Obesidade

"abordagem comportamental"

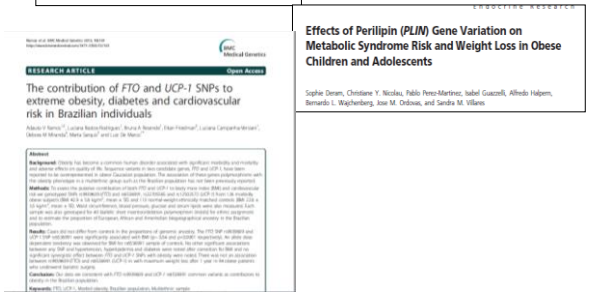
Marle Alvarenga, PhD
Pós doutor – Depto Nutrição – FSP/USP
Coordenador Genta
Idealizador Nutrição Comportamental

Obesidade
- causas -


Genetic variants influencing effectiveness of weight loss strategies

Variantes genéticos influenciando a efetividade das estratégias de perda de peso

Sophie Deram[1], Sandra M. F. Vilares[1,2]


RESEARCH ARTICLE Open Access

The contribution of *FTO* and *UCP-1* SNPs to extreme obesity, diabetes and cardiovascular risk in Brazilian individuals

ENDOCRINE RESEARCH

Effects of Perilipin (*PLIN*) Gene Variation on Metabolic Syndrome Risk and Weight Loss in Obese Children and Adolescents

Sophie Deram, Christiane Y. Nicolau, Pablo Perez-Martinez, Isabel Guazzelli, Alfredo Halpern, Bernardo L. Wajchenberg, Jose M. Ordovas, and Sandra M. Villares


The New England Journal of Medicine

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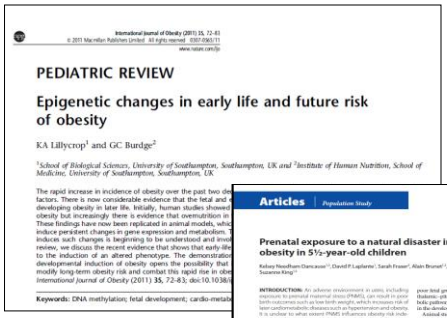
Volume 295 AUGUST 12, 1976 Number 7

OBESITY IN YOUNG MEN AFTER FAMINE EXPOSURE IN UTERO AND EARLY INFANCY

GIAN-PAOLO RAVELLI, M.D., M.S., ZENA A. STEIN, M.A., M.B., B.CH., AND MERVYN W. SUSSER, M.B., B.CH., F.R.C.P.

Abstract In a historical cohort study of 300,000 19-year-old men exposed to the Dutch famine of 1944-45 and examined at military induction, we tested the hypothesis that prenatal and early postnatal nutrition determines subsequent obesity. Outcomes were opposite depending on the time of exposure. During the last trimester of pregnancy and the first months of life, exposure produced significantly lower obesity rates ($P<0.005$). This result is consistent with the inference that nutritional deprivation affected a critical period of development for adipose-tissue cellularity. During the first half of pregnancy, however, exposure resulted in significantly higher obesity rates ($P<0.0005$). This observation is consistent with the inference that nutritional deprivation affected the differentiation of hypothalamic centers regulating food intake and growth, and that subsequent increased food availability produced an accumulation of excess fat in an organism growing to its predetermined maximum size. (N Engl J Med 295:349-353, 1976)

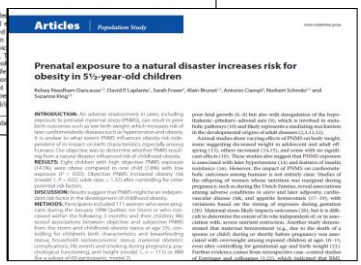


PEDIATRIC REVIEW

Epigenetic changes in early life and future risk of obesity

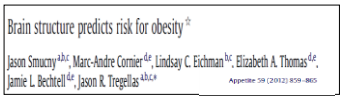
KA Lillycrop[1] and GC Burdge[2]

[1]School of Biological Sciences, University of Southampton, Southampton, UK and [2]Institute of Human Nutrition, School of Medicine, University of Southampton, Southampton, UK



