

Editorial note on Obesity and Cardiometabolic risk in Children

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Editorial Note

Overweight and obesity in young people are assessed by comparing body mass index (BMI) with a reference population. However, two widely used reference standards, the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) growth curves, have different definitions of overweight and obesity, thus affecting estimates of prevalence. We compared the associations between overweight and obesity as defined by each of these curves and the presence of cardiometabolic risk factors. instability.

Clear and transparent communication with children, young people and their families is needed regarding uncertainties about ongoing care and, where applicable, the reorganization of services. Although the pathogenesis of the metabolic syndrome has not been fully understood, the connection between obesity, insulin resistance, and inflammation are key to

We collected fasting venous blood samples between 8 am and 10 am, which we placed on ice until analysis. We centrifuged the samples within 45 minutes of collection, transported them on dry ice and stored them at -80°C . We analyzed the samples for total cholesterol, high-density lipoprotein (HDL) cholesterol, triglyceride and glucose levels. All analyses were done at the Department of Clinical Biochemistry at Sainte-Justine using the standardized guidelines of the International context.

We measured the weight and height of each participant twice using a calibrated spring scale (weight) and standard measuring tape (height). Participants wore light, indoor clothing and no shoes while their measurements were taken. If we saw a difference in weight of 0.2 kg or more, or a difference in height of 0.5 cm or more, a third measurement was taken. We used the average of the two closest measurements for our analysis variants in the development

The WHO growth curves are recommended for monitoring growth in 5- to 19-year-old children because they use older data that precede the obesity epidemic, and they allow a smooth transition from the WHO growth curves recommended for monitoring growth in children aged 0–5 years activity.