

Obesity and life-style limitations

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Abstract

Obesity is up to about 5% of cases the matter of education and not medicine. For an efficient intervention is important within the first place timely identify its initial stages and simultaneously identify the variables that may affect by the external interventions. this epidemic of obesity could be a problem not only public health, but each individual. the fundamental tool for successful intervention is to vary the approach to life from sedentary to active of intervened individuals. the primary step is early diagnostics and so selecting individual approach that respects the health, previous experience physical, good shape, time and economic conditions and also the relationship with its surroundings to influence obesity of the topic. Physical activity is now admitted as being an integral element of adult obesity treatment, but it's not clear which intervention is that the most effective. Physical activity is an especially complex behavior that needs active involvement of the themes and his nearly environment furthermore. it's influenced by personal, family and environmental factors and every of those elements will be a possible barrier in preventing active participation of the topic, therefore compromising a successful implementation of a program. These limitations are obvious for moderate-to-vigorous physical activity which is sometimes recommended for treating obese persons.

The study provides an outline of modifiable physical activities ??? mainly supported walking with energy content from 950 kcal/ week for seniors to 2000 kcal/week in children, which may be used for reduction of body fat about 15%, increase in FFM about 10%, increase of good shape about 17% independently on gender and body mass. this could significantly influent the life kind of overweight or obese subjects ??? mainly their quality of life, predispositions for leisure and work activities and well-being.. Obese individuals can slim by following reducing diets that fluctuate widely in macronutrient composition. Caloric restriction, however, instead of macronutrient composition, is that the key determinant of weight loss. Because all of the diets reviewed appear to possess comparable short- and long-term safety, the selection of the diet is guided by the specified control of comorbid conditions.

Further research is required to work out the optimal dietary macronutrient composition for improving specific comorbid conditions, like impaired glycemic control, as investigated within the DPP and appearance AHEAD studies. Obese populations selected for specific CVD risk factors will provide greater opportunity to demonstrate the advantages of both weight loss and macronutrient composition than will populations selected on obesity status alone. The choice of a diet also should address patient preferences, particularly

those associated with simple dietary adherence.¹⁴ A successful obesity diet is one that a personal can adhere to for several months to lose 5% to 10% of initial weight. Greater weight loss is desirable because it's associated, in an exceedingly linear manner, with greater improvements in CVD risk factors, including HbA1c, vital sign, triglycerides, and HDL cholesterol. Although dietary interventions for hypertension and other comorbid conditions have shifted to the prescription of dietary patterns, like the Dietary Approaches to prevent Hypertension diet, such approaches must be combined with calorie restriction to induce clinically meaningful weight loss (as they need in some recent trials). to realize long-term weight loss, most obese individuals must consciously restrict their energy intake, whether by reducing portion sizes, decreasing the energy density of the diet, counting calories (or specific macronutrients), or some combination of those approaches.

Physical activity plays a critical role in improving cardiovascular health in both average-weight and obese individuals. within the absence of great weight loss, regular bouts of aerobic activity are found to cut back blood pressure⁵⁴ and lipids, likewise as visceral fat, the latter which is related to improved glucose tolerance and insulin sensitivity (in nondiabetic individuals) and glycemic control (in patients with type 2 diabetes). Leskinen et al⁶² examined 16 twin pairs with discordant levels of physical activity and located that inactive twins had greater amounts of high-risk fat, including visceral, liver, and intramuscular. In sum, physical activity, independent of weight loss, appears to be related to improvements in body composition and metabolic conditions. Physical fitness, which generally increases with increased physical activity, also may attenuate obesity-related mortality. Lee et al examined >21 000 men within the Aerobic Center Longitudinal Study and located that those that were fat but fit had lower rates of cardiovascular death than those that were average weight but unfit. Subsequent studies, however, with more diverse samples that included both men and girls, found that fitness only partially attenuated the danger of mortality related to excess adiposity.

Fatness and low fitness appear to be independent risk factors for CVD morbidity and mortality, and both should be targeted in comprehensive lifestyle programs. Physical activity alone is of limited benefit in inducing weight loss, as reported in a very recent position article of the American College of medical specialty. This is because most people cannot find the time or motivation to interact within the high volume of activity (eg, 35 miles of walking a week) required to lose even 0.45 kg/wk. This rate of weight loss is more easily achieved by participants' restricting their food intake by 500 kcal/d. A study by Slentz et al⁶⁸ underscored the minimal good thing about exercise alone for weight loss. Individuals who jogged/ran the equivalent of 20 miles every week (but weren't instructed to limit their food intake) lost only 3.5 kg at the top of 8 months of

coaching. Individuals who walked 12 miles every week at a moderate intensity (the equivalent of 6 one-half hour bouts of walking a week) lost just one.1 kg.⁶⁸ Similarly, the addition of normal exercise to caloric restriction (ie, dieting) only marginally increases short-term weight loss,

although it does spare the loss of fat-free mass.⁶⁹ These findings suggest that obese individuals should be encouraged to exercise, a minimum of within the short term, for the sake of improving their cardiovascular health, instead of for inducing weight loss.

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