



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.3834783>Available online at: <http://www.iajps.com>

Research Article

**PREVALENCE OF OBESITY AMONG MEDICAL STUDENTS
IN DIFFERENT MEDICAL COLLEGES**Dr Azka Butt¹, Dr Sana Ghaffar², Dr Shadma Zulfiqar³¹ DHQ Hospital Parachinar, ² Sir Ganga Ram Hospital Lahore, ³ Jinnah Hospital Lahore.**Article Received:** March 2020**Accepted:** April 2020**Published:** May 2020**Abstract:**

The definition of obesity varies depending on what one reads. In general, overweight and obesity indicate a weight greater than what is healthy. Obesity is a chronic condition defined by an excess amount of body fat. A certain amount of body fat is necessary for storing energy, heat insulation, shock absorption, and other functions. Body mass index best defines obesity. A total of 130 medical students were included in the study. The mean age of the students was 22.34 ± 1.23 years, the mean age of female students was 20.34 ± 1.11 years and mean age of male students was 23.34 ± 0.12 years. There were 82 [63%] female and 48 [37%] male students. The mean BMI of the students was 20.13 ± 2.01 kg/m². The mean BMI of the female students was 20.32 ± 1.34 kg/m². The mean BMI of the male students was 23.12 ± 1.34 kg/m²

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Please cite this article in press Azka Butt et al, *Prevalence Of Obesity Among Medical Students In Different Medical Colleges., Indo Am. J. P. Sci, 2020; 07[05]*.

INTRODUCTION:

The definition of obesity varies depending on what one reads. In general, overweight and obesity indicate a weight greater than what is healthy. Obesity is a chronic condition defined by an excess amount of body fat. A certain amount of body fat is necessary for storing energy, heat insulation, shock absorption, and other functions. Body mass index best defines obesity. A person's height and weight determine his or her body mass index. The body mass index [BMI] equals a person's weight in kilograms [kg] divided by their height in meters [m] squared [more information will be found later in the article]. Since BMI describes body weight relative to height, there is a strong correlation with total body fat content in adults. An adult who has a BMI of 25-29.9 is overweight, and an adult who has a BMI over 30 is obese. A person with a BMI of 18.5-24.9 has a normal weight. A person is morbidly obese [extreme obesity] if his or her BMI is over 40. The fundamental cause of obesity and overweight is an energy imbalance between calories consumed and calories expended. Globally, there has been: an increased intake of energy-dense foods that are high in fat and sugars; and an increase in physical inactivity due to the increasingly sedentary nature of many forms of work, changing modes of transportation, and increasing urbanization. Changes in dietary and physical activity patterns are often the result of environmental and societal changes associated with development and lack of supportive policies in sectors such as health, agriculture, transport, urban planning, environment, food processing, distribution, marketing, and education [1,2].

Adopted by the World Health Assembly in 2004 and recognized again in a 2011 political declaration on noncommunicable disease [NCDs], the "WHO Global Strategy on Diet, Physical Activity and Health" describes the actions needed to support healthy diets and regular physical activity. The Strategy calls upon all stakeholders to take action at global, regional and local levels to improve diets and physical activity patterns at the population level. The 2030 Agenda for Sustainable Development recognizes NCDs as a major challenge for sustainable development. As part of the

