

Lifestyle Modification Approaches to Prevent and Manage Obesity

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DESCRIPTION

Obesity is a global public health concern affecting both children and adults. According to the Global Nutrition Report 2019, around 40.1 million children worldwide are overweight, and obesity and overweight are on the rise in virtually every nation, with no indications of decreasing. In 2015, it was estimated that 10% of children and adults throughout the world were fat. Obesity has been on the rise in many parts of the world for decades, and the condition has been labeled a pandemic. Obesity affects more than 20% of individuals in Germany, as it does in many other nations. Obesity is linked to an increased risk of chronic illnesses, including Cardiovascular Disease (CVD) and all-cause mortality in the general population. Fat has a variety of causes, and there are many elements to consider when it comes to the underlying etiology of obesity. While such environmental, psychological, and physiological variables might operate as roadblocks to adopting a healthy lifestyle, the actual implementation of healthy lifestyle patterns has the potential to significantly reduce the public health and individual consequences of obesity. Lifestyle intervention programs can be effective tools for overcoming these obstacles [1].

The following initiatives were carried out in a variety of locations, including schools and communities:

Nutritional treatments, such as nutrition education and the provision of balanced meals; Physical activity, such as the promotion of physical activity and the decrease of sedentary behaviors; behavioral therapy and a combination of these interventions.

The advice of a plant-based diet, i.e., a dietary pattern focused on health-promoting foods of plant origin, may be a beneficial lifestyle approach to combat obesity. A typical Mediterranean diet, which emphasizes large intakes of fruit, vegetables, whole grains, legumes, nuts, seeds, and healthy oils, is one example of a plant-based dietary pattern. Such a food pattern is high in fibre, has a low calorie density (relative to a normal "Western" dietary pattern), and maintains a healthy body weight unless alcohol or oil consumption is excessive. Eating therapies that focus on calorie restriction, on the other hand, are typically ineffective in the long run and may leave the individual perpetually hungry, leading to a relapse to old dietary behaviors [2].

Dietary education

Several programs targeted at decreasing childhood and teenage obesity has included educating children and/or their parents about healthy eating habits. It entails any combination of instructional tactics supplemented by environmental supports aimed at facilitating the adoption of healthy eating habits and other food and nutrition-related behaviors. Participants and their parents were given nutrition education to encourage weight monitoring and reduction. The seminars are intended at raising awareness about the dangers of obesity in children and adolescents, as well as the hazards connected with obesity in adults, as well as solutions to reach a healthy weight. Interventions have also emphasized the need of developing skills like as keeping a food diary, weight tracking, healthy cooking, and well-organized shopping habits, all of which aid in selfmonitoring [3].

Administration of nutritious meals

Obesity and non-communicable illnesses are linked to a lack of fruits and vegetables in the diet. Provision of balanced meals to children and adolescents in schools or in community settings is one of the many strategies used to promote higher intake of fruits and vegetables. As a technique of weight management, this strategy tries to minimize calorie intake and deliver balanced meals. The provision of balanced meals is one such intervention in which the food content may be adjusted to promote development in children and adolescents during the growth period while managing total calorie intake to maintain body fat utilization. This is normally accomplished by increasing the quantity of proteins in the diet while lowering carbs and fats. Lower glycemic diets, which may be accomplished by limiting sugar-sweetened beverage consumption in children, can help to cut caloric intake and hence the incidence of obesity and associated disorders [4].

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Encouraging of physical activity

Children and adolescents are advised to improve their physical activity in order to boost calorie expenditure by engaging in a certain set of physical activities for a set amount of time. Swimming, soccer, and basketball are examples of strenuous activities that may be done in a gym or as sports.

Behavioral therapy

Participants are urged to change their behavior and/or awareness of their health parameters in order to create a healthy lifestyle. Several therapies, such as Cognitive Behavioural Therapy (CBT), Peer-Enhanced Adventure Therapy (PEAT), Social Cognitive Therapy, and Cue Exposure Therapy, have been proven in studies to enhance psychological awareness of present health and obesity-related hazards [5].

REFERENCES

 Pandita A, Sharma D, Pandita D, Pawar S, Tariq M, Kaul A. Childhood obesity: Prevention is better than cure. Diabetes Metab Syndr Obesity: Targets Ther. 2016;9:83-89.

- Yang L, Bovet P, Ma C, Zhao M, Liang Y, Xi B. Prevalence of underweight and overweight among young adolescents aged 12–15 years in 58 low-income and middle-income countries. Pediatric obes. 2019;14(3):e12468.
- Schranz N, Tomkinson G, Parletta N, Petkov J, Olds T. Can resistance training change the strength, body composition and selfconcept of overweight and obese adolescent males? A randomised controlled trial. Br J Sports Med. 2014;48(20):1482-1488.
- Apovian CM, Aronne LJ, Bessesen DH, McDonnell ME, Murad MH, Pagotto U, et al. Pharmacological management of obesity: An endocrine Society clinical practice guideline. J Clin Endocrinol Metab. 2015;100(2):342-362.
- 5. Barry VW, Baruth M, Beets MW, Durstine JL, Liu J, Blair SN. Fitness vs. fatness on all-cause mortality: a meta-analysis. Progress in cardiovascular diseases. 2014 Jan 1;56(4):382-90.