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EFFECTS OF OBESITY ON HEALTH

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Abstract: Obesity is defined as an alteration in energy balance. General objective: The main purpose of this study was to evaluate the wellbeing of patients affected by obesity in the City of San Francisco de Campeche. Material and methods: a cross-sectional, analytical, observational and descriptive research was carried out, in which 114 patients who met the established criteria participated, equally distributed between genders. Results: Of this group, 40 were diagnosed with obesity, divided into 19 men and 21 women, observing that grade III obesity was more frequent in women. Conclusions: The findings indicate that obesity significantly increases the risk of developing chronic degenerative diseases and has a negative impact on quality of life, especially on the perception of social acceptance, while social support was identified as the most positively valued aspect.

Keywords: Quality of life, obesity, chronic-degenerative disease.

INTRODUCTION

Obesity is defined as a disturbance in the body's energy balance. According to the World Health Organization (WHO), obesity has reached epidemic proportions worldwide, affecting more than one billion adults who are overweight and obese.^{1, 2}. This condition is recognized as a chronic disease of multifactorial origin, characterized by excessive accumulation of fat in the body. This accumulation leads to various metabolic alterations and is linked to endocrine, cardiovascular and musculoskeletal diseases³.

Health-Related Quality of Life reflects personal perception of how current health status, medical care received, and health promotion initiatives influence an individual's ability to achieve and maintain an optimal level of functioning. This level allows for meaningful activities for the individual, directly impacting their general well-being. Obesity constitutes a significant risk factor for the development of conditions such as liver and bile duct diseases, lung and cardiovascular disorders, joint problems, several types of cancer, type 2 diabetes mellitus and high blood pressure, among others. ⁴. It has been observed that individuals with a Body Mass Index (BMI) of 22 or higher have a greater probability of developing type 2 diabetes mellitus in the future. ⁵.

The WHO establishes BMI cut-off points for the classification of obesity in adults: overweight and grade I, II and III obesity are defined with BMI of 25, 30 and 40 kg/ m2, respectively. ⁶.The Spanish Society for the Study of Obesity (SEEDO) also indicates normal BMI values as those between 18.5 and 24.9 kg/m2.

OBESITY STUDIEE

In the context of Mexico, the 2006 National Health and Nutrition Survey (ENSANUT 2006) identified that overweight and obesity affect 71.9% of men and 66.7% of women8. During the last two decades, Mexico, like the rest of Latin America, has experienced an epidemiological transition where chronic-degenerative diseases have replaced infectious diseases as the main causes of death.^{9, 10}.

A study carried out by Hernández and collaborators showed regional variations in the prevalence of obesity among women aged 15 to 49 years: 35.3% in the north, 24.1% in the center, 21.9% in Mexico City, and 23.7% in the south of the country^{11,12}. These findings led the World Health Organization (WHO) to declare obesity an epidemic in 1995, highlighting in 1997 the high costs that this disease represents for public health. In 1998, the American Heart Association (AHA) emphasized the need to act against obesity, classifying it as a major and modifiable risk factor for coronary heart disease. In 1999, the director of the Centers for Disease Control

and Prevention (CDC) compared the urgency of confronting the obesity epidemic to that of any epidemic caused by an infectious agent.¹³.

For 2004, an analysis of 156 national surveys in 66 countries revealed a high prevalence of overweight and obesity, affecting more than 30% of the adult population in 41 countries, and obesity being recorded in 42 of them.^{11,12,14}.

Currently, more than 1.1 billion adults globally are overweight, including 312 million who are obese, to which are added 155 million children who are overweight or obese. Given this reality, it is imperative to raise awareness and promote research on the subject to reduce the morbidity and mortality associated with obesity 3. Given the magnitude of this situation, it is necessary to raise awareness and carry out research on this topic for our benefit afterwards and to reduce the morbidity and mortality of the obesity.

