

Obesity- The big problem

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Obesity is from the Latin *obesitas*, which means "stout, fat, or plump". Medically, obesity is known as a condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. People are considered obese when the body mass index (BMI) exceeds 30 kg/m². It has become a global epidemic affecting approximately 1.5 billion adults, and costing 150 billion dollars of health economy. It is a more common and rapidly growing problem in the United States of America (USA); the average weight of an adult worldwide is 62 kg while in the USA it is 80 kg. Though increased calorie intake, and sedentary life style has been majorly attributed to explain most cases of obesity, the other factors that should be considered in the differential include endocrine disorders, psychiatric illness, medications, genetics, and infectious agents. The United States Preventive Services Task Force recommends screening for all adults followed by behavioral interventions (Grade B recommendation) in those who are obese. It is considered important to intervene because obesity is one of the leading preventable causes of death worldwide. On average, obesity reduces life expectancy by six to seven years, a BMI of 30–35 kg/m² reduces life expectancy by two to four years, while severe obesity (BMI > 40 kg/m²) reduces life expectancy by ten years. Public health efforts seek to understand and correct the environmental factors responsible for the increasing prevalence of obesity in the population. The main treatment for obesity consists of dieting and physical exercise. Ideal initial plan should be to lose 5-10% of body weight (1-2 lb per week) using combination of diet, physical activity, and behavioral techniques which include but not limited to self control, weight tracking, stimulus control, and group support. In case of failure to lose weight with following the above plan for at least six months, medical management is indicated for BMI > 30 kg/m² or 27 kg/m² plus comorbidities. Drugs FDA approved for weight loss are Orlistat (Xenical), Lorcaserine (Belviq) and a combination of Phentermine and topiramate (Qsymia); Sibutramine is recently withdrawn due to cardiovascular side effects. The most effective treatment for obesity is bariatric surgery. However, due to its cost and the risk of complications, it is currently indicated for the patients with BMI > 40 kg/m² or 35 kg/m² plus comorbidities.

In summary, obesity management includes early intervention with dietary restrictions, and regular exercise; medical and surgical interventions with long term follow up are appropriate in certain BMI cohorts and/or when the prior management plan fails.

Biography

Bhanu K. Patibandla has obtained MBBS from Dr. NTR University of Health Sciences, India in 2010. The evidence based clinical practice and the scope for the research opportunities in the United States attracted him to pursue his further career in the USA. He worked as a post doctoral research fellow (2/2011 to 2/2012) at Beth Israel Deaconess Medical Center and Harvard Medical School, Boston in the division of nephrology. His primary areas of interest include identifying the various disparities involved in the provision of health care. He has published in the field of dialysis access, renal transplantation, and effects of BMI and comorbidities on access to renal transplantation in the diabetics. Currently, he is doing internal medicine residency training at St. Vincent Hospital, Worcester, MA.

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