weight-related problems. Of the 319 patients recalled for the Vestfold Register of Obese Youngsters during this period, 276 subjects (87%) completed the Diet and Action Survey at their first visit to the facility and were retained for this cross-sectional study. Member lifestyle practices, including physical action, screen time, breakfast recurrence, and intake of sugar-enhanced soft drinks and leafy foods, were captured using a self-administered Dietary Recurrence Survey (DRS) that included physical movement surveys. The Diet and Movement Survey included questions on daily use of lunches and the 23 indicated foods, daily active work outside of school, and time spent in front of a screen outside of class (time spent in front of the TV or computer). For each of the surveys concerning time, level of active work, breakfast, intake of organic products, vegetables and sugar-reduced soft drinks, there were six to eight recurrent classifications to be covered, as shown in supplementary record 1: Table S1.

Table 1:

	Boys, n (%)	Girls, n (%)	P-value
Physical activity level			0.704
Low	46 (36)	42 (31)	
Moderate	72 (56)	82 (61)	
High	10 (8)	10 (8)	
Screen time			0.032
Low	11 (8)	15 (11)	
Moderate	38 (29)	57 (42)	
High	82 (63)	63 (47)	
Breakfast eating			0.023
Skipping regularly	21 (17)	36 (28)	
Sometimes	25 (20)	33 (25)	
Regularly	81 (64)	62 (47)	
Sugar-sweetened soda			0.036
Low	27 (22)	44 (34)	
Moderate	56 (46)	59 (46)	
High	38 (31)	25 (20)	
Fruits and berries			0.179
Low	28 (23)	18 (14)	
Moderate	62 (50)	65 (51)	
High	34 (27)	44 (35)	
Vegetables			0.011
Low	31 (24)	14 (11)	
Moderate	73 (58)	81 (63)	
High	23 (18)	34 (26)	

Fisher's exact test

RESULTS:

For the surveys, information was recalled from 276 (51% young men) who received treatment for adolescents aged 16-19 years. The mean age (SD), BMI and BMI SDS were 16.2 (1.7) long, 37.7 (6.8) kg/m² and 4.7 (0.7) separately. Young men were slightly younger than young women (Table 1). The cardio metabolic qualities presented in Table 1 show that the mean abdominal limit, fat levels and GWP

were essentially higher in the young men in contrast and the young women. In addition, young men had lower body fat and HDL cholesterol levels than young women. Standardized mean contrasts between sexual orientations (Cohen's d) are shown in Supplementary Document 2: Table S2. Three of the members (all young men) did not have focal adiposity as characterized by IDF rules. The predominance of metabolic disorders and parts of metabolic status, such

as elevated BPD, dyslipidemia, and dysglycemia, did not show any fundamental gender contrast (Table 2). Nevertheless, the prevalence of elevated systolic pulse

was higher in young men than in young women (21% vs. 10%, $p = 0.022$).

Table 2:

Screen time			0.032
Low	11 (8)	15 (11)	
Moderate	38 (29)	57 (42)	
High	82 (63)	63 (47)	
Breakfast eating			0.023
Skipping regularly	21 (17)	36 (28)	
Sometimes	25 (20)	33 (25)	
Regularly	81 (64)	62 (47)	
Sugar-sweetened soda			0.036
Low	27 (22)	44 (34)	
Moderate	56 (46)	59 (46)	
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Fruits and berries			0.179
Low	28 (23)	18 (14)	
Moderate	62 (50)	65 (51)	
High	34 (27)	44 (35)	

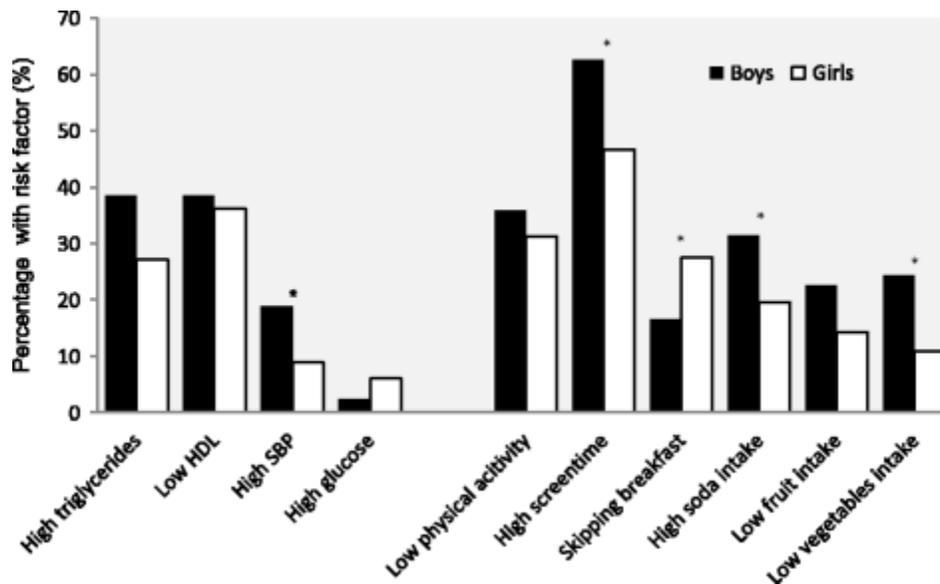
Table 3:

