Obesity & Control Therapies: Open Access

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Why do we have a new journal dedicated to control the practices for fighting Obesity? There are several important reasons. The health interest for a condition or a disease relies firstly on the number of subjects affected and secondly on the severity or clinical burden of the condition. Both criteria applied to obesity.

The increasing global prevalence of overweight all over the world is not an optimistic fact, for the first time in the history of mankind the overweight's outnumber the underweight's (1000 million vs 800 million) according to the studies carried out by BM Popk in the last decade [1]. This difference is probably greater today due to the presence of the dual forms of malnutrition in the same household in countries with lower incomes [2]. Besides the predicted obesity prevalence is not encouraging because it will continue to rise up to the decade of 2020 and so will the important and common co morbidities [3].

Another important reason for health concern is the lack of effectiveness of the policies and plans established in the Occidentalized world. Obesity is one of the best paradigms of the no communicable diseases: noninfectious, no transmissible (?) and chronic evolution with important comorbidities (cardiovascular diseases, type 2 diabetes, nonalcoholic fatty liver disease, &c) leading to a more premature death. It is not surprising that due to these factors a progressive reaction has been taken by top Health Authorities and scientific societies. This pandemic situation started and spread after the World War II in the past century as a consequence of the easier access to food, the greater mechanization decreasing physical activity, the increased purchasing power and the progressive and nor always advantageous urbanization. These factors still exist and therefore pose difficult problems in the management of the overweight trend. This growing situation has lagged two decades in the pediatric population as the four NHANES studies have demonstrated in US. Similar studies on the other side of the Atlantic and in Australia/New Zealand show the same crescent trend in pediatrics. This pediatric reference is important for gaining efficacy in obesity prevention due to the fact that 30 % of obese adults began to be so before adolescence [4].

In the international panorama WHO from its powerful headquarters in Geneva launched an ambitious program with a global coverage [5], the European Union planned something

similar (Istanbul 1998) and every country in Europe and almost every scientific society dealing with specialties related to obesity have settled their own preventive plans. Unfortunately results are not satisfactory for the moment, apart from a few examples [6].

This situation forced to reconsider the individual approach (health professionals to patients) for gaining efficacy but taking into account the level of evidence of different actions [7,8]. Early prevention is a success factor recognized from the moment when it was started at 5-6 years of age. Nowadays the focus is moving onto the perinatal and early neonatal times [9]. Those can be critical periods when over nutrition together with other factors induce lifelong and probably irreversible alterations in the future adult concerning adiposity (visceral adiposity). The underlying cause is an alteration of the genic expression originated by an environmental modification i.e. epigenetic mechanism which is different from the change in the genome.

Obesity & Control Therapies: Open Access mission. The scientific approach of obesity care control, being the first and main concern, is to facilitate true information to the readers; this is basic for individual prevention. At this level precise knowledge and guidance contribute to the clinical success. The evidence-based recommendations particularly those qualified as 'strong grade' such as real risks of obesity, advantages of weight reduction, true adequate dieting, adherence to physical activity, indication of bariatric surgery... are aspects that form part of our vision. Another concern is the contribution to homogenization of some items required in the daily management of overweight. In a recent review we did on the metabolic syndrome, 11 different definitions with different cut-off points appeared. A similar situation occurs with the different percentile lines of growth charts used for evaluation of child and adolescent nutritional status. These examples give us an idea about the pitfalls when comparing samples from different countries. If we consider that there are standards that can be applied correctly to varied populations, such as the metabolic syndrome definition of the International Diabetes Federation or Z-scores for Body Mass Index (T. Cole), these could be a partial target within this wider scope of homogenization. Cooperation with the General approaches is guaranteed.

Finally, OCT: OA will not be another journal dealing opportunistically with this present hot point. The Editorial Board has a

high spirit of accuracy on the control of practices applied to obesity management and will aim to curb this generalized problem.

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