Articles | Population Study

Prenatal exposure to a natural disaster increases risk for obesity in 5½-year-old children



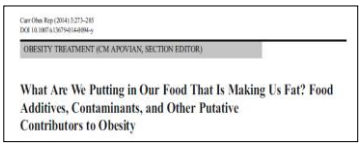
Brain structure predicts risk for obesity ☆

Jason Smucny[a,b,c], Marc-Andre Cornier[d,e], Lindsay C. Eichman[b,c], Elizabeth A. Thomas[d,e], Jamie L. Bechtell[d,e], Jason R. Tregellas[a,b,c,*]

Appetite 59 (2012) 859–865

The gut microbiota and obesity: from correlation to causality

Zhao, Liping. Nature Reviews. Microbiology; London 11.9 (Sep 2013): 639-47



Curr Obes Rep (2014) 3:273–285

DOI 10.1007/s13679-014-0094-y

OBESITY TREATMENT (CM APOVIAN, SECTION EDITOR)

What Are We Putting in Our Food That Is Making Us Fat? Food Additives, Contaminants, and Other Putative Contributors to Obesity

0021-972X/88/6601-0091

Journal of Clinical Endocrinology and Metabolism

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Vol. 66, No. 1

Printed in U.S.A.

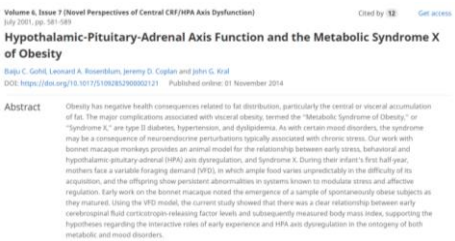
Stress-Related Cortisol Secretion in Men: Relationships with Abdominal Obesity and Endocrine, Metabolic and Hemodynamic Abnormalities*

ROLAND ROSMOND, MARY F. DALLMAN, AND PER BJÖRNTORP

Department of Heart and Lung Diseases, Sahlgrenska University Hospital (R.R., P.B.), S-413 45 Göteborg, Sweden; and the Department of Physiology, University of California (M.F.D.), San Francisco, California 94143

Modelo obesidade Psicossomática (Bjorntorp): Estresse ambiental – hiperativação eixo hipotálamo-hipófise-adrenal (HHA) – deposição gordura visceral → síndrome metabólica

Obesidade central se associa com hiperatividade crônica do eixo HHA



Volume 6, Issue 7 (Novel Perspectives of Central CRF/HPA Axis Dysfunction) Cited by 12 Get access

July 2001, pp. 581-589

Hypothalamic-Pituitary-Adrenal Axis Function and the Metabolic Syndrome X of Obesity

Baiju C. Gohil, Leonard A. Rosenblum, Jeremy D. Coplan and John G. Kral

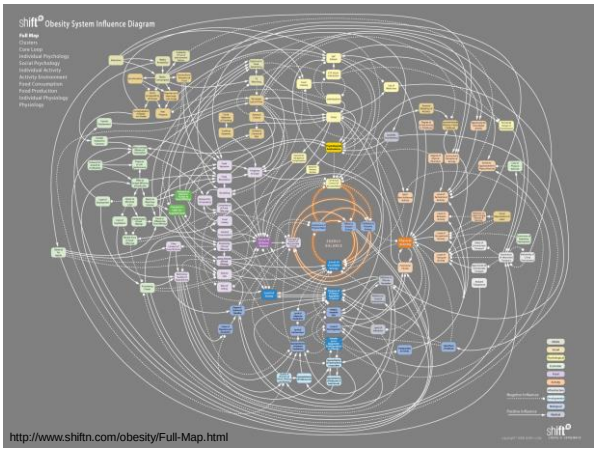
DOI: https://doi.org/10.1017/S1092852900002121 Published online: 01 November 2014

