Detection of obesity, risk factors associated with obesity on coronary heart disease.

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Abstract

Obesity is a primary health problem caused by an increasingly sedentary lifestyle and increased food consumption. Obesity is associated not only with metabolic disorders, but also with behavioral changes such as sleep disturbances, mood disturbances, and disturbed sexual behaviour. Obesity is also considered a neurobiological disease as it is also associated with neuronal damage in the human cerebellum and hippocampus. Therefore, anti-obesity drugs are justified to produce some of their action at the CNS centers that regulate body weight. Obesity is associated with many concurrent risk factors for Coronary Artery Disease (CAD) and CHD mortality.

Introduction

Obesity is defined as excess body fat, and Body Mass Index (BMI) is the most commonly used diagnostic tool for its classification. BMI has gained popularity due to its simplicity and relevance to cardiovascular events. However, some studies have shown that many people with excess body fat are not necessarily obese because BMI does not distinguish between fat and lean mass [1].

Various pre-existing obesity-related comorbidities, such as: Vitamin D deficiency, carbohydrate metabolism disorders, dyslipidemia, arterial hypertension and non-alcoholic steatohepatitis to analyse the prevalence of comorbidities and determine the predictors that influence these comorbidities. Early diagnosis and intervention of congenital heart disease before symptoms appear prevents permanent structural damage and improves quality and lifespan. The increasing incidence of obesity is a major global problem. Although several factors contribute to this disease, taste plays an important role in the development of eating habits. Bitter taste is associated with overeating and obesity [2].

Obstructive pulmonary diseases such as asthma and Chronic Obstructive Pulmonary Disease (COPD) are common worldwide and require significant treatment resources. Corresponding symptoms such as shortness of breath and shortness of breath and functional limitations also occur in obese people with healthy lungs and may act as exacerbating factors in obese patients with asthma [3]. Coronary heart disease is the most common heart disease and can lead to heart attacks, and the cause of the disease is largely related to lifestyle and diet. We demonstrate a clear familial trend in the frequency of coronary heart disease. However, little is known about the genetic factors of coronary artery disease. Although genome-wide association studies and gene-knockout experiments have discovered several genes associated with coronary artery disease, there are still many genes that may be associated with coronary artery disease that have yet to be discovered [4].

Obesity and related insulin resistance are associated with a constellation of coronary risk factors that predispose to the progression of CHD. Obesity is a major public health problem associated with increased risk of cardiovascular risk factors. More education and awareness campaigns are needed about the use of drugs for secondary prevention of CHD. A change in approach is needed to increase the delivery of obesity prevention and management services. Rather than focusing on treating sick and ill children, we need to focus on health promotion and spend more time on counselling and prevention. In layers, it is a better approach than treating the disease and its attendant symptoms [5].

Conclusion

Obesity is recognized as a heterogeneous condition in which individuals with similar BMI may have different metabolic and cardiovascular risk profiles. Thus, susceptibility to obesity-related cardiovascular complications is not mediated solely by total body fat mass, but is largely dependent on individual differences in regional body fat distribution, which adversely affects cardiac structure and function. Given the increasing prevalence of obesity in populations with long life expectancy, we aim to assess mechanisms underlying obesity-related cardiac dysfunction and manage patients with obesity

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and cardiovascular disease through future studies. should be improved. Moreover, the proportion of young patients with severe obesity has increased dramatically, thus requiring more upstream primary prevention interventions and better management of obesity as a chronic disease.

References

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