according to gender

	Boys ($n = 132$)	Girls ($n = 136$)	P -value
Age (years)	14.6 (1.7)	15.3 (1.5)	0.001
Weight (kg)	112.5 (24.8)	107.0 (18.6)	0.040
BMI (kg/m^2)	37.9 (6.1)	39.2 (5.7)	0.075
BMI SDS	3.2 (0.4)	3.8 (0.6)	< 0.001
Delta iso-BMI 30	10.0 (5.6)	10.3 (5.6)	0.647
Waist circumference (cm)	115.0 (13.3)	109.3 (11.5)	< 0.001
Waist to height ratio	0.67 (0.07)	0.66 (0.07)	0.600
Body fat (%)	42.1 (7.3)	47.2 (5.1)	< 0.001
SBP (mmHg)	119 (15)	113 (14)	0.003
DBP (mmHg)	62 (7)	61 (7)	0.418
Total cholesterol (mmol/L)	4.4 (0.9)	4.5 (0.7)	0.458
HDL cholesterol (mmol/L)	1.1 (0.2)	1.2 (0.3)	0.002
LDL cholesterol (mmol/L)	2.6 (0.7)	2.6 (0.6)	0.505
Triglycerides (mmol/L)	1.4 (1.0–2.1)	1.3 (0.9–1.7)	0.037
Fasting insulin (pmol/L)	156 (112–236)	149 (109–202)	0.209
Fasting glucose (mmol/L)	4.9 (4.7–5.1)	4.9 (4.6–5.1)	0.133
HbA1c (%)	5.4 (0.6)	5.4 (0.5)	0.516
HOMA-IR ^a	5.8 (4.1–8.9)	5.3 (3.9–7.4)	0.270

Continuous variables are shown as mean (SD) or median (interquartile range) unless otherwise indicated. ^aHOMA-IR = (insulin (pmol/L) x fasting blood glucose (mmol/L))/135

Figure 1:



DISCUSSION:

Consistent with our theory, we found that treatments for young adult males with weight had a substantially worse cardio metabolic risk profile than those for young women, given the alarming proportions of intermediate circuit, pulse, fat and HDL cholesterol [6]. More and more young men have unhealthy lifestyle habits, such as longer screening times, higher consumption of sugar-based soft drinks and lower vegetable consumption than young women. In any case, it is interesting to note that, according to our theory, the ubiquity of metabolic disorder does not fundamentally vary according to sexual orientation, and that more young women than young men systematically skip breakfast [7]. Finally, most cardio-metabolic risk factors were not fundamentally related to lifestyle behaviour. One in four young men (28%) and one in five young women (21%) had a metabolic disorder [8]. These figures are in agreement with those of an Italian partner of adolescents with extreme corpulence (32 and 21%, separately), but lower than those of a German partner (48 and 39%, individually). While in the current survey normal serum fat oil levels are higher and HDL cholesterol levels lower in young men than in young women, high fat oil or low HDL cholesterol levels do not vary primarily by sexual orientation [9]. In addition, hypertension was analyzed in 21% of young men, which is essentially higher than in young women (10%). In two other cross-sectional studies, prehypertension was available in 25% of overweight youth; in addition, hypertension was available in 6%, but these studies did not assess contrasts between sexual orientations. In any case, we

found no significant contrasts in cardio-mechanical risk factors between young people with undesirable or more beneficial lifestyle practices, apart from blood glucose levels, which were higher in those with high active work. Hence, we could not affirm our hypothesis that unfortunate lifestyle propensities were related to horrific additional levels of cardio-mechanical risk factors in our extremely stout youthful companions [10].

CONCLUSION:

Young adult males seeking treatment with extreme body size had a more worrisome cardio metabolic risk profile, longer screening time, higher intake of sugar-reduced soft drinks and lower intake of vegetables than young women, while a higher proportion of young women regularly skipped breakfast. In a clinical setting, intensive assessment of factors related to well-being, including lifestyle behavior markers, should be appropriately considered in order to distinguish relevant treatment centers and individualize treatment for both sexual orientations. Providers should be aware, however, of the potential for contrasting danger profiles between young men and, more importantly, young women.

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