Abstract

Obesity has negative health consequences related to fat distribution, particularly the central or visceral accumulation of fat. The major complications associated with visceral obesity, termed the "Metabolic Syndrome of Obesity," or "Syndrome X," are type II diabetes, hypertension, and dyslipidemia. As with certain mood disorders, the syndrome may be a consequence of neuroendocrine perturbations typically associated with chronic stress. Our work with bonnet macaque monkeys provides an animal model for the relationship between early stress, behavioral and hypothalamic-pituitary-adrenal (HPA) axis dysregulation, and Syndrome X. During their infant's first half-year, mothers face a variable foraging demand (VFD), in which ample food varies unpredictably in the difficulty of its acquisition, and the offspring show persistent abnormalities in systems known to modulate stress and affective regulation. Early work on the bonnet macaque noted the emergence of a sample of spontaneously obese subjects as they matured. Using the VFD model, the current study showed that there was a clear relationship between early cerebrospinal fluid corticotropin-releasing factor levels and subsequently measured body mass index, supporting the hypotheses regarding the interactive roles of early experience and HPA axis dysregulation in the ontogeny of both metabolic and mood disorders.

Modelo animal para síndrome metabólica à partir de estresse (causado por restrição alimentar!)

Björntorp, Per. "Visceral obesity: a "civilization syndrome"." *Obesity Research* 1.3 (1993): 206-222.
BJÖRNTORP, PER. "The associations between obesity, adipose tissue distribution and disease." *Journal of Internal Medicine* 222.S723 (1987): 121-134.
Björntorp, P. "Visceral fat accumulation: the missing link between psychosocial factors and cardiovascular disease?." *Journal of internal medicine* 230.3 (1991): 195-201.
Wallace, Rodrick. "Visceral obesity and psychosocial stress: a generalised control theory model." *Connection Science* 28.3 (2016): 217-225.
Daubenmier, Jennifer, et al. "Mindfulness intervention for stress eating to reduce cortisol and abdominal fat among overweight and obese women: an exploratory randomized controlled study." *Journal of obesity* 2011 (2011).
Gohil, Baiju C., et al. "Hypothalamic-pituitary-adrenal axis function and the metabolic syndrome X of obesity." *CNS spectrums* 6.7 (2001): 581-589.
Kral, John G. "The pathogenesis of obesity: Stress and the brain-gut axis." *Surgery for Obesity and Related Diseases* 1.1 (2005): 25-34.



Peso ou comportamentos?

Associação entre obesidade e risco morbi-mortalidade

A culpa é do excesso de adiposidade em si ou de outras características comuns aos obesos?

Obesos metabolicamente saudáveis?

Association of All-Cause Mortality With Overweight and Obesity Using Standard Body Mass Index Categories
A Systematic Review and Meta-analysis

Katherine M. Flegal, PhD
Brian K. Kit, MD
Heather Orpana, PhD
Barry I. Graubard, PhD

Importance Estimates of the relative mortality risks associated with normal weight, overweight, and obesity may help to inform decision making in the clinical setting.

Objective To perform a systematic review of reported hazard ratios (HRs) of all-cause mortality for overweight and obesity relative to normal weight in the general population.

JAMA, January 2, 2013—Vol 309, No. 1 71

Conclusions and Relevance Relative to normal weight, both obesity (all grades) and grades 2 and 3 obesity were associated with significantly higher all-cause mortality. Grade 1 obesity overall was not associated with higher mortality, and overweight was associated with significantly lower all-cause mortality. The use of predefined standard BMI groupings can facilitate between-study comparisons.

JAMA. 2013;309(1):71-82 www.jama.com

Am J Clin Nutr doi: 10.3945/ajcn.113.068122. Printed in USA. © 2014 American Society for Nutrition

BMI and all-cause mortality in older adults: a meta-analysis[1–3]

Jane E Winter, Robert J MacInnis, Naiyana Wattanapenpaiboon, and Caryl A Nowson

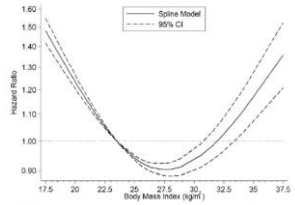


FIGURE 2. HRs (95% CIs) of all-cause mortality according to BMI for men and women aged ≥65 y. BMI was modeled with restricted cubic splines in a random-effects dose-response model. A BMI (in kg/m^2) of 23.5 (most common midpoint for the reference BMI category) was used as the reference to estimate all HRs. The vertical axis is on a log scale.

