Overweight, Obesity and Women Health

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Editorial

The prevalence of obesity is increasing around 40% among women worldwide. Women are more likely to become overweight and obese because of overeating of carbohydrate, sugar, trans fat and low physical activities. Research evidence shows that 25% of overweight weight women will become obese later. Overweight and obesity are considered known risk factors for non-communicable diseases among population worldwide because it affects dysfunction of many systems including metabolic, hormonal, hemodynamic, biochemical, immunological and molecular physiology. Several chronic diseases among women associated with overweight and obesity are addressed as follows.

Diabetes including gestational diabetes, prediabetes, and type 2 diabetes is associated with overweight and obesity because of insulin resistance from adipose tissue accumulation. Prolonged hyperglycemia causes endothelial cell dysfunction of both macrovascular and microvascular resulting in many related complications [1].

Cardiovascular diseases are known risk factor for premature death among women. It is associated with dyslipidemia, atherosclerosis, metabolic syndrome, and diabetes [2]. Overconsumption of foods and drinks containing sugar, high fructose corn syrup and transfat is known risk factor for development of cardiovascular complications.

Chronic kidney disease is associated with prolonged hyperglycemia, chronic hypertension, metabolic syndrome, and dyslipidemias. In obese women, ectopic adipose tissue deposition in the glomerulus causes glomerulomegaly. In addition, endothelial dysfunction and inflammation process results in glomerulosclerosis and renal failure [3]. The prevalence of chronic kidney disease among obese women is 6.5% [4].

Fatty liver is another concern among overweight and obese women. Non-alcoholic fatty liver (NAFLD) occurs when extra fat accumulates in hepatocyte leading to elevated liver enzymes, steatohepatitis, liver fibrosis, cirrhosis and liver cancer [5]. It is associated with metabolic syndrome, dyslipidemias and insulin resistance [6].

Cancer in many organs is associated with pathogenesis of obesity including breast, liver, pancreas, kidney, colorectal, colon, ovary, endometrium and corpus. Research evidences show that obesity, abnormal glucose metabolism, and insulin resistance are associated with cancer prevalence [7]. Women with body mass index of 30 kg/m² or over are more likely to develop breast cancer and that of 34 mg/m² are more likely to develop endometrial cancer [8]. In addition, obesity with dyslipidemias is associated to cancer development in postmenopausal women [9]. These cancer pathogenesis are related to excess adipose tissue and enlarged adipocytes produce chronic inflammation and carcinogenesis markers including estrogen, interleukin, tumor-necrosis factor, insulin growth factor [10,11].

These chronic diseases and its complications affect quality of life and life expectancy of women with overweight and obesity. Therefore, health literacy for healthy dietary choices and regular exercise for weight loss should be promoted among women worldwide. Particularly, avoiding of overconsumption of fatty meat, sugar, high fructose corn syrup and transfat should be advised.

In conclusion, women with overweight and obesity are at high risk for development of diabetes, cardiovascular disease, chronic kidney disease, fatty liver, and cancer. However, these health problems can be prevented by modification of dietary pattern, physical activities and exercise. Early detection and management of obesity complications should be friendly implemented. Health care providers should encourage and support them to achieve better health.

References


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