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Obesity Severity and Medical Comorbidities for Children

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Introduction

Childhood obesity has become a global pandemic in developed countries, causing several diseases that increase morbidity and premature death. The causes of childhood and adolescent obesity are complex and multifaceted, making it challenging for researchers and clinicians to prevent and treat this problem. This article reviews the latest technologies to understand the etiology of childhood obesity, preventive interventions and treatment options for overweight and obesity, and the medical complications and concomitant psychological conditions of excess obesity, such as hypertension and nonalcoholic fatty liver disease and depression. Interventions across developmental periods, varying risk levels and service contexts (eg., community, school, home, health care system) are considered. Future research directions with a focus on translational issues are proposed to expand evidence-based interventions in ways that reduce the public health burden of the childhood obesity pandemic [1].

Prevention and treatment of childhood obesity remains a top public health priority and requires a comprehensive approach to chronic disease management. Efforts to prevent obesity should focus on changing healthy lifestyles in families. The US Preventive Services Task Force recommends that children 6 years of age and older be screened for obesity and referred to moderate to high intensity complex behavioral interventions when clinically necessary. Childhood obesity and related diseases affect most medical specialties. A shared understanding of prevention strategies, lifestyle recommendations, comorbidity screening recommendations, and treatment steps will allow for more comprehensive and collaborative treatment [2].

Childhood obesity remains a major global health problem, affecting approximately 17% of children and adolescents in the United States, and threatens health and longevity as adults. Childhood obesity is based on a genetic predisposition to be influenced by a permissive environment that begins in the womb and continues through childhood and adolescence. The endocrine etiology of obesity is rare and usually accompanied by growth retardation. Comorbidities in children are common and often lead to long-term health complications. Obesity comorbidity screening should be applied hierarchically and logically for early detection before more serious complications occur. Genetic testing for rare syndromes is only indicated if you have certain past or physical characteristics [3].

The psychological burden of childhood obesity requires screening and counseling for mental health problems for individuals and families. Because lifestyle changes after the onset of obesity are difficult to achieve effective and long-term results, prevention of childhood obesity through promotion of a healthy diet, activity and environment should be the primary goal. Although some behavioral and pharmacological studies have reported modest success, more studies are needed to identify effective and effective methods for preventing and treating childhood obesity [3].

The use of weight loss drugs in children and adolescents should be limited to clinical trials. Although a growing body of evidence shows the efficacy of bariatric surgery in the most severely affected adult adolescents who have failed lifestyle changes, the use of surgery requires an experienced team with resources for long-term follow-up. Adolescents undergoing lifestyle therapy, drug therapy, or bariatric surgery for obesity require a coordinated plan to effectively transition to adult treatment with ongoing monitoring, support, and intervention as needed. Obesity conversion programs are an untapped area that requires further study of their effectiveness. Although research on childhood obesity has increased significantly since these guidelines were first published eight years ago, further research into genetic and biological factors that increase the risk of weight gain and influence response to therapeutic interventions required. More research is needed to better understand the genetic and biological factors that make obese people less likely to develop or have comorbidity than another. It should also be a priority to continue exploring the most effective ways to prevent and treat obesity and how to change environmental and economic factors that will lead to a global cultural shift in nutrition and activity. Particular

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attention is paid to identifying ways to maintain healthy changes in body mass index, as well as ways to influence systemic changes in the food environment and overall circadian mobility [3].

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