

# Editorial Note on Obesity and Public Health

Inés Llamas Ramos\*

Department of Nursing and Physiotherapy, University of Salamanca, Spain

## Editorial

Obesity has been observed from human history, many early ages of the human form in art and sculpture has observed the obese, however after the 20th century obese became common, In 1997 WHO recognized the obesity as global epidemic and observed the increase in obesity cases tripled since 1975. And defined the obesity is having a high body mass greater than or equal to 30 kg/m<sup>2</sup>. And by 2013 the American Medical Association clarified obesity as a disease. Body fat can be measured in several ways like waist circumference, waist-to-hip ratio, skinfold thicknesses, and bioelectrical impedance. The rate of obesity also increases with age at least up to 50-60 years old. Most of the countries are low in obesity rate compared to European developed countries and in some countries like India shows less obesity rate and they observed the risk factors by obesity like cardiovascular diseases and started the awareness about the obesity throughout the India.

Management of obesity includes the changes in lifestyle, food, medications, or surgery. Main treatment for obesity control is to maintain specific weight by weight loss treatment via dieting and physical exercise. Diet programs include weight loss over the short term and long-term period along the combination with exercise and counselling provides great results. Dietary and lifestyle changes are most effective during pregnancy time in limiting excessive weight gain to improve outcomes for both the mother and child.

Currently orlistat, medication is widely available and approved for long term use, but there is little information about the drug that effects on long term

use may leads to gastrointestinal side effects. By this they discovered the most effective treatment for obesity i.e., bariatric surgery for severe obesity patients associated with long-term weight loss and decreased in overall mortality rate. And also decreased rate in the risk of diabetes mellitus, cardiovascular disease and cancer has also been found after bariatric surgery. Marked weight loss is observed during the first few months of surgery. The two main techniques of surgery are compared that gastric bypass procedures are found to lead 30% more weight loss than banding procedures after one year of surgery. For obese beings with non-alcoholic fatty liver disease bariatric surgery improves the function of liver.

A proper diet such as low-calorie source or very-low-calorie diet is usually recommended to reduce liver fat by 16-20%, and preoperative weight loss is the only factor that can reduce operative time and hospital stay. A clinical practice guideline by the US Preventive Services Task Force concluded that the evidence is insufficient to recommend the people with healthy diet but that intensive behavioural dietary counselling is recommended for those people with hyperlipidaemia and other known risk factors of cardiovascular and diet-related chronic diseases. The Intensive counselling can be delivered by primary care clinicians or by specialists, such as nutritionists or dieticians.

Canada developed and published evidence reports in 2006 based on practice guidelines. In that they addressed the guidelines for the prevention and management of obesity for individual and population levels in both children and adults and further European Union published clinical practice guidelines in 2008 regarding the rising rates of obesity in Europe and finally Australia came out with practice guidelines in 2004.

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**\*Address for Correspondence:** Inés Llamas Ramos, Department of Nursing and Physiotherapy, University of Salamanca, Spain, Tel: (+34) 923 294 418; E-mail: inesllamas@usal.es

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