Paradoxo da obesidade

O sobrepeso, e até mesmo a obesidade, podem ser protetores em algumas ocasiões, como a faixa etária dos idosos, doenças crônicas como as renais, e insuficiência cardíaca e cancer

Winter, Jane E., et al. "BMI and all-cause mortality in **older adults**: a meta-analysis." *The American journal of clinical nutrition* (2014): ajcn-068122

Kalantar-Zadeh, K., Streja, E., Molnar, M. Z., Lukowsky, L. R., Krishnan, M., Kovesdy, C. P., & Greenland, S. (2012). Mortality prediction by surrogates of body composition: an examination of the obesity paradox in **hemodialysis patients** using composite ranking score analysis. *American journal of epidemiology*, *175*(8), 793-803

Curtis, J. P., Selter, J. G., Wang, Y., Rathore, S. S., Jovin, I. S., Jadbabaie, F., ... & Krumholz, H. M. (2005). The obesity paradox: body mass index and outcomes in patients with **heart failure**. *Archives of internal medicine*, *165*(1), 55-61

Gonzalez, M. C., Pastore, C. A., Orlandi, S. P., & Heymsfield, S. B. (2014). Obesity paradox in *cancer*: new insights provided by body composition. *The American journal of clinical nutrition*, *99*(5), 999-1005

What Is "Metabolically Healthy Obesity"?: From Epidemiology to Pathophysiological Insights

Jean-Pierre Després J Clin Endocrinol Metab, July 2012, 97(7):2283–2285

J Am Diet Assoc. 2008;108:82-90.

Metabolically Obese Normal Weight and Phenotypically Obese Metabolically Normal Youths: The CASPIAN Study

ROYA KELISHADI, MD; STEPHEN R. COOK, MD; MOHAMMAD ESMAEIL MOTLAGH, MD; MOHAMMAD MEHDI GOUYA, MD, MPH; GELAYOL ARDALAN, MD, MPH; MOLOUK MOTAGHIAN; REZA MAJDZADEH, PhD; MOHAMMAD A. RAMEZANI, MD, MPH

Metabolically Healthy Obesity and Risk of All-Cause and Cardiovascular Disease Mortality

Mark Hamer and Emmanuel Stamatakis J Clin Endocrinol Metab, July 2012, 97(7):2482–2488

Prevalence of Uncomplicated Obesity in an Italian Obese Population

Gianluca Iacobellis,† Maria Cristina Ribaudo,* Alessandra Zappaterreno,* Concetta Valeria Iannucci,* and Enzo Leonetti**

Diet Composition and Activity Level of at Risk and Metabolically Healthy Obese American Adults

JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY
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PUBLISHED BY ELSEVIER INC.

Letters

The Natural Course of Healthy Obesity Over 20 Years

VOL. 65, NO. 1, 2015
ISSN 0735-1097/$36.00

Can You Be Obese But Heart-Healthy? Study Says No

https://consumer.healthday.com/vitamins-and-nutrition-information-27/obesity-health-news-505/can-you-be-obese-but-heart-healthy-study-says-no-732010.html

The impact of confounding on the associations of different adiposity measures with the incidence of cardiovascular disease: a cohort study of 296 535 adults of white European descent. *European Heart Journal*, ehy057,https://doi.org/10.1093/eurheartj/ehy057

LETTER TO THE EDITOR

Letter to the Editor: Metabolically Healthy (and Fit?) Obesity

Jonatan R. Ruiz,[1] Idoia Labayen,[2] and Francisco B. Ortega[1]

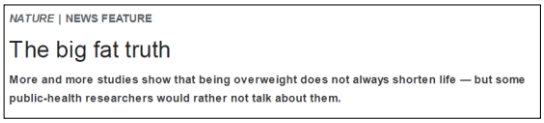
[1]PROmoting FITness and Health Through Physical Activity Research Group (PROFITH), Department of Physical Education and Sports, Faculty of Sport Sciences, University of Granada, Granada 18011, Spain; and [2]Department of Nutrition and Food Science, University of the Basque Country, UPV/EHU, Vitoria 01006, Spain

