

The Hazards of Abdominal Obesity

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Abstract:

Abdominal obesity with a big belly is one of the worse type of morbid obesity that is associated with different health failure outcomes. Central obesity leads to an increased risk of health complications such as metabolic syndrome, hypertension, insulin resistance, type 2 diabetes, heart disease and various cancers. Abdominal obesity also can specifically cause to spinal nerve pain and backache. Depression and disability are other subsequent hazards of central fatness. More importantly ,excessive central body fat ultimately contributes in all-causes of early mortality. In regards to this, individuals with abdominal obesity is urgently needed to reduce central obesity using behavior modifications. Changes in diet and performing some exercise in everyday living are essential steps.

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Introduction

Abdominal or central obesity are characterized with excessive body fat in waist circumference [1]. The prevalence of visceral fat that accumulates around abdominal organs is increasing worldwide [2,3]. Visceral fat cells have an crucial impact on overall health and well-being.

Gene-based association studies suggest a strong correlation between genes and abdominal fat [4]. Heredity and genetic variants and hormones abnormalities can affect abdominal fat [5].

Inappropriate diets such as high-calorie foods are other main influential risk factors for increasing abdominal obesity. High-sugar foods such as sweets, cakes, biscuits, pizza and chips can dramatically enhance intra-abdominal fat cells[6]. Cigarette smoking habits and alcohol intakes also seem to increase central adiposity with an adverse health consequences [7].

Moreover, sedentary life - style such as sitting for long hours (i.e. low physical job demand) develops the abdominal adipose that intensifies central obesity over time. Sedentary individuals burn fewer calories than active individuals per day in terms of daily energy expenditure which leads to the belly fat accumulation in long-terms. Overall central body fat owing to prolong inactive life-style pattern can cause sitting diseases [8].

In accordance to this, abdominal adiposity alters normal lipid metabolism at which reduces the low-density-lipoprotein (LDL) cholesterol (or good cholesterol) levels and raises the high-density lipoprotein (HDL) cholesterol (or bad cholesterol) levels in body. Abdominal obesity also increases blood sugar, triglycerides that is assumed to be the predominant risk factors for metabolic syndrome[9]. Indeed , visceral adiposity is closely linked to the insulin resistance, which can lead to the glucose intolerance and type 2 diabetes in obese individuals[10,11]. Excessive central body fat has an important role in coronary artery disease such as hypertension (high-blood pressure) and atherosclerosis[12,13]. Furthermore, central body fatness is a strong predictors for different cancers incidence among obese and overweight populations[14]. With regards to this,

growing evidence shows that prenominal abdominal obesity is associated with an increased risk of lifetime disability and greater reduction in life expectancy in part for male individuals[15,16].

Therefore, the prevention and treatment of abdominal obesity is urgently required. The key health strategies for preventing and managing the abdominal obesity are minimizing over-eating and increasing physical activity levels in daily life[17]. In regards to this, behavioural consultation to promote a healthy diet and physical activity account for very useful therapeutic strategy to reduce the abdominal obesity for individual with central obesity.

Conclusion

Abdominal obesity (or abdominal adiposity) is increasing worldwide . Visceral fat cells affect the overall health and well-being and is associated with all-causes of morbidity. Genetic , unhealthy diets and an inactive lifestyle are main risk factors of central obesity. In regards to this, behavior modifications such as increasing the physical activity levels and controlling the food intakes using an appropriate healthy diet can be very good approach to prevent and to reduce the visceral obesity over time.

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