

Early Assessment and Preventing the Onset of Obesity and Overweight

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Introduction

One of the most common problems related to lifestyle today is being overweight. Obesity and overweight are serious problems that constitute an enormous and growing financial load on national resources. However, the conditions are mostly preventable through early lifestyle modification [1]. Anthropometric measurements to find out the type of overweight and obesity.

Different weight classes were defined based on Body Mass Index (BMI) as follows:

Healthy weight: 18.5 – 24.9 kg/m²

Overweight: 25 – 29.9 kg/m²

Obesity I: 30 – 34.9 kg/m²

II: 35 – 39.9 kg/m²

III: 40 kg/m² or more.

The use of lower BMI degree (23 kg/m² to indicate increased risk and 27.5 kg/m² to indicate high risk) to ameliorate the risk of conditions such as type 2 diabetes, has been recommended for black African, African-Caribbean and Asian groups.

Basal measurement of the obesity risks in adults on waist circumference as follows, for men, waist circumference of less than 94 cm is low, 94–102 cm is high and more than 102 cm is very high. For women, waist circumference of less than 80 cm is low, 80–88 cm is high and more than 88 cm is very high.

Large scale consumption of energy-dense, nutrient less foods combined with decreased physical activity cause it to be an epidemic in developing countries. In 1995, the Emerging Market Economies had the highest number of diabetics. If current trends continue, India and the Middle Eastern crescent will have taken over by 2025. Increase the prevalence would also be noted in China, Latin America, the Caribbean, and Asia [2].

Assessment of the Person

Eating behaviour any comorbidities (for example type 2 diabetes, hypertension, cardiovascular disease, osteoarthritis, dyslipidemia and sleep apnea) any associated risk factors were assessed using lipid profile, blood pressure measurement (diet and physical activity) any psychosocial distress, environmental, social and family history of overweight and obesity and comorbidities.

Key to have a Healthy Life

Management

Management of overweight and obesity is multidisciplinary approach. It include the following strategies for adults behavioral interventions like, self-monitoring of behaviour and progress stimulus control, goal setting, slowing rate of eating, ensuring social support, problem solving, assertiveness cognitive restructuring (modifying thoughts), reinforcement of changes, relapse prevention strategies for dealing with weight regain.

The main requirement of a dietary approach to weight loss is that total energy intake should be less than energy expenditure. Diets that have a 600 kcal/day deficit. Consider low-calorie diets (800–1600 kcal/day). Encourage adults to increase their level of physical activity at least 30 minutes of moderate or greater intensity physical activity on 5 or more days a week. The activity can be in 1 session or several sessions lasting 10 minutes or more. Consider drug treatment for people who have not reached their target weight loss or have reached a plateau on dietary, activity and behavioral changes.

Bariatric surgery is a treatment option for people with obesity if all of the following criteria are fulfilled: They have a BMI of 40 kg/m² or more, or between 35 kg/m² and 40 kg/m² and other significant disease [3].

Recommendation

Combining exercise and diet offers more flexibility for weight loss. Exercise facilitates fat mobilization from adipose depots and fat catabolism. Preserves fat free body mass, blunts decrease in basal metabolic rate, and improves insulin activity. Ex-

ercise stimulates fatty acid mobilization through hormones and enzyme action that target fat depots throughout the body [4,5]. Complementary and alternative therapy (YOGA) is also useful to prevent the risk of obesity and reduce the complications [6].

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