OPEN ACCESS Freely available online

ISSN: 2161-0509
Journal of Nutritional Disorders & Therapy

Commentary

Effective Methods for Obesity Cure in Children, Adolescent and Adults

Cesar Kenah*

Department of Health Sciences, Towson University, Towson, United States

DESCRIPTION

Obesity is a challenging medical and public health concern. Due to its related medical and psychological disorders exposure to persistent bias and stigma and increased morbidity and mortality, obesity represents a considerable health and social burden. Because of this, obesity has high personal and monetary expenses. The burden of obesity has not been adequately addressed despite rising prevalence rates worldwide. Undoubtedly, one of the biggest public health issues in the world is obesity, which is also a global epidemic. The management of obesity in primary healthcare plays a significant role there is no efficient standard protocol for treating this illness. There are relatively few considerations that compile and evaluate the efficacy of measures for the prevention, management and treatment of obesity in the primary healthcare.

The World Health Organization (WHO) reports that since 1975 the prevalence of obesity has virtually tripled. In high, middle and low-income nations the prevalence of overweight and obesity in children and adolescents has considerably increased over the past several decades. The treatment of obesity in health services is a vital component to address this problem due to its large scale and harmful effects. Due to qualities like universal accessibility, need-based coverage, long-term care and intersectoral approaches, primary health care stands out as a crucial environment for the development of obesity prevention, control and treatment.

Calculation of weight in children, adolescent and adults

BMI is advised as a general assessment of body fat since it is a useful and frequently used method of identifying obesity. Children of 3 years of age and older can have their BMI measured. BMI percentiles are used to categorize overweight and obesity in children in relation to other kids their age and sex. The body fat percentage, body fat distribution and lean muscle mass tend to rise in adult of 65 years of age and older.

Waist measurement: Waist measurements may be useful for identifying people with unusual muscle-to-fat ratios. BMI overestimates body fat in people who are particularly muscular. BMI may underestimate body fat in several racial and ethnic groups. For instance, Asians have much more body fat per level of BMI.

Methods to cure obesity

The Accountability to Affected Populations (AAP) and International Organization for Migration (IOM) pediatric recommendations place a strong emphasis on the four main determinants of childhood obesity risk: physical activity, good eating, screen time and sleep. The AAP's directions also include ways that healthcare professionals and health care institutions can contribute to larger initiatives and acknowledge the significance of social and environmental change in halting the obesity epidemic among children and adolescents. Treatment for overweight people typically focuses on dietary, physical activity, sleep and stress reduction adjustments. The best method for losing weight has been shown to be a mix of exercise and food modifications.

Long-term success is most likely to come from making small, real adjustments that emphasize behavior modification, good food, a shift in lifestyle and physical activity. Since it is well recognized that changing one's diet and level of activity can have significant effects on one's health even in the absence of weight reduction, progress on lifestyle change should be tracked just as closely as weight parameters.

Sleep: Short sleep duration is linked to a higher risk of obesity and uncontrollable weight gain. Age-appropriate sleep duration recommendations and effective sleep techniques for kids and adults are necessary.

Medications: For kids or teenagers, weight loss medications are not advised. Medication-induced weight loss in adult is typically modest to moderate, but it may help stop additional weight gain. If diet and exercise changes do not lead to weight loss of 5% after three months and 10% at six months, medication may be

Correspondence to: Cesar Kenah, Department of Health Sciences, Towson University, Towson, United States, Email: cesar@ken.edu

Received: 02-Aug-2022, Manuscript No. JNDT-22-18003; **Editor assigned:** 05-Aug-2022, PreQC No. JNDT-22-18003 (PQ); **Reviewed:** 19-Aug-2022, QC No JNDT-22-18003; **Revised:** 26-Aug-2022, Manuscript No. JNDT-22-18003 (R); **Published:** 2-Sep-2022 DOI: 10.35248/2161-0509.22.12.198.

Citation: Kenah C (2022) Effective Methods for Obesity Cure in Children, Adolescent and Adults. J Nutr Disorders Ther. 12:198.

considered for people with BMI 30 kg/m^2 or with BMI 27 kg/m^2.

Weight-loss surgery: Bariatric surgery may be an option if other methods have failed to adequately control weight. While traditional treatment for obese individuals may not achieve the same level of weight loss as bariatric surgery does the latter procedure carries a higher risk of complications and necessitates a lifetime of supplementation with certain minerals and vitamins. Diabetes and hypertension are two medical comorbidities associated with obesity that have been shown to be reduced or resolved by bariatric surgery.

People with a BMI greater than 40 kg/m^2 or a BMI less than 35 kg/m^2 who have weight-related health issues may be candidates for bariatric surgery. Most surgeons and insurers want documented compliance with a medically supervised weight loss programed for at least six months before performing bariatric surgery.

Most insurance companies require the supervised weight loss programed to have taken place within the last two years, however others will accept the previous four. Pregnancy, breastfeeding, active substance abuse, end-stage cardiovascular disease, severe or uncontrolled psychiatric problems and anorexia nervosa are absolute contraindications to bariatric surgery. Instable medical problems, end-stage renal illness an active binge eating disorder or bulimia nervosa are examples of relative contraindications.