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Editorial Note on Aetiology of Childhood Obesity

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Editorial Note on Aetiology

It is now fully recognized that it is far too simplistic to believe that interventions such as smaller portions sizes, lowenergy-density foods and more physical activity are sufficient to prevent obesity. Recent research has revealed many putative aetiological factors such as impaired sleep, mental stress, television viewing, and dietary factors such as energy from sugar in soft drinks and insufficient intake of certain nutrients such as protein or calcium. Micronutrient deficiencies have been observed in obese individuals in many parts of the world, and it is obvious that these may influence several physiological body functions, impair the immune system and increase the risk of comorbidities. Whether they may also promote a positive energy balance and contribute to maintenance of the obese state is less well understood. There are clear associations between micronutrient deficiencies and obesity in various populations, and there is evidence to suggest that such deficiencies can affect leptin and insulin metabolism. However, there are multiple pathways by which a micronutrient deficiency could impair appetite regulation and energy metabolism, and these areas are poorly investigated in relation to human energy balance and obesity. Micronutrient deficiency in obesity may not be due to only inadequate intakes, but also

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due to changed metabolism and excretion. The complexity of the question is increased by the uncertainty as to how to assess and define the optimal status of vitamins, minerals and trace elements in obese individuals. However, at meiosis (the specialized nuclear divisions that happen during the assembly of gametes i.e., eggs and sperm), faulty pairing of an inverted or translocated chromosome set with a traditional set may result in gametes and hence progeny with duplications and deletions.