



Dietary Management of Obesity

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DESCRIPTION

The recent increase in obesity rates is due to eating behaviors and food choices that promote energy overconsumption. Current weight management recommendations emphasize the importance of healthy eating habits. Diets include a variety of nutrient-dense foods, limiting portions of energy-rich foods, and reducing overall energy density. Some diets reduce energy intake relative to energy expenditure leading to a reduction similar weight. A unifying factor for weight loss across all diets is energy density. Reducing the energy density of the diet allows the individual to consume satisfying amounts of food with fewer calories. Energy density reduction strategies are versatile and can be applied to a variety of diets to accommodate differences in energy needs, taste preferences, eating behaviors.

Examples of different types of population-wide interventions to combat obesity are summarized: target individual behaviors, Mass media campaigns, Nutrition counselling and education in health facilities, Targeting food and built environments, Restaurant menu labels, Food guidelines/standards, Restrictions on Ads, Interventions aimed at schools and universities, Regulations / policies, Fiscal measures, including taxes and subsidies.

The human body is equipped with a complex regulatory system, ranging from a set of signals including sensory, physiological, metabolic, excitatory, post-absorption and psychosocial signals, to regulating cravings, hunger, satiety and satiety, and thus food intake. Involves a series of neuroendocrine cascades between the central nervous system, gastrointestinal tract, adipose tissue, and other endocrine tissues, regulating metabolic responses in an attempt to maintain energy homeostasis.

Dietary interventions in the management of obesity

Understanding the biology behind weight and food intake regulation is extremely relevant in the management of obesity and is an important requirement for designing effective weight loss strategies. Manipulating food intake, with the aim of influencing obesity outcomes, has been a cornerstone of obesity management for centuries. One of the central tenets of weight loss and obesity prevention strategies is to limit energy intake. The low-calorie diet

is often prescribed by nutritionists and health care professionals as the first-line treatment for obesity and is accepted by most scientific societies and dietary guidelines. Changing the macronutrient composition of a diet is the basis of many individualized weight loss strategies to overcome the metabolic compensation and poor adherence associated with calorie-restricted diets. The debate over the superiority of one macronutrient over another in weight loss has long historical roots and is still volatile.

Exercise is an important part of our healthy lives. Exercise improves your physical and mental health. It can also help you lose weight. You'll want to do a mix of cardio and strength training.

The most effective treatment for obesity is surgical removal of the cyst. Surgery for severe obesity is associated with long-term weight loss and reduced overall mortality. One study showed a 14% to 25% weight loss (depending on the type of procedure performed) after 10 years and a 29% reduction in all-cause mortality compared with standard weight loss measures.

The Western world has created clinical practice guidelines in an attempt to address rising rates of obesity, clinical practice guideline are

1. People with a BMI over 30 should be counseled about diet, exercise, and other relevant behavioral interventions, and set realistic weight loss goals.
2. If these goals are not achieved, pharmacotherapy may be instituted. Individuals should be made aware of the potential for side effects and the lack of data on long-term efficacy and safety.
3. Drug treatment may include sibutramine, orlistat, phentermine, diethylpropion, fluoxetine, and bupropion.
4. For more severe cases of obesity, stronger drugs such as amphetamine and methamphetamine may be used on a selective basis.
5. There is insufficient evidence to recommend sertraline, topiramate, or zonisamide. In individuals with a BMI over 40 years of age who are not meeting their weight loss goals (with or without medication) and who develop obesity-related complications, referral for bariatric surgery may be indicated.

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Received: 07-Jan-2022, Manuscript No. JNWL-22-15256; **Editor assigned:** 10-Jan-2022, PreQC No. JNWL-22-15256 (PQ); **Reviewed:** 21-Jan-2022, QC No. JNWL-22-15256; **Revised:** 27-Jan-2022, Manuscript No. JNWL-22-15256(R); **Published:** 03-Feb-2022, DOI: 10.35248/2593-9793.22.7.1000125

Citation: Pigeyre K (2022) Dietary Management of Obesity. J Nutr Weight Loss. 7:125.

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