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Association between adulthood obesity and health-related quality of life

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The World Health Organization has considered obesity to be the 'non-infectious epidemic of the 21st century' and one of the principal chronic health problems worldwide. Obesity is a chronic multifactorial and complex disease that develops through the interaction of genotype and environment. The therapeutic approach should take into account cultural alimentary beliefs to improve a lifestyle intervention. Health-related quality of life scales are being used increasingly to assess the health in population and analyze the effectiveness of health interventions. The 'subjective well-being' has two components: Emotional and cognitive approach. This research is a cross sectional descriptive study with 276 users of the Primary Health Centre 'OfraDelicias-Miramar', in Santa Cruz de Tenerife (Spain), in the first quarter of 2016. The sample consists of 52% normal weight (Body Mass Index-BMI <25) and 48% non-normal weight: 27% overweight (BMI 25-30) and 21% obese (BMI>30). 60% were female and 40% were male aged between 19 and 75 years old (42.3±12.73). Instruments used were: Satisfaction with life scale (SWLS) and health-related quality-of-life (EQ-5). EQ-5 is a simple and widely used multi-attribute utility model that assesses 5 dimensions: Mobility, self-care, usual activities, pain/discomfort and anxiety/depression. SWLS is a five-item scale designed to measure a person's global judgment (cognitive) of satisfaction with their life. Additionally, the satisfaction with life scale has been found to be positively associated at statistically significant levels with other measures of subjective wellbeing and negatively associated with measures of psychopathology. It is a valid and reliable measure of satisfaction with life (alphaCronbach=0.97) and test-retest stability (0,82). Results show that there are some relationships between BMI and health utility scores. As regards EQ-5, obese sample has lower quality of life than both normal and overweight group. There are significant differences ($p<0,05$) in 3 items: Mobility, usual activities and discomfort between the 3 groups. In all items, obese sample score higher than normal and overweight sample. Therefore, obese sample have more problems to walk, more problems to do ordinary activities and more pain/discomfort than normal weight. In relation to the SWLS, there are significant differences between normal weight sample and both obese and overweight sample, in first item: 'In most ways my life is close to my ideal'. The normal weight sample scores higher in this item than the other samples. In conclusion, subjective well-being has become a major topic in studies on chronic diseases, as obesity. In this research, obesity and overweight samples are related to better subjective well-being than normal weight sample. Longitudinal research that examine the pattern of obesity and the development of well-being is needed, which would be important with regard to future treatment, prevention and not underestimating the cost-utility of interventions for obesity treatment.

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Obesity: The epidemic, disease and global policy implications

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Obesity is a worldwide epidemic with recent literature suggesting that the impact on the global domestic product (GDP) is \$2.0 trillion USD. As morbidity, mortality and costs continue to rise; efforts must be made to understand the impact of the disease. In many developed countries, the prevalence of obesity is more than 30%. Some countries have sought to develop policy initiatives to tackle the disease, but often policy makers have a rudimentary understanding of the disease. Obesity is a disease in which a myriad of factors play a role in its incidence including behavior (diet quality, physical activity, sleep and stress), genetics and hormonal regulation. It is important to understand the complexity of obesity to work to develop strategies to prevent and treat persons who struggle with it. This presentation will define obesity, illustrate prevalence, and discuss current research which helps us to understand the complex physiology of the disease. We will evaluate the strengths and weaknesses of policies that have been developed throughout the world to target obesity. Additionally, we will also explore barriers to access to obesity care.

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