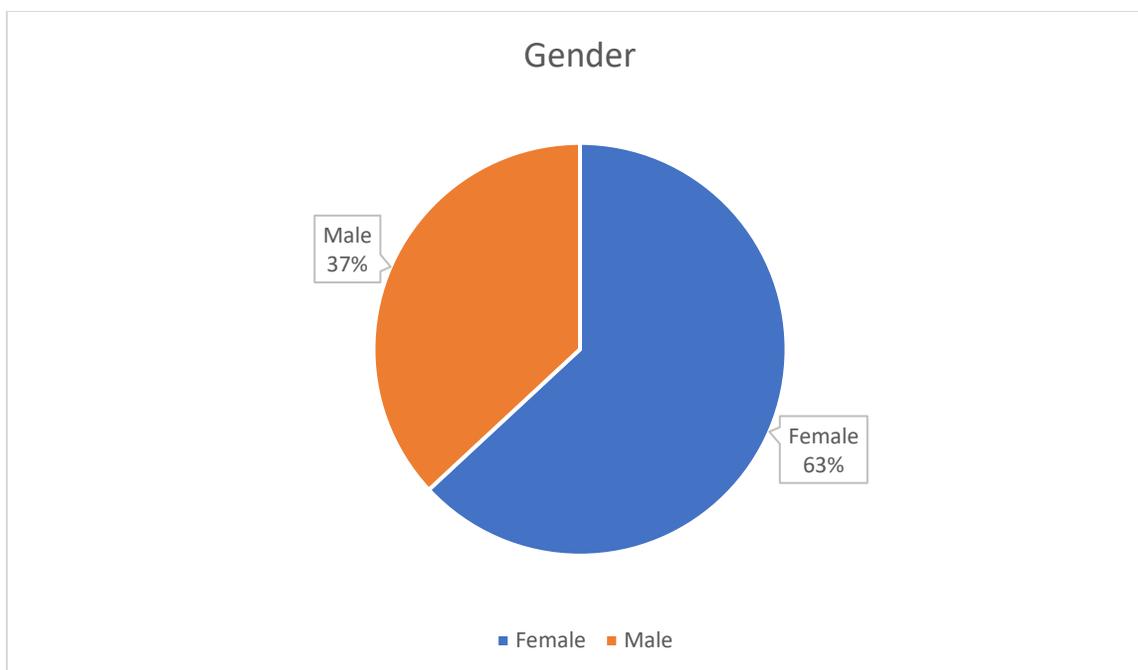
Agenda, Heads of State and Government committed to develop ambitious national responses, by 2030, to reduce by one-third premature mortality from NCDs through prevention and treatment [SDG target 3.4]. The "Global action plan on physical activity 2018–2030: more active people for a healthier world" provides effective and feasible policy actions to increase physical activity globally. WHO published ACTIVE a technical package to assist countries in planning and delivery of their responses. New WHO guidelines on physical activity, sedentary behavior and sleep in children under five years of age were launched in 2019. The World Health Assembly welcomed the report of the Commission on Ending Childhood Obesity [2016] and its 6 recommendations to address the obesogenic environment and critical periods in the life course to tackle childhood obesity. The implementation plan to guide countries in taking action to implement the recommendations of the Commission was welcomed by the World Health Assembly in 2017 [3-7].

MATERIAL AND METHODS:

This study was conducted in different medical colleges of Pakistan. The data was collected from students of different classes on a predefined proforma. Brief history, demographic data, height, and weight was collected on a predefined proforma. Different Likert type questions were asked. All the responses were collected 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 130 medical students were included in the study. The mean age of the students was 22.34 ± 1.23 years, the mean age of female students was 20.34 ± 1.11 years and mean age of male students was 23.34 ± 0.12 years. There were 82 [63%] female and 48 [37%] male students. The mean BMI of the students was 20.13 ± 2.01 kg/m². The mean BMI of the female students was 20.32 ± 1.34 kg/m². The mean BMI of the male students was 23.12 ± 1.34 kg/m².



DISCUSSION:

Overweight and obesity are different points on a scale that ranges from being underweight to being morbidly obese. Where you fit on this scale is determined by your body mass index [BMI]. BMI is a measure of your weight as it relates to your height. BMI usually gives you a good idea of the amount of body fat you have. Your healthcare providers use BMI to find out your risk for obesity-related diseases. Occasionally, some very muscular people may have a BMI in the overweight range. But these people are not considered overweight because muscle tissue weighs more than fat tissue. In general, a BMI from 20 to 24.9 in adults is considered ideal. A BMI of more than 25 is considered overweight. A person is considered obese if the BMI is greater than 30 and is considered to have morbid obesity if the BMI is 40 or greater. In general, after the age of 50, a man's weight tends to stay the same and often decreases slightly between ages 60 and 74. In contrast, a woman's weight tends to increase until age 60, and then begins to decrease. Obesity can also be measured by waist-to-hip ratio. This is a measurement tool that looks at the amount of fat on your waist, compared with the amount of fat on your hips and buttocks [8,9].

