PREVALENCE OF OBESITY AMONG OUTDOOR PATIENTS

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ABSTRACT:
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—despite known allometric inaccuracies—is over 30 kg/m2; the range 25–30 kg/m2 is defined as overweight. This cross-sectional study was conducted among outdoor patients presenting in different hospitals. Age, height, and weight of all the patients were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. There were 230 patients that were included in this study. The mean age of the patients was 25.67±6.34 years. There were 138 (60%) males and 92 (40%) females included in this study. Out of 230, two patients had class one obesity, thirty-five patients were overweight, twenty were under weight and rest of the patients were having normal BMI.

KEYWORDS: OBESITY
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—despite known allometric inaccuracies—is over 30 kg/m²; the range 25–30 kg/m² is defined as overweight. Some East Asian countries use lower values. Obesity is correlated with various diseases and conditions, particularly cardiovascular diseases, type 2 diabetes, obstructive sleep apnea, certain types of cancer, and osteoarthritis. High BMI is a marker of risk, but not proven to be a direct cause, for diseases caused by diet, physical activity, and environmental factors. A reciprocal link has been found between obesity and depression, with obesity increasing the risk of clinical depression and also depression leading to a higher chance of developing obesity.

Obesity has individual, socioeconomic, and environmental causes, including diet, physical activity, automation, urbanization, genetic susceptibility, medications, mental disorders, economic policies, endocrine disorders, and exposure to endocrine-disrupting chemicals. While a majority of obese individuals at any given time are attempting to lose weight and often successful, research shows that maintaining that weight loss over the long term proves to be rare. The reasons for weight cycling are not fully understood but may include decreased energy expenditure combined with increased biological urge to eat during and after caloric restriction. More studies are needed to determine if weight cycling and yo-yo dieting contribute to inflammation and disease risk in obese individuals.

Obesity prevention requires a complex approach, including interventions at community, family, and individual levels. Changes to diet and exercising are the main treatments recommended by health professionals. 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. However, large-scale analyses have found an inverse relationship between energy density and energy cost of foods in developed nations. Low-income populations are more likely to live in neighborhoods that are considered "food deserts" or "food swamps" where nutritional groceries are less available. 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 (1-3). The objective of this study is to see the prevalence of obesity among outdoor patients.

MATERIAL OF METHODS:
This cross-sectional study was conducted among outdoor patients presenting in different hospitals. Age, height, and weight of all the patients were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. The quantitative variables were presented as mean and standard deviation. The qualitative variables were presented as frequency and percentages.

RESULTS:
There were 230 patients that were included in this study. The mean age of the patients was 25.67±6.34 years. There were 138 (60%) males and 92 (40%) females included in this study. Out of 230, two patients had class one obesity, thirty-five patients were overweight, twenty were under weight and rest of the patients were having normal BMI.

DISCUSSION:
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.

A 2006 review identified ten other possible contributors to the recent increase of obesity: (1) insufficient sleep, (2) endocrine disruptors (environmental pollutants that interfere with lipid metabolism), (3) decreased variability in ambient temperature, (4) decreased rates of smoking, because smoking suppresses appetite, (5) increased use of medications that can cause weight gain (e.g., atypical antipsychotics), (6) proportional increases in ethnic and age groups that tend to be heavier, (7) pregnancy at a later age (which may cause susceptibility to obesity in children), (8) epigenetic risk factors passed on generationally, (9) natural selection for higher BMI, and (10) assortative mating leading to increased concentration of obesity risk factors (this would increase the number of obese people by increasing population variance in weight). According to the Endocrine Society, there is "growing evidence suggesting that obesity is a disorder of the energy homeostasis system, rather than simply arising from the passive accumulation of excess weight".

A sedentary lifestyle plays a significant role in obesity. Worldwide there has been a large shift towards less physically demanding work, and currently at least 30% of the world's population gets insufficient exercise. This is primarily due to increasing use of mechanized transportation and a greater prevalence of labor-saving technology in the home. In children, there appear to be declines in levels of physical activity due to less walking and physical education. World trends in active leisure time physical activity are less clear. The World Health Organization
indicates people worldwide are taking up less active recreational pursuits, while a study from Finland found an increase and a study from the United States found leisure-time physical activity has not changed significantly. A 2011 review of physical activity in children found that it may not be a significant contributor (4-6).

REFERENCES: