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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 $\geq 85\%$, and obesity if BMI $\geq 95\%$. 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: CVS: Hypertension, coronary artery disease, pulmonary hypertension corpulmonale. Cardiomyopathy and atherosclerosis. Pulmonary: Obstructive sleep apnea, and Pickwickian syndrome. Gastrointestinal: Gallbladder diseases, nonalcoholic steatohepatitis and reflux. CNS: Stroke and increased intracranial pressure. Orthopedic: Osteoarthritis, slipped capital femoral epiphyses, low back pain, and Legg-Calve-Perthes disease Psychological: Social stigmatization, Depression and lack of self esteem Endocrine: Early puberty, hyperandrogenism, anovulation, infertility, polycystic Ovaries and hypo-gonadotrophic hypogonadism Malignancy: Increased risk of malignancy: endometrial cancer, prostate cancer, gall bladder cancer, Breast cancer, colon cancer 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 American Board certified in Pediatric Gastroenterology, Hepatology and Nutrition. He is the Division Chief, Ped. GI, Hepatology & Nutrition Division at Sheikh Khalifa Medical City in UAE. Program Director, Pediatric Gastroenterology Fellowship Training program, SKMC, Abu Dhabi, UAE. Also an Adjunct Staff at Cleveland Clinic, Ohio USA. Expert member of the FISPUGHAN Council (Federation of International Societies of Pediatric Gastroenterology, Hepatology, and Nutrition); Malnutrition/Obesity Expert team. Dr. Miqdady 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 joining. SKMC Main research interests include nutritional disorders, feeding difficulties, picky eating, obesity, procedural sedation, allergic GI disorders and celiac disease. He has 20 publications in peer reviewed journals. On the Editorial Board of few journals including Gastroenterology & Hepatology. Reviewer for uptodate.com.