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DIABETES AND CHOLESTEROL METABOLISM
&
International Conference on
OBSESITY AND CHRONIC DISEASES
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Chubby child ≠ Cute child!

Obesity epidemic is a very serious concern for the medical professionals as well as the community. It is estimated that 30-35% of children in US are overweight or obese and probably higher percentages apply in our community. Local data will be presented. Overweight is defined as a BMI of >85% and obesity if BMI>95%. BMI correlates very well with comorbidities. Obesity occurs when there is imbalance between energy intake and energy output. There is a universal trend towards decreasing physical activity and increasing dietary intake among adults and children. Unlike the animal model, most obese humans are leptin resistant rather than deficient. Childhood obesity is clearly associated with adulthood obesity, with the strongest association if obesity occurs at later childhood. Obese children are usually taller with advanced bone age and enter puberty earlier. Comorbidities are many and involve almost all body systems such as (1) CVS- Hypertension, coronary artery disease, pulmonary hypertension corpulmonale, cardiomyopathy and atherosclerosis. (2) Pulmonary- Obstructive sleep apnea and pickwickian syndrome. (3) Gastrointestinal- Gallbladder diseases, nonalcoholic steatohepatitis and reflux. (4) CNS- Stroke and increased intracranial pressure. (5) Orthopedic- Osteoarthritis, slipped capital femoral epiphyses, low back pain and Legg-Calvé-Perthes disease. (6) Psychological- Social stigmatization, depression and lack of self esteem. (7) Endocrine- Early puberty, hyperandrogenism, anovulation, infertility, polycystic ovaries and hypogonadotrophic hypogonadism (8) Malignancy- Increased risk of malignancy- endometrial cancer, prostate cancer, gall bladder cancer, breast cancer, colon cancer (9) Metabolic- Insulin resistance, type II DM, dyslipidemia (↑cholesterol, ↑TG, ↑LDL, ↑HDL). Although genetic and hormonal causes are rare causes of obesity; they should always be kept in mind. Managing obese individuals is challenging and with limited success. Management should include exercise, diet and behavioral modification. Exercise should be 30-60 minutes 5-7 days a week. Normal or low calorie diets with the appropriate use of the food pyramid are to be used in most individuals. Medications and surgery can be included in certain indications in conjunction with diet and exercise.

Biography

Mohamad Miqdady is the Chief of Ped. GI, Hepatology & Nutrition Division at Sheikh Khalifa Medical City in UAE and an Adjunct Staff at Cleveland Clinic, Ohio USA. He is American Board certified in Pediatric Gastroenterology, Hepatology and Nutrition. He completed his Fellowship in Pediatric Gastroenterology at Baylor College of Medicine and Texas Children's Hospital in Houston, TX, USA. He held the position of Assistant Professor at Jordan University of Science and Technology in Jordan for six years prior to joining SKMC. Main research interests include feeding difficulties, functional GI disorders, probiotics, picky eating, obesity, procedural sedation, allergic GI disorders and celiac disease. He has authored several publications and book chapters including www.uptodate.com. On the Editorial Board of few journals including Gastroenterology & Hepatology.

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