The waist circumference tells the amount of stomach fat. Increased stomach fat is associated with type 2 diabetes, high cholesterol, high blood pressure, and heart disease. A waist circumference of more than 40 inches in men and more than 35 inches in women may increase the risk for heart disease and other diseases

tied to being overweight. In many ways, obesity is a puzzling disease. Experts don't know exactly how your body regulates your weight and body fat. What they do know is that a person who eats more calories than he or she uses for energy each day will gain weight. But the risk factors that determine obesity can be complex [10-12]. They are usually a combination of your genes, socioeconomic factors, metabolism, and lifestyle choices. Some endocrine disorders, diseases, and medicines may also affect a person's weight. Studies show that the likelihood of becoming obese is passed down through a family's genes. Researchers have found several genes that appear to be linked with obesity. Genes, for instance, may affect where you store extra fat in your body. But most researchers think that it takes more than just one gene to cause an obesity epidemic. They are continuing to do more research to better understand how genes and lifestyle interact to cause obesity. Because families eat meals together and share other activities, environment and lifestyle also play a role. Overeating and a lack of exercise both contribute to obesity. But you can change these lifestyle choices. If many of your calories come from refined foods or foods high in sugar or fat, you will likely gain weight. If you don't get much if any exercise, you'll find it hard to lose weight or maintain a healthy weight. Medicines like corticosteroids, antidepressants, and antiseizure medicines can cause you to gain some extra weight [13-15].

REFERENCES:

1. Malik VS, Popkin BM, Bray GA, Després JP, Willett WC, Hu FB [November 2010]. "Sugar-sweetened beverages and risk of metabolic syndrome and type 2 diabetes: a meta-analysis". *Diabetes Care* [Meta-analysis, Review]. 33 [11]: 2477–83. doi:10.2337/dc10-1079. PMC 2963518. PMID 20693348.
2. Wamberg L, Pedersen SB, Rejnmark L, Richelsen B [December 2015]. "Causes of Vitamin D Deficiency and Effect of Vitamin D Supplementation on Metabolic Complications in Obesity: a Review". *Current Obesity Reports*. 4 [4]: 429–40. doi:10.1007/s13679-015-0176-5. PMID 26353882.
3. Rosenheck R [November 2008]. "Fast food consumption and increased caloric intake: a systematic review of a trajectory towards weight gain and obesity risk". *Obesity Reviews* [Review]. 9 [6]: 535–47. doi:10.1111/j.1467-789X.2008.00477.x. PMID 18346099.
4. Lin BH, Guthrie J, Frazao E [1999]. "Nutrient contribution of food away from home". In Frazão E [ed.]. *Agriculture Information Bulletin No. 750: America's Eating Habits: Changes and Consequences*. Washington, DC: US Department of Agriculture, Economic Research Service. pp. 213–39. Archived from the original on 8 July 2012.
5. Pollan, Michael [22 April 2007]. "You Are What You Grow". *New York Times*. Retrieved 30 July 2007.
6. Kopelman and Caterson 2005:324.
7. Metabolism alone doesn't explain how thin people stay thin. John Schieszer. *The Medical Post*.
8. Seidell 2005 p. 10
9. "Obesity and overweight". *World Health Organization*. Archived from the original on 18 December 2008. Retrieved 10 January 2009.
10. "WHO | Physical Inactivity: A Global Public Health Problem". *World Health Organization*. Retrieved 22 February 2009.
11. Ness-Abramof R, Apovian CM [February 2006]. "Diet modification for treatment and prevention of obesity". *Endocrine* [Review]. 29 [1]: 5–9. doi:10.1385/ENDO:29:1:135. PMID 16622287.
12. Salmon J, Timperio A [2007]. "Prevalence, Trends and Environmental Influences on Child and Youth Physical Activity". *Pediatric Fitness* [Review]. *Medicine and Sport Science*. 50. pp. 183–99. doi:10.1159/000101391. ISBN 978-3-318-01396-2. PMID 17387258.
13. Borodulin K, Laatikainen T, Juolevi A, Jousilahti P [June 2008]. "Thirty-year trends of physical activity in relation to age, calendar time and birth cohort in Finnish adults". *European Journal of Public Health* [Research Support]. 18 [3]: 339–44. doi:10.1093/eurpub/ckm092. PMID 17875578.
14. Brownson RC, Boehmer TK, Luke DA [2005]. "Declining rates of physical activity in the United States: what are the contributors?". *Annual Review of Public Health* [Review]. 26: 421–43. doi:10.1146/annurev.publhealth.26.021304.144437. PMID 15760296.
15. Wilks DC, Sharp SJ, Ekelund U, Thompson SG, Mander AP, Turner RM, Jebb SA, Lindroos AK [February 2011]. "Objectively measured physical activity and fat mass in children: a bias-adjusted meta-analysis of prospective studies". *PLOS One*. 6 [2]: e17205. Bibcode:2011PLoSO...617205W. doi:10.1371/journal.pone.0017205. PMC 3044163. PMID 21383837.