DESCRIPTION OF THE METHOD

A cross-sectional, analytical and descriptive investigation was carried out on patients in San Francisco de Campeche, Campeche, who met the inclusion criteria, throughout the year 2022. After obtaining consent from the participants, they were administered a questionnaire designed to collect demographic information and family history. Additionally, their weight and height were measured to calculate the Body Mass Index (BMI = weight/height2).

FINAL COMMENTS RESULTS AND DISCUSSION

After concluding the study, it was found that the number of participating women and men was equal, totaling 114. Of this group, 23 individuals were within the normal weight range according to the World Health Organization classification (WHO), 51 were overweight and 40 had already been diagnosed with obesity. Regarding how obesity affects quality of life in terms of health, it was identified that social acceptance was the most negatively affected aspect, while social support turned out to be the most positive.

In the breakdown of the patients studied, 23 (20.17%) had a weight considered adequate, 51 (44.73%) were overweight, and 40 (35.08%) were classified as obese. Of the 40 patients with obesity, 19 were men and 21 were women.

Of the 40 obese patients, 25 are staged in Obesity I, 12 in Obesity II and only 3 in Obesity III (Extreme or Morbid) Graph 1.

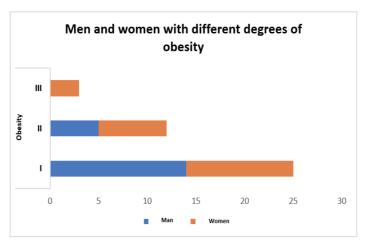
The vast majority of patients observed were married, single and widowed (graph 2). With profession 20, retired 3 and none 17. With primary schooling 15, secondary school 10, high school 4, bachelor's degree 10 and only one illiterate (Graph 3)

CONCLUSIONS AND RECOMMENDATIONS

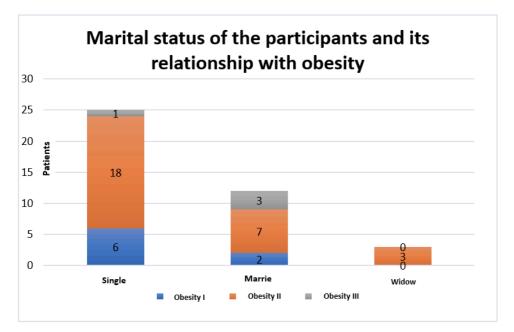
The perception of obesity has evolved beyond an aesthetic concern to be recognized as a significant challenge for healthcare professionals. Currently, it represents a critical problem facing healthcare systems in both developed and developing countries. This condition, characterized by excess body fat and defined by a body mass index (BMI) greater than 30 kg/m2 in adults, is a risk factor for chronic diseases such as heart disease, type 2 diabetes mellitus, hypertension and certain types Of cancer. The etiology of obesity is attributed to a combination of environmental, psychological and genetic factors, affecting individuals of any race, belief and socioeconomic status.

Given the alarming incidence and associated risk factors, it is imperative to focus on obesity, especially considering that currently seven out of ten Mexican adults suffer from obesity or overweight. Likewise, three out of five children are obese, influenced by unhealthy eating habits. Lack of timely treatment for obesity can shorten life expectancy by 15 to 20 years.

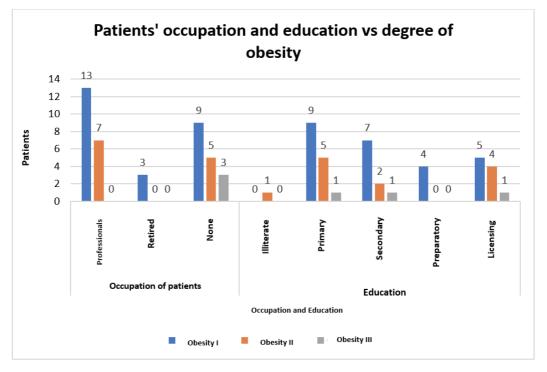
Therefore, it is crucial to promote awareness and education among the population about the benefits of physical activity combined with a balanced diet, as well as the cessation of harmful behaviors such as drug addiction. A call is made to promote a change towards healthier lifestyles, thus contributing to improving the general quality of life



Graph 1: Degrees of obesity in men and women.



