

## کنگره بینالمللی چاقی مادر و کودک ۲۶–۲۴ اردیبهشت ماه ۱۳۹۴ ارومیه – ایران



## **Education and Control in Gastroenterology Diseases of Obese Women**

Author: Dr.Davod Sharifi
Professor of Adults Gastroenterology
Address:Mashhad University of Medical Sciences
drsharifi2000@yahoo.com

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BMI is the most commonly used indicator of weight:

The usual categories are;

BMI 18.5 to 25 is normal weight range

BMI > 25 is overweight

BMI > 30 is obese

BMI > 35 is severe obesity

BMI > 40 is morbid obesity

BMI > 50 is extreme morbid obesity

One and a half billion adults worldwide are overweight, and half a billion are obese

Australia now has one of the highest rates of overweight and obesity in the world

One in four Australian women are obese

Without proper treatment, obesity can lead to other serious health problems such as: osteoarthritis, heart disease, stroke, diabetes, sleep apnea, GERD, severe esophagitis and Fatty Liver.

The current epidemics of obesity and gastroesophageal reflux disease (GERD)-related disorders have generated much interest in studying the association between them. Results of multiple studies indicate that obesity satisfies several criteria for a causal association with GERD and some of its complications, including a generally consistent association with GERD symptoms, erosive esophagitis, and esophageal adenocarcinoma. An increase in GERD symptoms has been shown to occur in individuals who gain weight but continue to have a body mass index (BMI) in the normal range.

Data are less clear on the relationship between Barrett's esophagus (BE) and obesity. However, when considered separately, abdominal obesity seems to explain a considerable part of the association with GERD, including BE. Overall, epidemiological data show that maintaining a normal BMI may reduce the likelihood of developing GERD and its potential complications.

Excessive body weight is a significant independent risk factor for hiatal hernia and is significantly associated with esophagitis, largely through an increased incidence of hiatal hernia. Whites are more likely to have the combination of esophagitis and hiatal hernia than are blacks.





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Some fat in the liver is normal. But if fat makes up more than 5%-10% of the weight of the liver, may cause alcoholic or nonalcoholic liver disease. In some cases, these diseases can lead to serious complications.

Alcoholic Liver Disease (ALD(

More than 15 million people in the U.S. abuse or overuse alcohol. Almost all of them -- 90%-100% -- develop fatty livers.

Fatty liver can occur after drinking moderate or large amounts of alcohol. It can even occur after a short period of heavy drinking (acute alcoholic liver disease.(

Genetics or heredity plays a role in alcoholic liver disease in two ways: It may influence how much alcohol is consuming and the likelihood of developing alcoholism. And, it may also affect levels of liver enzymes involved in the breakdown (metabolism) of alcohol.

Other factors may influence the chances of developing alcoholic liver. In some cases these diseases can lead to serious complications such as:

Hepatitis C (which can lead to liver inflammation(

An overload of iron

## Obesity

Nonalcoholic fatty liver disease (NAFLD(

Nonalcoholic fatty liver disease is now the most common cause of chronic liver disease in the U.S. Some people with excess fat in the liver simply have what's called a fatty liver. Although this is not normal, it is not serious if it doesn't lead to inflammation or damage.

Others have what's called nonalcoholic steatohepatisis (NASH). Although it is similar to alcoholic liver disease, people with this type of fatty liver disease drink little or no alcohol. NASH can lead to permanent liver damage. The liver may enlarge and, over time, liver cells may be replaced by scar tissue. This is called cirrhosis. The liver can't work right and may develop liver failure, liver cancer, and liver-related death. NASH is one of the leading causes of cirrhosis.

Both types of NAFLD are becoming more common. Up to 20% of adults may have either fatty liver or NASH. And more than 6 million children have one of these conditions, which are most common in Asian and Hispanic children. Recent evidence indicates that NAFLD increases the risk of heart disease in children who are overweight or obese.

- There are four types of fatty liver:
- Nonalcoholic Fatty Liver
- Alcoholic Fatty Liver
- Nonalcoholic Steatohepatitis (NASH)
- · Acute Fatty Liver of Ppregnancy.