

Epidemiology of Obesity and its Relationship with Risk Factors Cardiovascular Diseases in Tunisians

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Abstract

Obesity is a major public health problem. It represents a real springboard to metabolic and cardiovascular complications that can be life-threatening.

The study of obesity and other cardiovascular risk factors is of great interest in our developing countries. Indeed, all analyses of trends in recent years show a worrying increase in the number of obese or overweight people in the world.

Keywords: schizophrenia; electron microscopy; virus; mitochondria; brain; foetus

Introduction

Obesity is a major public health problem. It represents a real springboard to metabolic and cardiovascular complications that can be life-threatening.

The study of obesity and other cardiovascular risk factors is of great interest in our developing countries. Indeed, all analyses of trends in recent years show a worrying increase in the number of obese or overweight people in the world.

Objective:

The aim of this work was to study the causes of this phenomenon and its impact on cardiovascular diseases while looking at the best ways to intervene in order to be as effective as possible.

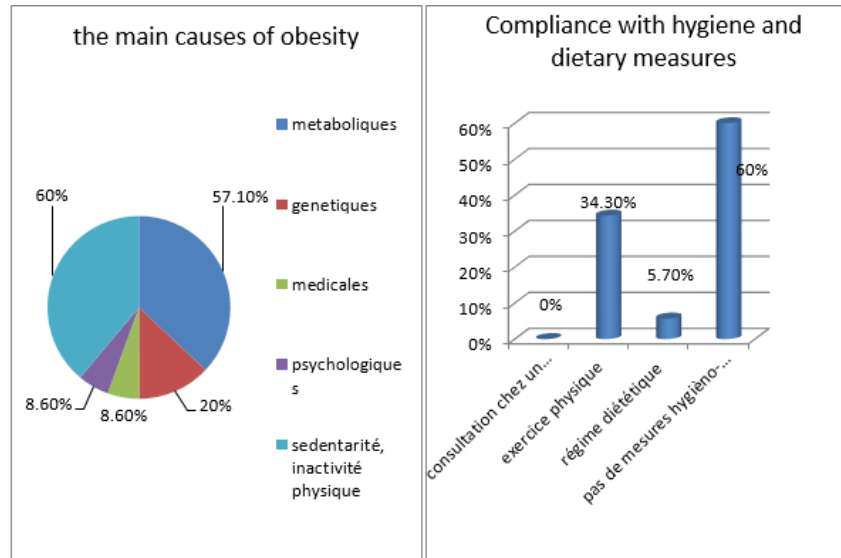
Patients and methods:

This work is a retrospective bicentric study grouping together 35 overweight patients, hospitalized in the cardiology department Mohamed Taher Maamouri-nabeul and the cardiology department Abderrahmen Mami -

Ariana, during the month of March 2021. The average age was 61.63 years (39–80 years); the average BMI is 30.75 kg/m². 34.3% of patients were overweight (BMI between 25 and 29.9) and 65.7% were obese (BMI > 30 kg/m²) of which 5.7% were in the so-called severe obesity class (BMI between 35 and 40 kg/m²).

Results and statistical analysis:

Obesity was more common in men (62.9%) than in women (37.1%). Sedentary lifestyle (61.8%) and metabolic origin (57.1%) were the main contributing factors. 60% of patients did not comply with hygiene and dietary measures, none of them consulted a nutritionist, 34.3% did physical exercise, all male and only 5.7% followed a diet. The main comorbidities found were: arterial hypertension (57.1%), higher blood pressure figures were observed in patients with a BMI>30 kg/m², dyslipidemia (48.6%), diabetes (42.9%), 52.9% of diabetics were on insulin, the disturbance of the lipid profile, blood sugar and HbA1c was more marked in patients with a BMI>30 kg/m², tobacco (34.3%), SAS (22.9%), myocardial ischemia (77.14%), heart failure (37.14%) and stroke (3.7%).



IMC (Kg/m ²)	25-29.9	> 30
Cholestérol total(g/l)	1.95	2.81
LDL cholestérol(g/l)	1.53	1.95
HDL cholestérol(g/l)	0.46	0.45
Triglycérides(g/l)	1.42	1.56
glycémie(g/l)	1.38	1.41
HbA1c(%)	6.75	7.53

Mean values of the biological assessment of overweight subjects according to BMI (n = 35)

HTA grade according to BMI

Truncal status of weighted overload coronary arteries according to BMI

Conclusion

This obesity "epidemic" represents a major challenge for our healthcare system in which doctors are much better trained to treat than to prevent

cardiovascular diseases. Immediate and rapid preventive measures must be put into play to combat this risk factor.

Determination of different cardiovascular risk factors as well as risk stratification are mandatory in the management of obesity.



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