J Clin Endocrinol Metab, March 2017, 102(3):1084–1085

Several challenges arise when interpreting these findings. First, criteria used to classify individuals into metabolically healthy and unhealthy groups vary. MESA used the presence of metabolic syndrome, whereas the study by Rydén et al (6) classified obese individuals by insulin sensitivity measured during a hyperinsulinemic euglycemic clamp. Given the wide range of MHO prevalence in adult populations worldwide (6–75%), depending on the definition (7), a consensus is needed to define metabolic health. Furthermore, Mongraw-Chaffin et al (5) included all participants with any documented MHO at any point of observation, with a lack of information on metabolic health status before study enrollment. This limitation of capturing incident metabolic syndrome may be addressed by a life course approach in future studies (8, 9). In the other study (6), only severely obese individuals were included, thereby limiting its generalizability to lower levels of obesity.

Secondly, the role of lifestyle, such as smoking and physical activity, has not been explicitly addressed, although nicotine consumption did not differ between insulin-sensitive and insulin-resistant patients in the study by Rydén et al (6). Given the indication that physical activity may differentiate MHO and MUO (10), it is of interest to evaluate whether obesity-related lifestyle contributes to the mechanism linking obesity duration or severity and metabolic syndrome.

If MHO and MUO only differ by cumulative obesity exposure, as suggested by Mongraw-Chaffin et al (5), while sharing similar adipose insulin response (6), one may speculate individual variation in the extent of which accumulation of obesity elicits metabolic responses. Combining longitudinal and experimental approaches may provide more insight into this topic and answer whether a "one-for-all" intervention against obesity is indeed plausible.



NATURE | NEWS FEATURE

The big fat truth

More and more studies show that being overweight does not always shorten life — but some public-health researchers would rather not talk about them.

Hughes V. *Nature* 497.7450 (2013): 428-430.

THE LANCET
Diabetes & Endocrinology

Available online 31 May 2018
In Press, Corrected Proof
Articles

Transition from metabolic healthy to unhealthy phenotypes and association with cardiovascular disease risk across BMI categories in 90 257 women (the Nurses' Health Study): 30 year follow-up from a prospective cohort study

Eckel, Nathalie, et al. *Transition from metabolic healthy to unhealthy phenotypes and association with cardiovascular disease risk across BMI categories in 90 257 women (the Nurses' Health Study): 30 year follow-up from a prospective cohort study*. The Lancet Diabetes & Endocrinology (2018).

CIÊNCIA NA FORMA

O peso do IMC na saúde em longo prazo.

- 90257 mulheres por 30 anos (1980-2010)
- classificadas pelo IMC
- metabolicamente saudáveis mulheres = nenhuma desordem metabólica clássica (hipertensão, diabetes e dislipidemias)

Resultados:

- as metabolicamente **saudáveis** apresentaram risco cardiovascular < em todos os grupos de IMC
- eutróficas **não saudáveis** tiveram risco 243% > do que eutróficas **saudáveis**
- com sobrepeso e obesas **saudáveis** tiveram riscos 20% e 39% > do que eutróficas saudáveis
- com sobrepeso e obesas **não saudáveis** tiveram riscos 261% e 315% > do que eutróficas **saudáveis**

CIÊNCIA NA FORMA

O peso do IMC na saúde em longo prazo.

→ o risco em mulheres com sobrepeso e obesidade saudáveis e não saudáveis foi > do que o que eutróficas saudáveis e não saudáveis = obesidade é um fator de risco cardiovascular, MAS o fato da pessoa ser metabolicamente não saudável, independentemente do seu peso corporal, é BEM mais determinante

- embora obesos apresentem > risco cardiovascular, ele pode ser consideravelmente diminuído se se mantiverem metabolicamente saudáveis
- Mas, apenas 6% das mulheres obesas saudáveis em 1980 assim ainda permaneciam em 2010 (com sobrepeso e eutróficas, foram 8 e 15%) = **estado metabolicamente saudável é sim transiente para uma grande parcela da população obesa, mas também para pessoas com sobrepeso e eutróficas**

→ a manutenção da saúde metabólica parece ser primordial para diminuir substancialmente o risco cardiovascular independentemente do IMC

Por outro lado...

