Study on Pediatric Patients with Obesity Are More Likely To Have Metabolic, Behavioural Health, And Disorder

Mahella Waramane*

Department of Allied Health Sciences, University of Sri Jayewardenepura, Sri Lanka

Correspondence to:

Mahella Waramane
Department of Allied Health Sciences, University of Sri Jayewardenepura, Sri Lanka
Email: wmahellausj34@gmail.com

Citation: Waramane M (2022). Study on Pediatric Patients with Obesity Are More Likely To Have Metabolic, Behavioural Health, And Disorder. EJBI. 18(10):124-125.

DOI: 10.24105/ejbi.2022.18.11.124-125

Received: 05-Nov-2022, Manuscript No. ejbi-22-82985;
Editor assigned: 07-Nov-2022, Pre QC No. ejbi-22-82985(PQ);
Reviewed: 21-Nov-2022, QC No. ejbi-22-82985;
Revised: 24-Nov-2022, Manuscript No. ejbi-22-82985(R);
Published: 30-Nov-2022

Abstract

Recent decades have seen a steady rise in kid obesity and both nationally and internationally, severe childhood obesity has become a significant public health issue. Lockdown caused by the coronavirus disease 2019 (COVID-19) pandemic has raised concerns that it may worsen childhood obesity and widen the obesity risk gap. Recent research findings show that obesity rates increase after schools close. Compared to mild to moderate obesity, the effects of extreme childhood obesity are more severe. Severe obesity in children increases the risk of adult obesity, atherosclerosis, metabolic syndrome, type 2 diabetes, hypertension, and other diseases such non-alcoholic fatty liver disease and metabolic syndrome. Implementing effective therapy requires a precise assessment and diagnosis of a child with severe obesity. To improve the success of weight control, psychosocial aspects should be examined, including eating habits. Pediatric patients with severe obesity may benefit from metabolic and bariatric surgery, medication, and lifestyle change therapy. However, altering one's lifestyle should come first.

Keywords

Obesity, Public health, Medication.

1. Introduction

The prevalence of stunting, anaemia, and iron and zinc deficits are indications that the globe is undergoing a rapid epidemiological and nutritional change that is marked by persistent nutritional inadequacies. In parallel, there is a steady increase in the prevalence of obesity, diabetes, and other chronic diseases connected to diet, such as obesity, diabetes, cardiovascular disease, and various types of cancer. In wealthy nations, obesity is now considered an epidemic. Though it has been found that industrialised countries have the greatest incidence rates of childhood obesity, developing countries are also seeing an increase in this condition. Inherent hormonal variations explain why women are more prone than men to be obese. Although improvements have been made, treating extreme childhood obesity safely and effectively remains difficult. To address the enormous medical and emotional burden that these kids and their families bear, further initiatives and technologies are required. To avoid severe childhood obesity, public health agencies must also work to promote and normalise a healthy diet and regular exercise [1].

Obstructive sleep apnea, polycystic ovarian syndrome (PCOS), type 2 diabetes mellitus (T2DM), hypertension, dyslipidemia, non-alcoholic fatty liver disease (NAFLD), and psychiatric issues in childhood are just a few of the comorbidities associated with paediatric obesity. Children with severe obesity are at higher risk for adverse cardiometabolic outcomes than children who are overweight or have mild to moderate obesity. Children with significant obesity have also been found to have early symptoms of vascular dysfunction and subclinical atherosclerosis. The degree of retained adiposity was higher in cases of severe childhood obesity when adiposity was followed into adulthood. As a result, it is crucial to prevent and treat severe paediatric obesity in order to lower the risk of developing preclinical atherosclerosis [2].

As the most well-known biochemical change in obesity, the development of insulin resistance is directly linked to the metabolic and cardiovascular problems that are seen in paediatric obesity during childhood. Glucose intolerance, dyslipidemia, and hypertension are the obesity-related comorbidities that start in early childhood. T2DM, hypertension, dyslipidemia, and coronary heart disease are all part of a group of illnesses togetherknown as metabolic syndrome or insulin resistance syndrome [3].

It is generally acknowledged that a growth in obesity is caused by an imbalance between energy intake and expenditure, with a rise in positive energy balance being strongly correlated with lifestyle choices and food preferences. However, there is

mounting evidence that suggests a person‘s genetic background has a significant role in determining their risk of obesity. Our knowledge of the elements contributing to obesity has benefited greatly from research. According to Davison et al. ecological.’s model, nutritional consumption, physical activity, and sedentary behaviour are among the child obesity risk factors. Age and gender are two characteristics that can reduce the effect of such risk factors. Parenting practises and parents‘ lifestyles also have an impact on the family. environmental elements such school regulations, population trends, and parental employment [4].

Dietary factors‘ potential contributions to the rising incidence of obesity have been the subject of much research. The use of fast food, sugary drinks, snack items, and portion sizes are some of the dietary components that have been studied. The eating of snack foods has also been investigated as a potential contributor to childhood obesity. Foods like chips, baked goods, and candy are examples of snack foods. To determine whether these foods are to blame for the rise in childhood obesity, numerous researches have been carried out. Although it has been demonstrated that snacking increases calorie consumption overall, no research have been able to establish a connection between snacking and becoming overweight. While watching a lot of television and using other electronic devices has led to inactive lives, other environmental factors [5].

2. Conclusion

If society focuses on the causes, the growing problem of childhood obesity can be slowed. Childhood obesity is caused by a variety of factors, some of which are more important than others. Preventing obesity or overweight is more successful with a community-based intervention that combines food and exercise with a school component. Additionally, if parents advocate a better lifestyle at home, a lot of obesity-related issues could be averted. The lessons that kids learn at home about eating well, exercising, and making the appropriate food choices will eventually translate to other facets of their lives. Kids‘ decisions about what to eat at school, in fast food restaurants, and whether or not to exercise will be most influenced by this. Concentrating on these issues could lead to.

3. References

1. Kumar S, Mahabalaraju DK, Anuroopa MS. Prevalence of obesity and its influencing factor among affluent school children of Davangere city. Ind J Commun Med. 2007;32(1):15.
2. Popkin BM, Doak CM. The obesity epidemic is a worldwide phenomenon. Nutri Rev. 1998;56(4):106-114..
3. Birch LL, Fisher JO. Development of eating behaviors among children and adolescents. Pediatr. 1998;101(Supplement_2):539-549.
4. Davison KK, Birch LL. Childhood overweight: a contextual model and recommendations for future research. Obesity Rev. 2001;2(3):159-171.
5. Decaluwe V, Braet C, Fairburn CG. Binge eating in obese children and adolescents. Int J Eat Dis. 2003;33(1):78-84.