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PREVALENCE OF OBESITY AMONG OUTDOOR PATIENTS

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Abstract:

Obesity is most commonly caused by a combination of excessive food intake, lack of physical activity, and genetic susceptibility. In this cross-sectional study, 160 patients presenting in outdoor department were included. Height, weight and BMI were measured. Data of any other comorbidity was also collected. Data was entered and analyzed in SPSS Ver. 25.0. The mean age of male patients was 30.23±1.24 years and of female patients was 28.54±2.34 years. The mean BMI of the patients was 24.23±2.12 kg/m^2. The mean BMI of male patients was 25.12±2.45 kg/m^2 and mean BMI of female patients was 23.45±3.22 kg/m^2. There is seen high prevalence of over-weighing and obesity among general population. Policies and strategies should be designed according to these.

Keywords: *Obesity, Outdoor patients.*

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INTRODUCTION:

Obesity is a medical condition in which excess body fat has accumulated to an extent that it may have a negative effect on health. People are generally considered obese when their body mass index [BMI], a measurement obtained by dividing a person's weight by the square of the person's height, is over 30 kg/m^2; the range 25–30 kg/m^2 is defined as overweight. Some East Asian countries use lower values. Obesity increases the likelihood of various diseases and conditions, particularly cardiovascular diseases, type 2 diabetes, obstructive sleep apnea, certain types of cancer, osteoarthritis, and depression [1, 2].

Obesity is most commonly caused by a combination of excessive food intake, lack of physical activity, and genetic susceptibility. A few cases are caused primarily by genes, endocrine disorders, medications, or mental disorder. The view that obese people eat little yet gain weight due to a slow metabolism is not medically supported. On average, obese people have a greater energy expenditure than their normal counterparts due to the energy required to maintain an increased body mass [3, 4].

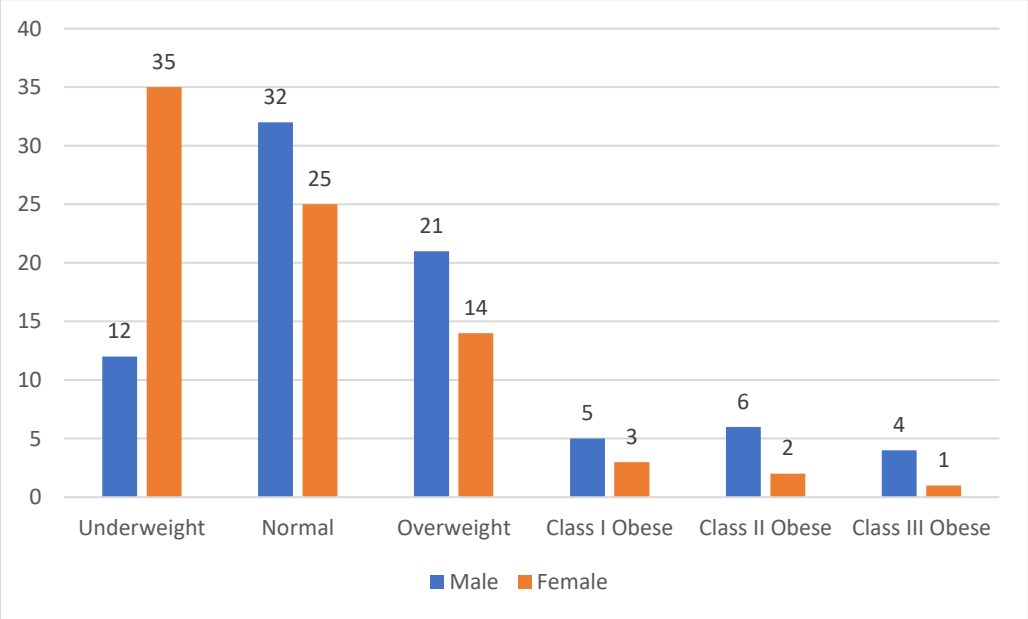
Obesity is mostly preventable through a combination of social changes and personal choices. Changes to diet and exercising are the main treatments. Diet quality can be improved by reducing the consumption of energy-dense foods, such as those high in fat or sugars, and by increasing the intake of dietary fiber. Medications can be used, along with a suitable diet, to reduce appetite or decrease fat absorption. If diet, exercise, and medication are not effective, a gastric balloon or surgery may be performed to reduce stomach volume or length of the intestines, leading to feeling full earlier or a reduced ability to absorb nutrients from food [5, 6]. The purpose of this study is to see the prevalence of obesity among the patients presenting in outdoor.

MATERIAL AND METHODS:

In this cross-sectional study, 160 patients presenting in outdoor department were included. Height, weight and BMI were measured. Data of any other comorbidity was also collected. Data was entered and analyzed in SPSS Ver. 25.0. The qualitative variables were presented as frequency and percentages. The quantitative variables were presented as mean and standard deviation.

RESULTS:

There were 80 males [50%] and 80 females [50%]. The mean age of the patients was 29.50±3.45 years. The mean age of male patients was 30.23±1.24 years and of female patients was 28.54±2.34 years. The mean BMI of the patients was 24.23±2.12 kg/m^2. The mean BMI of male patients was 25.12±2.45 kg/m^2 and mean BMI of female patients was 23.45±3.22 kg/m^2. Distribution of patients according different categories i.e. underweight, normal, overweight, class I, II and III obesity are presented in graph:



DISCUSSION:

Obesity and its related disorders are a growing epidemic in both developing and developed countries. A variety of factors, including diet, genetic predisposition, physical activities, physiological and behavioral factors, are implicated as contributing factors to obesity. Health personnel are important promoters and role models for maintaining a healthy lifestyle for the general population. Studies on medical students and health personnel in many countries, however, suggest that obesity is a problem among these population groups. For example, a study conducted in a Japanese university found a progressive and significant rise in obesity levels among medical students from 1979 to 1991. In Greece, a study on 989 third-year medical students showed that around 40% of men and 23% of women had a body mass index [BMI] ≥ 25.0 kg/m^2 [7, 8].

At an individual level, a combination of excessive food energy intake and a lack of physical activity is thought to explain most cases of obesity. A limited number of cases are due primarily to genetics, medical reasons, or psychiatric illness. In contrast, increasing rates of obesity at a societal level are felt to be due to an easily accessible and palatable diet, increased reliance on cars, and mechanized manufacturing [9, 10].

CONCLUSION:

There is seen high prevalence of over-weighing and obesity among general population. Policies and strategies should be designed according to these.

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