Nutrition Reviews Advance Access published July 29, 2016

Special Article

Normal-weight obesity syndrome: diagnosis, prevalence, and clinical implications

Lana P. Franco, Carla C. Morais, and Cristiane Cominetti

The growing concern about the impact of overweight on health has led to studies that shed light on types of obesity other than the classic model based on body mass index. Normal-weight obesity syndrome is characterized by excess body fat in individuals with adequate body mass index (18.5–24.9 kg/m²). This condition increases the risk of cardiovascular morbidity and mortality and other conditions associated with chronic diseases, such as insulin resistance, hypertension, and dyslipidemia. The aims of this review are to define the diagnostic criteria for normal-weight obesity syndrome and to examine the risks associated with this condition in order to promote preventive measures and early treatment for affected individuals.

Síndrome do Obeso Eutrófico

OPEN ACCESS Freely available online PLOS ONE

Normal Weight Obesity Is Associated with Metabolic Syndrome and Insulin Resistance in Young Adults from a Middle-Income Country

Francilene B. Madeira[1], Antônio A. Silva[2]*, Helma F. Veloso[2], Marcelo Z. Goldani[3], Gilberto Kac[4], Viviane C. Cardoso[5], Heloisa Bettiol[5], Marco A. Barbieri[5]

Abstract

Objective: This population-based birth cohort study examined whether normal weight obesity is associated with metabolic disorders in young adults in a middle-income country undergoing rapid nutrition transition.

Design and Methods: The sample involved 1,222 males and females from the 1978/79 Ribeirão Preto birth cohort, Brazil, aged 23–25 years. NWO was defined as body mass index (BMI) within the normal range (18.5–24.9 kg/m²) and the sum of subscapular and triceps skinfolds above the sex-specific 90th percentiles of the study sample. It was also defined as normal BMI and % BF (body fat) >23% in men and >30% in women. Insulin resistance (IR), insulin sensitivity and secretion were based on the Homeostasis Model Assessment (HOMA) model.

Results: In logistic models, after adjusting for age, sex and skin colour, NWO was significantly associated with Metabolic Syndrome (MS) according to the Joint Interim Statement (JIS) definition (Odds Ratio OR = 6.83; 95% Confidence Interval CI 2.84–16.47). NWO was also associated with HOMA2-IR (OR = 3.81; 95%CI 1.57–9.28), low insulin sensitivity (OR = 3.89; 95%CI 2.39–6.33), and high insulin secretion (OR = 2.17; 95%CI 1.24–3.80). Significant associations between NWO and some components of the MS were also detected: high waist circumference (OR = 8.46; 95%CI 5.09–14.04), low High Density Lipoprotein cholesterol (OR = 1.65; 95%CI 1.11–2.47) and high triglyceride levels (OR = 1.93; 95%CI 1.02–3.64). Most estimates changed little after further adjustment for early and adult life variables.

Conclusions: NWO was associated with MS and IR, suggesting that clinical assessment of excess body fat in normal-BMI individuals should begin early in life even in middle-income countries.

March 2013 | Volume 8 | Issue 3 | e60673

frontiers in Public Health

HYPOTHESIS AND THEORY
published: 03 January 2017
doi: 10.3389/fpubh.2016.00279

Overfat and Underfat: New Terms and Definitions Long Overdue

Philip B. Maffetone[1]*, Ivan Rivera-Dominguez[1] and Paul B. Laursen[2]

[1] MAFF FITNESS PTY LTD., Sydney, Australia, [2] Sports Performance Research Institute New Zealand (SPRINZ), AUT University, Auckland, New Zealand

