Obesity and quality of life

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Obesity is a major public health concern, and its prevalence is currently on the rise not only in low-income and middle-income countries but also in high-income countries. Based on fact sheet that Updated January 2015 by WHO:

- The worldwide prevalence of obesity more than doubled between 1980 and 2014.
- In 2014, more than 1.9 billion adults, 18 years and older, were overweight. Of these over 600 million were obese.
- 39% of adults aged 18 years and over were overweight in 2014, and 13% were obese.
- Most of the world's population lives in countries where overweight and obesity kills more people than underweight.
- 42 million children under the age of 5 were overweight or obese in 2013.
- Obesity is preventable.

Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health. Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m^2).

The WHO definition is:

- a BMI greater than or equal to 25 is overweight
- a BMI greater than or equal to 30 is obesity.

BMI provides the most useful population-level measure of overweight and obesity as it is the same for both sexes and for all ages of adults. However, it should be considered a rough guide because it may not correspond to the same degree of fatness in different individuals.

Overall obesity as measured by BMI is a well established risk factor for cardiovascular diseases (mainly heart disease and stroke), which were the leading cause of death in 2012; diabetes; musculoskeletal disorders (especially osteoarthritis - a highly disabling degenerative disease of the joints); some cancers (endometrial, breast, and colon). Furthermore, overall obesity is linked to impaired health-related quality of life (HRQOL).

Over time, the field of medicine has recognized the relevance of psychosocial factors in the cause and treatment of disease, emphasizing the importance of both ‘the patient’s perception and the psyche as an overt

contributor to physiological outcome'. In its 1946 Constitution, the World Health Organization defined 'health' as 'a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.' This definition was a departure from the old notion of health in terms of death and disease only. Ware, developer of the most widely used health-related quality of life instrument (SF-36), emphasized that health has *dimensionality*– physical health, mental health, everyday functioning in social and in role activities, and general perceptions of well-being – and can *range* from the negative states of disease to more positive states of well-being. The terms 'quality of life', and more specifically, 'health-related quality of life,' (HRQOL) is used to refer to the 'physical, psychological, and social domains of health, seen as distinct areas that are influenced by a person's experiences, beliefs, expectations, and perceptions'. HRQOL reflects an individual's subjective evaluation and reaction to health or illness.

In the past decade, QOL has gained increasing interest as an outcome measure in clinical medicine and public health. QOL is based on two fundamental premises. First, it is a multidimensional construct incorporating physical, psychological, social, and emotional functional domains. Second, it is subjective and is reported according to a person's own experiences. Several studies have demonstrated that obese people have a lower QOL, especially regarding the physical aspects of daily life, compared with their normal-weight counterparts. The effect of obesity on quality of life is very wide. Investigation are shown the relationship between obesity and impaired quality of life and stressed that obesity may increased the disorder in many aspects of life such as physical functioning, general distrees, sexual function, reliability and self esteem. Several studies have reported that individuals who were overweight and obese showed significantly lower levels of HRQOL than those with normal weight in the general population.

The impact of obesity may vary by gender and age. Significantly a higher number of women considered they as overweight as did men, and also reported experiencing discomfort due to excessive weight, than did men. This implies that gender may be one of the significant factors that could modify an association of obesity with HRQOL. However, it has rarely been considered in the epidemiological literature on the study of obesity and HRQOL in the general population. However, such a gender difference may differ by population groups with diverse sociocultural contexts. Although fatness was valued traditionally for being associated with prosperity and good health