Graph 2: Marital status of the participants and its relationship with obesity



Graph 3.- Patients' occupation and education in relation to their degree of obesity

REFERENCES

1.- Caterson ID, Gill TP. Obesity: epidemiology and possible prevention. Best Pract Res Clin Endocrinol 2002; 16:595-610.

2.- OMS. Informe sobre la salud en el mundo. Reducir los riesgos y promover una vida sana. Ginebra: 2002.

3.- BAILLET, Esquivel Laura E. Obesidad, Facultad de Medicina de Universidad Autónoma de México, Rev. Atención Familiar, vol. 15, no. 1, Enero-Febrero de 2008, ISSN 1405-8871, pág.2022, México D.F.

4.- U.S.A. Preventive Sevices Task Force. Guide to clinical Preventive Services. 2nd Edition. Alexandrina. VA: International Medical Publishing; 1996, p 219-229.

5.- National Institute of Health. Clinical Guidelines on The Identification, evaluation, and Treatmenof Overweight and Obesity in adults. The evidence Report. National publication No. 98-4083; 1998.

6.- World Health Organization. The problem of overweigt and obesity. Obesity: preventing and managing the global epidemic. WHO Technical Report Series 2000; 2000 Series 894:5-37.

7.- SEEDO.Consenso SEEDO 2007 para la evaluación del sobre peso y la obesidad y el estanlecimiemto de criterios de intervención terapéutica. Rev Esp Obes 2007; 7-48.

8.- Secretaría de Salud. Ebcuesta Nacional de Salud y Nutrición 2006. Instituto Nacional de Salud. México; 2006.

9.- Secretaría de Salud, Norma Oficial Mexicana NOM 174-SSNI-1998, para el manejo integral de la obesidad, Rev. Med. IMSS 2000, vol 38. No. 5, pág. 397-403, Mexico, D.F.

10.- Berkowitz Ross, S Goldstein Donald P Chorionic Tumors. The New England Journal of Medicine vol 335 no. 23 p 1740-1745

11.- GUEVARA Chacabana, Gamaniel Raúl, Childhood Obesity: some epidemiological, economical, social and cultural appoaches, Paediatrica, vol 8, no. 2, año 2006, pág 155-|62, E.U.A.

12.- TRUETA, Josep, Adiponectin, Rev. Med. Univ. Navarra, vol 48, no. 2, año 2004, pág. 49-54, Navarra España.

13.- DÍAZ, Mónica, Presente y futuro del tratamiento farmacológico de la Obesidad, Rev. Argentina de Cardiología, vol 73, no. 2 Marzo-Abril de 2005, pág. 137-144, Buenos Aires Argentina.

14.- DAMASCENO, M.M.C., Obesidad y exceso de peso: identificación de casos entre trabajadores del área de la salud, Univ. Estadual de Ceará, Rev. Enfermería Integral, Marzo de 2006, pág. 15-21. Brasil.

15.- World Health Organisation. Research for Health. A Position Paper on WHO's Role and Responsibilities in Health Research ACHR45/0516Rev1, disponible en http://www.who.int/rpc/meetings/position_paper.pdf accessed 22/9/2006.

16.- Whitworth J. Best practices in use of research evidense to inform health decisions. Health Res Policy Syst: Disponible en http://www.health-policy-systems.com/content/4/1/11.

17.- Black N. A national strategy for research and development: Lessons from England. Annu Rev Public Health. 1997; 18:485-505. Doi:10.1146/annurev.publhealth. 18.1.485 (Pub Med)-

18.- Peckham M. Developing the National Health Service: a model for public services. Lancet. 1999; 352: 1539-1545. Doi: 10.1016/S0140-6736(99)08417-2 (Pub Med).

19.- Horton R. Health research in the UK: the price of succes.Lancet. 2006; 368: 93-97. Doi: 10.1016/S0140-6736 (06) 68974-68975 (Pub Med).

20.- NIHR Service Delivery and Organization programme, disponible en http://www.sdo.nihr.ac.uk/.