# 2ND Advanced Nursing Science & Practice

## April 20-21, 2018 | Las Vegas, USA

### New insight & method on overweight and obesity in USA

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**Introduction:** The obesity prevalence in the United States has increased significantly during the last few decades. Obesity has become a leading risk factor for many adverse health outcomes including type 2 diabetes, hypertension, dyslipidemia, coronary heart disease, and certain types of cancer (An, 2014). Moreover, the Standard American Diet (SAD) has long been implicated in contributing to the health challenges experienced in the US (Grotto & Zied, 2010). Consequently, significant changes to the SAD have occurred since the 1950s, including a greater abundance and accessibility to calorie-dense and nutrient-poor food and beverage choices (Grotto & Zied, 2010). The typical SAD is high in processed junk food, meat, fat, dairy, refined sugars, and sodium intake.

**Definition of Obesity:** Obesity is a common and preventable disease of clinical and public health importance (Ofei, 2005) . It is often a major risk factor for the development of several non-communicable diseases, significant disability and premature death (Ofei, 2005) . Obesity is defined as a condition of abnormal or excessive fat accumulation in adipose tissue, to the extent that health is impaired (Ofei, 2005) . The body mass index (BMI) is the metric currently in use for defining anthropometric height/weight characteristics in adults and for classifying them into groups (Nutall, 2015). It also is widely used as a risk factor for the development of or the prevalence of several health issues (Nutall, 2015). The BMI has been useful in population-based studies by virtue of its wide acceptance in defining specific categories of body mass as a health issue (Nutall, 2015).

**Management of the Problem:** Weight loss and maintenance approaches include lifestyle changes, exercise, dietary and behavioral therapy, pharmacological interventions, and surgery. However, from all the years of working as a medical doctor, I've noticed that my patients have increased their risk of injury with exercise and physical activity. A study was conducted on an elderly female Spanish patient of mine. This patient has a past medical history of diabetes mellitus, hypertension, hyperlipidemia, and obesity. At only 91 years of age, and at a height of just 58 inches, this patient was more than 100 pounds overweight. Over a course of three months, she had adhered to a particular diet of mine that I invented, known as the "Swan Diet." This new diet consists of consuming all kinds of beans, white meat (such as chicken breast), fish, salad, and vegetables. If food is to be fried, only olive oil is allowed to be used. Black coffee is permitted in the morning and in the afternoon. It is imperative to avoid fruit, juice, soda, dairy products, chicken leg and wings, complex carbohydrates (such as rice, pasta, potatoes, bread), and red meat.

**Conclusion:** If patients implement a healthier lifestyle at home, many obesity issues could be avoided. Therefore in order to make this study succeed, the patient was instructed about the benefits of following the Swan Diet, and the overall advantages in health that she will gain when lifestyle modifications are taken into place. A fter the completion of three months of staying compliant to the Swan Diet, my patient not only lost more than 100 pounds of her body weight, but her hemoglobin A1 Clevel decreased, her blood pressure was in a healthy range, and her overall lipid levels had improved. Furthermore, my patient had conducted this study without performing excessive physical activity or getting any kind of cosmetic surgery done.

**Keywords:** Obesity, lifestyle, overweight, Standard American Diet, Swan Diet

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