



# Assessment of Weight Status and Possible Implications to Reduce Childhood Obesity

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## DESCRIPTION

Inappropriate eating habits established in childhood can persist into adulthood, increasing the risk of developing obesity and obesity-related complications such as type-2 diabetes. Habit changes have been shown to improve health and reduce disease risk later in life. Various studies have shown that demographic characteristics such as gender, age, socioeconomic status, and country parents' eating habits have been found to have a significant impact on their children's eating habits. However, the exact mechanism is still unclear. Therefore, this review aimed to examine parent and child nutritional behavior and to provide evidence on the potential impact of parental nutritional behavior and practices on the dietary habits of specific children. It has been found to be most effective for modeling children's eating habits because it represents the key moments of control and interaction between the child and the child. The parental practices that most influenced children were exemplary moderate restraint, and that increasing parental encouragement and reducing undue pressure can positively influence children's eating behavior. This narrative review highlights that parental eating behaviors of children should receive more attention in research studies as a modifiable risk factor.

The most characteristic symptom of this disease is heartburn at least once a week. The disease has variable prevalence and can affect anywhere from a few percent to more than 30% of the adult population, depending on the region of the world. The disease is estimated to affect up to 35.5% of adults reporting abdominal discomfort in Poland. Left untreated, this disease can lead to serious complications such as precancerous lesions and esophageal adenocarcinoma. Although drug therapy is considered the first-line treatment for patients with GERD, lifestyle changes, including dietary changes, are important factors in supporting disease management. These include non-modifiable factors such as age,

gender and genetic factors, as well as modifiable factors such as: Lifestyle, diet, and excess weight. This review focuses on lifestyle and diet-related risk factors for his GERD, including both dietary components and dietary behaviors. Lifestyle risk factors that may contribute to GERD symptoms include excess weight, especially obesity, moderate/heavy alcohol consumption, smoking, post-prandial and strenuous physical activity, and lack of regular physical activity. It is included. Many studies have found that fatty, fried, sour and spicy foods/produce, orange and grapefruit juice, tomatoes and canned tomatoes, chocolate, coffee/tea, carbonated drinks, and alcohol trigger reflux esophagitis symptoms. Eating habits such as irregular eating patterns, large meals, and eating right before bedtime may be correlated with symptoms of GERD. The role of dietary habits is poorly understood and the results of available studies are often contradictory. Identifying modifiable risk factors for this disease and its symptoms is critical for effective dietary prevention and treatment of GERD. The true prevalence of metabolic syndrome (METS) and why it is higher in schizophrenic patients compared to the general population is not yet fully understood. Although thought to be the main cause, there is currently limited evidence for differences in dietary patterns between schizophrenics with and without METS. The aim of this study was to determine the prevalence of METS in hospitalized patients with schizophrenia and to assess differences in sociodemographic, clinical, and lifestyle characteristics between participants with and without METS, specifically focusing on their dietary habits, and identifying dietary and METS components.

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## CONFLICT OF INTEREST

None.

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