

Nutrition and Health: A Pilot Study Prevalence of Non-Communicable Disease Urban Population in Udaipur (Rajasthan)- Jaishree S Mehta- M D College Gujarat Vidyapith Randheja

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Abstract

Udaipur is one of the Lake city districts Kashmir of Rajasthan having physical area of 1,936 sq km. The region lies between North latitude 30°44'53" to 31°22'01" and East longitude 76°36'10" to 77°15'14" The rural and urban population is 4, 09,362 and 91,195 respectively. The local populations mainly depend on the agriculture for their survival and adopt some traditional practices conducive for farming in sloping lands.

Non-communicable diseases (NCDs) regularly emerge in middle age after long exposure to an unhealthy lifestyle involving cigarette smoking, obesity, and inactive lifestyle, consumption of diets rich in extremely saturated fats, sugars, and salt ect .This is mostly due to changing demographics and lifestyles of the population. Eighty percent of the NCDs can be prevented by the adopting good lifestyle like physical exercise, balance diet, avoiding use of smoking and alcohol.

Overweight and Obesity: Obesity has developed a global public health issue. Overweight and obesity are most important risk factors that underlie the emergence of long-lasting diseases. The other intermediate risk factors of chronic diseases high blood pressure and high blood cholesterol levels are closely linked to and determined by the body weight of an separated. Obesity itself is directly associated with the increased risk of a range of health problems like osteoarthritis, but also increases the risk of NCDs like cardiovascular disease and type 2 diabetes. Overheavy and obesity are defined as abnormal or unnecessary fat accumulation that may impair health.

Obesity and Cardiovascular Disease: Along with high blood pressure, smoking and high blood cholesterol levels, obesity is a middle risk factor for cardiovascular diseases (CVD) like coronary heart disease and strokes. General, obesity contributes up to 40 % of the risk of hypertension and between 20 % and 30 % of the risk of CVD and hit (James and others, 2004). Obesity is also a danger factor for other cardiovascular events such as cardiac failure, arrhythmias, peripheral vascular disease and pulmonary hypertension.

Diabetes Mellitus and Obesity: Overweight and lack of physical action have been consistently associated with increasing the risk of diabetes. Obesity is a major risk factor for non-insulin dependent on the diabetes mellitus (NIDDM), also known as type 2 diabetes, and the risk appears to be related both to the period and degree of obesity. Type 2 diabetes, in turn, is a major risk factor for CVD, as are hypertension and dyslipidemia. The association between obesity and the risk of developing type 2 diabetes has been long-established by several long-term studies. Long term follow up has established that the additional risk of developing diabetes may increase 40 fold in women who are overweight as compared to women within the normal range of weight for height.

Metabolic and other disorders linked to obesity : Obesity is connected to insulin resistance and dyslipidemia. Dyslipidemia is considered by an increase in levels of plasma triglycerides and an unhealthy pattern of the plasma cholesterol's with LDL cholesterol ("bad" cholesterol) levels raised and HDL ("good" cholesterol) levels lowered features that have been shown constantly to be related to an increase in the risk of cardiovascular disease.

Discussion: The occurrence of non-communicable lifestyle diseases and metabolic condition has shown a rapid increase in developing countries over the past few periods. Results of the study discovered distinct risk factor profiles for both male and female persons and identified poorly controlled lifestyle diseases. The high occurrence of obesity in females is symptomatic of long standing problem of diabetes and cardiovascular diseases. Overheavy weight and obesity diet, tobacco use, alcohol consumption, unhealthy high blood pressure, lack of physical activity and high cholesterol levels have been described as the main risk factors in non-communicable diseases. The occurrence of pre-diabetes, diabetes was equivalent in male and females and hypertension was higher in the females than the male individuals owing to stressful living, obesity, lack of physical activity and adoption of significant lifestyle changes different

from ancestral indigenous lifestyle. The occurrence of pre-diabetes, diabetes was equal in male and females and hypertension was the higher in the females than the male individuals owing to stressful obesity, living, lack of physical activity and acceptance of important lifestyle changes different from inherited indigenous lifestyle. The main risk classical factors for the NCDs namely alcohol intake, smoking, unhealthy diet and low physical activity were found to be established in both rural and urban societies. The socio-demographic and economic transition change has a big role in the current rise of non-communicable illnesses in developing countries. Several factors are resulting in the increasing burden of lifestyle disease which includes longer average life span, rising income, increasing tobacco consumption, decreasing physical action and increased consumption of unhealthy food. In Rajasthan, rapid urbanization and globalization mainly donate towards increased number of people suffering from life-style disorders

Conclusion: The main was the main risk influences for NCDs namely alcohol intake, smoking, unhealthy diet and low physical activity are dominant in both rural and urban societies. There are initiatives to the control the burden of non-communicable illnesses in the country. Though, there is need to focus more on primary prevention at the population level targeting interventions to the reduce exposure to tobacco, reduce alcohol intake, promote healthy diets, reduce salt intake and physical activity. The practical the differences in risk factors and prevalence of non-communicable diseases in urban areas could also be clarified by the fact that in urban areas people have more access to advanced processes the foods which are energy thick and or high fat diets than the traditional foods considered by high roughage content. This could both be due to poverty or lack of information and misconceptions also lack of access to healthy food which was means to many are forced to eat what is inexpensively available specially during business hours when outside their homes hence at they increased risk of NCDs. Further community mobilizations is needed to the implement prevention plans and reduces and prevent exposure to the non-communicable sicknesses risk factors and subsequently reduce the burden of the diseases.

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