

Editorial note on Childhood and Adolescent Obesity

Kansra PN

Division of Endocrinology, university of diabetes and Metabolism India

Corresponding author:

Kansra PN
✉ kansra_PN@med.com

Division of Endocrinology, university of Diabetes and Metabolism India

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Abstract

Obesity is a mind boggling condition that joins organic, formative, natural, social, and hereditary variables; it is a critical general medical issue. The most well-known reason for corpulence all through youth and immaturity is an imbalance in energy balance; that is, overabundance caloric admission without suitable caloric use. Adiposity bounce back (AR) in youth is a danger factor for heftiness in pre-adulthood and adulthood. The expanding commonness of youth and juvenile heftiness is related with an ascent in comorbidities recently recognized in the grown-up populace, for example, Type 2 Diabetes Mellitus, Hypertension, Non-alcoholic Fatty Liver sickness (NAFLD), Obstructive Sleep Apnea (OSA), and Dyslipidemia. Because of the absence of a solitary treatment choice to address

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Obesity is a complex issue that affects children across all age groups. One-third of children and adolescents in the United States are classified as either overweight or obese. There is no single element causing this epidemic, but obesity is due to complex interactions between biological, developmental, behavioral, genetic, and environmental factors. The role of epigenetics and the gut microbiome, as well as intrauterine and intergenerational effects, have recently emerged as contributing factors to the obesity epidemic. Other factors including small for gestational age (SGA) status at birth, formula rather than breast feeding in infancy, and early introduction of protein in infant's dietary intake have been reportedly associated with weight gain that can persist later in life. The rising prevalence of childhood obesity poses a significant public health challenge by increasing

the burden of chronic non-communicable diseases. Obesity increases the risk of developing early puberty in children, menstrual irregularities in adolescent girls, sleep disorders such as obstructive sleep apnea (OSA), cardiovascular risk factors that include Prediabetes, Type 2 Diabetes, High Cholesterol levels, Hypertension, NAFLD, and Metabolic syndrome. Additionally, obese children and adolescents can suffer from psychological issues such as depression, anxiety, poor self-esteem, body image and peer relationships, and eating disorder. So far, interventions for overweight/obesity prevention have mainly focused on behavioral changes in an individual such as increasing daily physical exercise or improving quality of diet with restricting excess calorie intake. However, these efforts have had limited results. In addition to behavioral and