# Beneficial health effects of modest weight loss.

## Louis Joseph\*

Department of Exercise and Health, Faculty of Human Kinetics, Technical University of Lisbon, Lisbon

#### Introduction

Weight loss is defined as a reduction in total body mass caused by a loss of fluid, body fat (adipose tissue), or lean mass in medicine, health, or physical fitness namely bone mineral deposits, muscle, tendon, and other connective tissue [1]. Weight reduction can occur unintentionally as a result of malnutrition or an underlying disease, or consciously as a result of a purposeful effort to improve an actual or perceived overweight or obese condition. Cachexia is a hazardous medical condition that is characterised by "unexplained" weight loss that is not induced by calorie restriction or activity [2]. The phrase "slimming" refers to weight loss that is done on purpose.

## Weight loss industry

Weight loss solutions that claim to make weight loss easier, faster, cheaper, more reliable, or less unpleasant have a sizable market. Books, DVDs, CDs, cremes, lotions, tablets, rings and earrings, body wraps, body belts, and other materials, fitness centres, clinics, personal trainers, weight reduction groups, and dietary products and supplements are just a few examples [3].

Because of significant attrition rates, the scientific soundness of commercial diets offered by commercial weight management organisations varies greatly. Because they were formerly non-evidence-based, there is very limited data to support their usage. In the long run, commercial diets produce modest weight loss, with similar effects regardless of brand, and are comparable to non-commercial diets and normal care. Comprehensive diet regimens that include counselling and calorie consumption targets are more effective than dieting without direction.

### **Characteristics**

Loss of body fats, loss of body fluids, muscular atrophy, or a combination of these factors might cause unintentional weight loss. When a person loses at least 10% of their body weight in six months or 5% in the last month, it is generally considered a medical condition. The body mass index is another criterion for determining whether a person's weight is too low (BMI). In a frail old individual, however, even minor weight loss can be cause for considerable concern [4].

Unintentional weight loss can occur as a result of a diet that is insufficiently nutritious in comparison to a person's energy requirements generally called malnutrition. Changes in metabolism, hormonal changes, drugs or other therapies, disease- or treatment-related dietary changes, or a disease's diminished appetite are all examples of disease processes.

Continuing to lose weight might lead to wasting, which is a condition known as cachexia. Cachexia is distinguished from famine by the presence of a systemic inflammatory response. It has been linked to lower outcomes. The body's metabolism can shift in advanced stages of progressive disease, causing them to lose weight even when they are eating what is generally considered appropriate diet, and the body cannot compensate. Anorexia cachexia syndrome (ACS) develops as a result, and additional nutrition or supplements is unlikely to assist. Severe weight loss from muscle rather than body fat, loss of appetite and feeling full after eating modest amounts, nausea, anaemia, weakness, and exhaustion are all symptoms of ACS.

Serious weight loss can have a negative impact on one's quality of life, treatment effectiveness, and recovery, immune response, wound healing, muscle strength (including respiratory muscles), renal capacity and depletion leading to water and electrolyte disturbances [5].

### References

- 1. Jakicic JM, K Clark, E Coleman, et al. Appropriate intervention strategies for weight loss and prevention of weight regain for adults. Med Sci Sports Exerc. 2001;33(12):2145-56.
- 2. Franz MJ, VanWormer JJ, Crain AL, et al. Weight-loss outcomes: a systematic review and meta-analysis of weight-loss clinical trials with a minimum 1-year follow-up. J Am Diet Assoc. 2007;107(10):1755-67.
- 3. Dewys WD, Begg C, Lavin PT, et al. Prognostic effect of weight loss prior tochemotherapy in cancer patients. Am J Med. 1980;69(4):491-7.
- 4. Elfhag K, Rössner S. Who succeeds in maintaining weight loss? A conceptual review of factors associated with weight loss maintenance and weight regain. Obes Rev. 2005;6(1):67-85.
- 5. MG Perri, AM Nezu, ET Patti, et al. Effect of length of treatment on weight loss. J Consult Clin Psych. 1989;57(3):450-52.

<sup>\*</sup>Correspondence to: Louis Joseph, Department of Exercise and Health, Faculty of Human Kinetics, Technical University of Lisbon, Lisbon, Portugal, E-mail: joseph @fmh.utl.pt Received: 25-Feb-2022, Manuscript No. AAJNHH-22-111; Editor assigned: 28-Feb-2022, Pre QC No. AAJNHH-22-111(PQ); Reviewed: 14-Mar-2022, QC No. AAJNHH-22-111; Revised: 17-Mar-2022, Manuscript No. AAJNHH-22-111(R); Published: 24-Mar-2022, DOI: 10.35841/aajnhh-6.3.111