Obesity: epidemics or crisis worldwide?

The rapid increase in the level of obesity and overweight worldwide is recognized as a major health problem: obesity poses a major risk for serious diet-related diseases, including diabetes mellitus, cardiovascular disease, hypertension, stroke and cancer; therefore, it increases the risk of premature death.[1] In particular, abdominal obesity - an increased amount of intra-abdominal fat - has been associated with a number of cardiovascular disease (CVD) risk factors, CVD and all-cause mortality [2]. Recent research demonstrated that high BMI values are associated with increased sympathetic activity, which results in decreased Heart Rate Variability (HRV). [3]

Obesity can also be related to psychiatric disorders. [4,5] Some research suggests that depression and anxiety might lead to obesity through the adoption of an inactive lifestyle; however, the opposite direction is also possible. [6]

The rising epidemic reflects the profound changes in society and in behavioural patterns of communities over recent decades. While genes are important in determining a person’s susceptibility to weight gain, energy balance is determined by calorie intake and physical activity [7]. Economic growth, modernization, urbanization and globalization of food markets are just some of the forces thought to underlie the obesity trend. Based on the existing prevalence, trend data and the epidemiological evidence linking obesity with health conditions, it is reasonable to describe obesity as a public health crisis that severely impairs the quality of life, adds to national health care budgets. [8]

While standards of living have improved, food availability has expanded and become more diversified, and access to services has increased with significant negative consequences in terms of inappropriate dietary patterns, decreased physical activities, and a corresponding increase in diet-related chronic diseases, especially among poor people. [9]

Changes in the world food economy are reflected in shifting dietary patterns: preferences are switching from traditional foods towards increased consumption of low-cost energy-dense foods, high in salts, saturated fats and low in unrefined carbohydrates [9] with a significant impact on the health and nutritional status of populations, particularly in developing countries and in countries in transition too.

During the last decades, data show that a rise in the prevalence of obese people has also occurred in developing countries such as Mexico, China and Thailand [10], in Iran [11, 12] and India [13, 14].

In the case of European countries, a WHO Regional Office for Europe study points out that the highest prevalence of overweight was found in Albania (in Tirana), Bosnia and Herzegovina and the United Kingdom (in Scotland). Turkmenistan and Uzbekistan had the lowest rates: the prevalence of obesity ranged from 5% to 23% among men and between 7% and 36% among women. [15]

The impact that globalization and rapid socioeconomic transition have on nutrition is analyzed to identify the socio-cultural and physical factors which promote obesogenic environments, so to promote prevention strategies in sectors like education, health, food and economic policies.

In 2004 the WHO delivered a global strategy on diet, physical activity and health which recommended a multisector approach to increasing fruit and vegetable consumption, decreasing fat, sugar and salt intake and promote physical activity. Intervention strategies of both behavioural (to change individual lifestyles) and social/environmental nature were recommended. [16, 17]

Country policies recognize the need to act at the national, regional,
community and individual levels, and the need to involve stakeholders in implementing policy. All policy strategies identify target groups relating to the life-course approach. In a very few cases, particular groups are targeted including individuals with low socioeconomic status, distressed people, the chronically ill and disabled, ethnic minorities, and those with limited education. Specific policy actions have been implemented in multiple settings, and in particular in workplaces, health care services and schools. Most countries focus on active transport, such as constructing safe walking and cycling paths. Understanding the determinants of life style and behavior in a person’s youth and making attempts to change children’s habits is considered a key strategy in the primary prevention of obesity. [18, 19]. Therefore, children and adolescents are seen as a decisive target group, and health promotion in schools is one of the most prominent approaches for interventions in all member countries. It has been observed that an improvement in nutritional knowledge is associated with positive changes in dietary behaviour. [20-22]

The obesity epidemic trends need to be examined especially in developing countries. Policy-makers should remember that it is essential to continue and improve the collection of data on obesity, health and nutritional status and prevention policies. [23]

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References