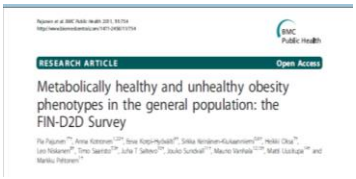
For the first time in human history, the number of obese people worldwide now exceeds those who are underweight. However, it is possible that there is an even more serious problem—an overfat pandemic comprised of people who exhibit metabolic health impairments associated with excess fat mass relative to lean body mass. Many overfat individuals, however, are not necessarily classified clinically as overweight or obese, despite the common use of body mass index as the clinical classifier of obesity and overweight. The well-documented obesity epidemic may merely be the tip of the overfat iceberg. The counterpart to the overfat condition is the *underfat* state, also a common and dangerous health circumstance associated with chronic illness and starvation. Currently (and paradoxically), high rates of obesity and overweight development coexist with undernutrition in developing countries. Studies in cognitive linguistics suggest that accurate, useful, and unintimidating terminology regarding abnormal body fat conditions could help increase a person's awareness of their situation, helping the process of implementing prevention and simple remedies. Our contention is that promoting the terms "overfat" and "underfat" to describe body composition states to the point where they enter into common usage may help in creating substantive improvements in world health.

OPEN ACCESS

Edited by:
Beverly Sara Muhlhausler, University of Adelaide, Australia

Reviewed by:

Fenótipo metabolicamente saudável ou não saudável


RESEARCH ARTICLE Open Access

Metabolically healthy and unhealthy obesity phenotypes in the general population: the FIN-D2D Survey

O risco para diabetes tipo II foi independente da obesidade, e na verdade dependente da síndrome metabólica (importância do componente, localização e inflamação da gordura e resistência insulínica), propondo fenótipos saudáveis ou não


ORIGINAL ARTICLE

Phenotypic characterization of insulin-resistant and insulin-sensitive obesity

Chen DL[1], Liess C[2], Poljak A[3,4,5], Xu A[6], Zhang J[6], Thoma C[7], Trenell M[7], Milner B[8], Jenkins AB[1,9], Chisholm DJ[1], Samocha-Bonet D[1,4*] and Greenfield JR[1,10,11*]

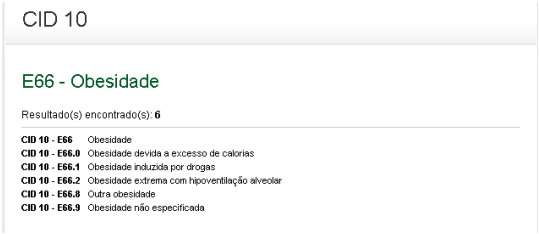
[1]Diabetes and Metabolism Division, Garvan Institute of Medical Research, Sydney, Australia; [2] Philips

Caracterização fenotípica de uma obesidade resistente ou sensível à insulina tem sido discutida

- efeitos adversos da adiposidade têm sido buscados com relação a uma variabilidade epigenética, evidenciando que são os altos metiladores (*high metilathors*), os com maiores chances de desenvolver diabetes tipo II

Wahl, Simone, et al. Epigenome-wide association study of body mass index, and the adverse outcomes of adiposity. *Nature*541.7635 (2017): 81-86

MAS OBESIDADE É DOENÇA!


CID 10

E66 - Obesidade

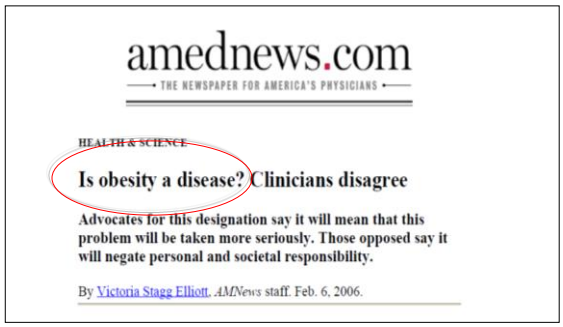
Resultado(s) encontrado(s): **6**

CID 10 - E66	Obesidade
CID 10 - E66.0	Obesidade devida a excesso de calorias
CID 10 - E66.1	Obesidade induzida por drogas
CID 10 - E66.2	Obesidade extrema com hipoventilação alveolar
CID 10 - E66.8	Outra obesidade
CID 10 - E66.9	Obesidade não especificada


