

Letter to the Editor

Obesity: the silent pandemic

Sir,

The overall prevalence of obesity worldwide has approximately tripled between 1975 and 2016. In 2016, 13% of the world's population aged 18 and above (11% men, 15% women), were found to be obese.¹

Though, once obesity and overweight were considered as health problems in high income nations, now these are presenting as a major challenge in low- and middle-income nations as well, especially in urban regions.¹

If the present trends continue, it is estimated that by 2025, 2.7 billion adult population could be suffering from overweight or obesity.²

Obesity is a complex phenomenon, having pronounced effects on physical and mental health of an individual. It can affect people of all ages and socio economic groups.

In spite of being a major public health problem, obesity is the considerably neglected issue in many regions of the world.²

In India, as per the reports of NFHS -5th round (2019-21), the prevalence of obesity has increased from 21% to 24 % among women and 19% to 23% among men when compared with the results of NFHS-4th Round (2015-16). It has been found that more than one third of women in Andhra Pradesh, Kerala, Goa, Andaman and Nicobar Islands, Sikkim, Punjab, Manipur, Tamil Nadu, Chandigarh, Delhi, Puducherry and Lakshadweep (prevalence ranging from 34-46%) are either obese or overweight.³

RADICAL CHANGES IN DIETARY HABITS

The predominant reason for obesity is the prevailing adherence to poor nutrition. There has been reported inclination towards junk, processed and fatty food. Unhealthy eating habits during childhood result in obesity among adults.

REDUCED PHYSICAL ACTIVITY

Another significant reason of obesity among adults is decrease in the physical activity, attributed to many factors like long hours of inactivity or immobility on job, increased usage of technology and appliances in every sphere of life including household chores, increase in the use of personal vehicles leading to decreased walking spans, apathy, lethargy, etc.

INVALID PARENTAL PERSPECTIVE

For longer times, it has been a misapprehension among educated class of parents, that a fat or overweight child is a healthy one. Parents feed their kids inaccurately and excessively. A slim child is often believed to be weak.

STRESS

Less involvement in outdoor and physical activities results in stress. The burden of responsibilities accompanied with lack of activity can result in production of cortisols, which leads to increase in appetite and consumption of comfort/ high calorie/ simple sugar foods.

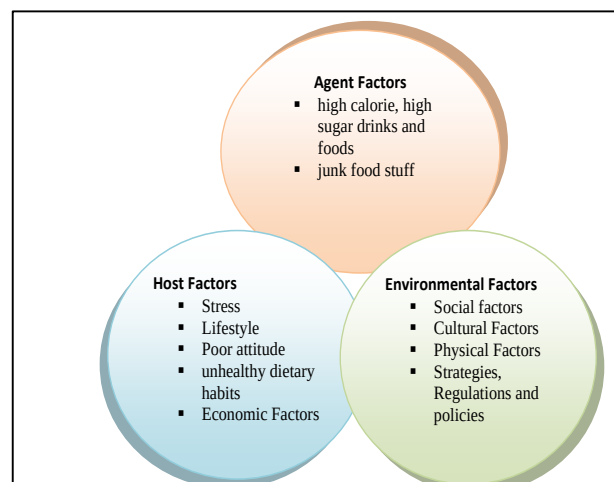


Figure 1: Epidemiological triad applied to obesity.⁴

EFFECTS OF OBESITY ON PHYSICAL HEALTH

Type 2 diabetes, cardiovascular disorders, hypertension and stroke, fatty liver, kidney diseases, gall bladder stones, arthritis, cancer.

RELATIONSHIP BETWEEN OBESITY AND MENTAL HEALTH

Obesity is associated with a considerable effect on mental health of an individual. An obese person is more at risk to struggle with mental health issues related to self-esteem, mood, body image and quality of life.⁵

Research studies have shown that about 20 to 60% of people who are obese, particularly those, who are extremely obese, are likely to suffer from a mental condition. Individuals, who are extremely obese, are five times more likely to experience major depression when

compared to those with average weight. This association of obesity with depression is stronger in females.⁶

Obesity increases the risk of developing mental health issues and leads to poor quality of life when it is accompanied by metabolic disturbances.⁷

Another study conducted to assess the association of overweight with mental health problems among adolescents, found that obese adolescents are more at risk to develop psychosocial problems and suicidal thoughts. Adolescents, who are overweight, develop negative body image and poor self image.⁸

RESPONSE INTERVENTIONS

As obesity is a multifaceted problem, there is no single, easy or simple solution. It needs an integrated, multi sector and multi level approach. Individuals, families, health care professionals, community leaders, school health workers, local and state organizations, policy makers at central level must act altogether to support an environment which facilitates healthy lifestyles.

As there is less evidence supporting the success of clinical approaches for the treatment of obesity, the efforts should be focused more on prevention.⁹

MAKE HEALTHY FOOD CHOICES

As obesity can be identified predominantly to be a “social and environmental disease”, strategies should be developed to make healthy food choices easier to prepare.

CHANGES IN POLICY AND INTERVENTIONS

Focus should be primarily on changing the social norms and structures which will help to reduce the exposure to obesity facilitating environment in the general population. Target approach for prevention should be used which uses universal strategies for various sub groups of population e.g., children, young, ethnic groups, socio economic status groups, which have high prevalence of obesity.¹⁰

ADDRESS DISPARITIES

Interventions should address the disparity in environmental and social conditions which may be related to physical activity patterns or eating behaviours, food availability and affordability. Universal prevention should be enhanced through mass education programmes, marketing techniques to improve their knowledge and change their attitude, thus influencing their behavior.

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