

## Epidemiology of Obesity

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### ABSTRACT

Obesity is typically defined quite simply as excess body weight for height, but this simple definition belies an etiologically complex phenotype primarily associated with excess adiposity, or body fatness, that can manifest metabolically and not just in terms of body size. Obesity greatly increases risk of chronic disease morbidity—namely disability, depression, type 2 diabetes, cardiovascular disease, certain cancers—and mortality.

**Keywords:** Obesity; Weight

### INTRODUCTION

The epidemic of overweight and obesity presents a major challenge to chronic disease prevention and health across the life course around the world. Fueled by economic growth, industrialization, mechanized transport, urbanization, an increasingly sedentary lifestyle, and a nutritional transition to processed foods and high calorie diets over the last 30 years, many countries have witnessed the prevalence of obesity in its citizens double, and even quadruple. Rising prevalence of childhood obesity, in particular, forebodes a staggering burden of disease in individuals and healthcare systems in the decades to come. A complex, multifactorial disease, with genetic, behavioral, socioeconomic, and environmental origins, obesity raises risk of debilitating morbidity and mortality. Relying primarily on epidemiologic evidence published within the last decade, this non-exhaustive review discusses the extent of the obesity epidemic, its risk factors known and novel, sequelae, and economic impact across the globe. Obesity is a complex, multifactorial, and largely preventable disease affecting, along with overweight, over a third of the world's population today. If secular trends continue, by 2030 an estimated 38% of the world's adult population will be overweight and another 20% will be obese. In the USA, the most dire projections based on earlier secular trends point to over 85% of adults being overweight or obese by 2030. While growth trends in overall obesity in most developed countries seem to have leveled off, morbid obesity in many of these countries continues to climb, including among children. In addition, obesity prevalence in

developing countries continues to trend upwards toward US levels. Childhood obesity results in the same conditions, with premature onset, or with greater likelihood in adulthood. Thus, the economic and psychosocial costs of obesity alone, as well as when coupled with these comorbidities and sequelae, are striking. The current most widely used criteria for classifying obesity is the body mass index. In both clinical and research settings, waist circumference, a measure of abdominal adiposity, has become an increasingly important and discriminating measure of overweight/obesity. Abdominal adiposity is thought to be primarily visceral, metabolically active fat surrounding the organs, and is associated with metabolic dysregulation, predisposing individuals to cardiovascular disease and related conditions. Per internationally used guidelines of metabolic syndrome—a cluster of dysmetabolic conditions that predispose individuals to cardiovascular disease of which abdominal adiposity is one component—a waist circumference resulting in increased cardiovascular risk. In children, body weight classifications differ from those of adults because body composition varies greatly as a child develops, and further varies between boys and girls primarily owing to differences in sexual development and maturation. The World Health Organization (WHO) Child Growth Standards are the most widely currently used classification system of weight and height status for children from birth to 5 years old, based on data from children in six regions across the globe born and raised in optimal conditions.

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