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PREVALENCE OF OBESITY AMONG OUTDOOR PATIENTS OF DIFFERENT HOSPITALS

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Abstract:

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. A total of 80 patients was included in the study. The mean age of the patients was 32.23±3.23 years. The mean BMI of the patients was 21.23±1.22 kg/m2. The mean BMI of the female patients was 20.32±1.51 kg/m2. The mean BMI of the male patients was 24.45±2.78 kg/m2

Keywords: *Obesity, outdoor Patients*

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INTRODUCTION:

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.

Obesity is a leading preventable cause of death worldwide, with increasing rates in adults and children. In 2015, 600 million adults [12%] and 100 million children were obese in 195 countries. Obesity is more common in women than men. Authorities view it as one of the most serious public health problems of the 21st century. Obesity is stigmatized in much of the modern world [particularly in the Western world], though it was seen as a symbol of wealth and fertility at other times in history and still is in some parts of the world. In 2013, several medical societies, including the American Medical Association and the American Heart Association, classified obesity as a disease [1].

Obesity is one of the leading preventable causes of death worldwide. A number of reviews have found that mortality risk is lowest at a BMI of 20–25 kg/m^2 in non-smokers and at 24–27 kg/m^2 in current smokers, with risk increasing along with changes in either direction. This appears to apply in at least four continents. In contrast, a 2013 review found that grade 1 obesity [BMI 30–35] was not associated with higher mortality than normal weight, and that overweight [BMI 25–30] was associated with "lower" mortality than was normal weight [BMI 18.5–25]. Other evidence suggests that the association of BMI and waist circumference with mortality is U- or J-shaped, while the association between waist-to-hip ratio and waist-to-height ratio with mortality is more positive[2].

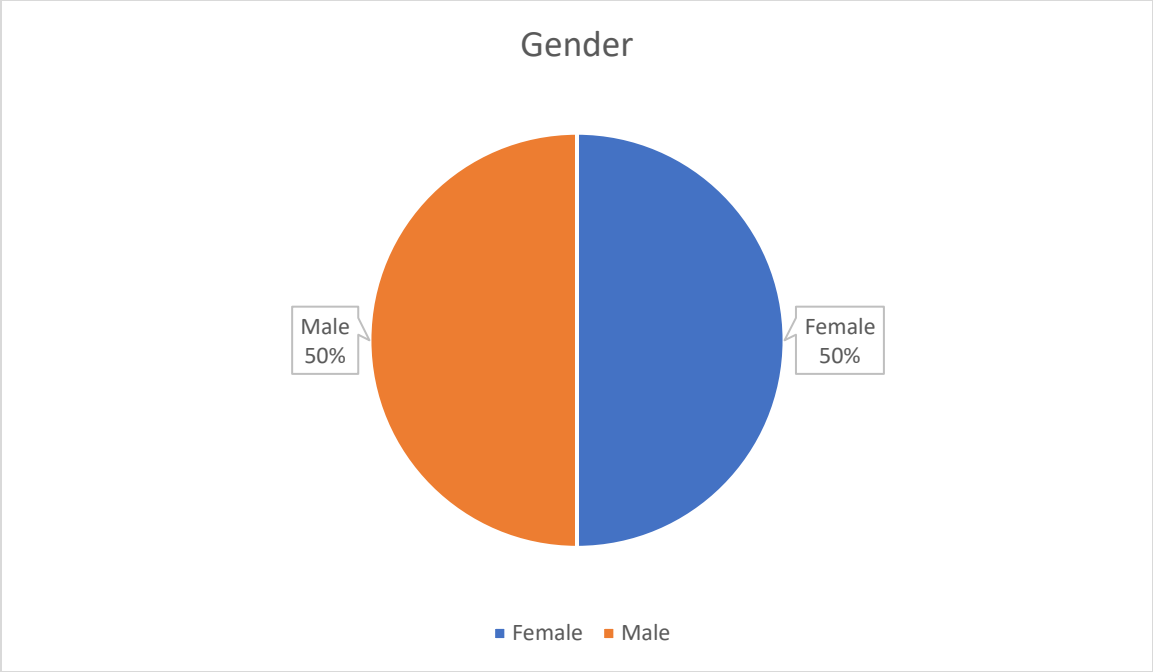
In Asians the risk of negative health effects begins to increase between 22–25 kg/m^2. A BMI above 32 kg/m2 has been associated with a doubled mortality rate among women over a 16-year period. In the United States, obesity is estimated to cause 111,909 to 365,000 deaths per year, while 1 million [7.7%] of deaths in Europe are attributed to excess weight. On average, obesity reduces life expectancy by six to seven years, a BMI of 30–35 kg/m2 reduces life expectancy by two to four years, while severe obesity [BMI > 40 kg/m2] reduces life expectancy by ten years [3].

MATERIAL AND METHODS:

This study was conducted in outdoor department. All the patients presenting in the medical outdoor were included in this study. Brief history, demographic data, height, and weight was collected on a predefined proforma. All the 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. Relevant statistical analysis was performed.

RESULTS:

A total of 80 patients was included in the study. The mean age of the patients was 32.23±3.23 years, mean age of the females was 30.43±2.78 years and mean age of males was 35.81±2.78 years. There were 40 [50%] females and 40 [50%] males in the study. The mean BMI of the patients was 21.23±1.22 kg/m^2. The mean BMI of the female patients was 20.32±1.51 kg/m^2. The mean BMI of the male patients was 24.45±2.78 kg/m^2



DISCUSSION:

The World Health Organization [WHO] predicts that overweight and obesity may soon replace more traditional public health concerns such as undernutrition and infectious diseases as the most significant cause of poor health. Obesity is a public health and policy problem because of its prevalence, costs, and health effects. The United States Preventive Services Task Force recommends screening for all adults followed by behavioral interventions in those who are obese. Public health efforts seek to understand and correct the environmental factors responsible for the increasing prevalence of obesity in the population. Solutions look at changing the factors that cause excess food energy consumption and inhibit physical activity. Efforts include federally reimbursed meal programs in schools, limiting direct junk food marketing to children, and decreasing access to sugar-sweetened beverages in schools. The World Health Organization recommends the taxing of sugary drinks. When constructing urban environments, efforts have been made to increase access to parks and to develop pedestrian routes [4].

Comprehensive approaches are being looked at to address the rising rates of obesity. The Obesity Policy Action [OPA] framework divides measure into 'upstream' policies, 'midstream' policies, 'downstream' policies. 'Upstream' policies look at changing society, 'midstream' policies try to alter individuals' behavior to prevent obesity, and 'downstream' policies try to treat currently afflicted people [5].

CONCLUSION:

Education regarding this issue should also be taken into consideration.

Conflicts of interest: There were no conflicts of interest.

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