5C1Y Other specified overweight, obesity or specific nutrient excesses

All ancestors up to top

- 05 Endocrine, nutritional or metabolic diseases
  - Nutritional disorders
    - Overweight, obesity or specific nutrient excesses
      - 5C1Y Other specified overweight, obesity or specific nutrient excesses



amednews.com

THE NEWSPAPER FOR AMERICA'S PHYSICIANS

HEALTH & SCIENCE

Is obesity a disease? Clinicians disagree

Advocates for this designation say it will mean that this problem will be taken more seriously. Those opposed say it will negate personal and societal responsibility.

By Victoria Stagg Elliott, *AMNews* staff. Feb. 6, 2006.

http://www.nytimes.com/2013/06/19/business/ama-recognizes-obesity-as-a-disease.html?_r=0

http://obesity.procon.org/view.answers.php?questionID=1611

http://www.medscape.com/viewarticle/793302

http://www.bbc.com/news/23011804

https://www.nutrition.org/asn-blog/2013/08/ama-declares-obesity-a-disease-two-viewpoints/

http://www.bu.edu/today/2013/is-obesity-a-disease/

http://www.oneillinstituteblog.org/the-ama-recognizes-obesity-as-a-disease-why-the-controversy-surrounding-this-decision-is-missing-the-point-and-why-this-decision-is-the-good-one/

http://robynflipse.com/articles/HGS-pro-con-obesity-disease.php

http://blogs.plos.org/obesitypanacea/2013/06/24/ama-declares-obesity-a-disease-good-or-bad-idea/

http://abcnews.go.com/Health/american-medical-association-classifies-obesity-disease/story?id=19439304

http://conscienhealth.org/2015/07/is-obesity-a-disease-3-answers/

http://ideas.time.com/2013/06/24/if-obesity-is-a-disease-why-are-so-many-obese-people-healthy/

- IMC adotado pela *Metropolitan Life Insurance Company*, em 1942, para falar de "corpos desejáveis", já utilizando as palavras adiposidade, sobrepeso e obeso – fora de um contexto médico

- *National Obesity Society* criada em 1949 para discutir o tratamento da obesidade – 1º em 1973

- discussão sobre obesidade como doença se deu em 2013 –reunião anual do *American Medical Association's* (AMA)

- Comitê de Ciências e Saúde Pública sugeriu que a obesidade não fosse oficialmente nomeada doença: porque não preenchia a definição de uma doença médica, porque não tem "sintomas", porque não era sempre perigosa; e porque uma doença implica que o funcionamento normal do corpo esta errado; preocupação com medicalização e estigma

Obesity Facts

Clinical Information

A Proposal of the European Association for the Study of Obesity to Improve the ICD-11 Diagnostic Criteria for Obesity Based on the Three Dimensions Etiology, Degree of Adiposity and Health Risk

Associação Européia para Estudo da Obesidade (EASO) importante se fazer esforço de revisão do esboço do CID-11 na definição de sobrepeso e obesidade - pois as palavras usadas para descrever um problema devem ser baseadas em evidências e evitar a estigmatização que afeta os indivíduos.

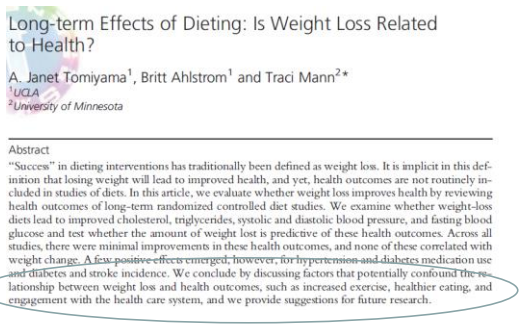
REVIEW

Should Europe follow the US and declare obesity a disease?: a discussion of the so-called utilitarian argument

European Clinical Journal of Nutrition - não acreditam que esta definição levará a benefícios, e que é melhor mantê-la como um fator de risco.

- não levará à melhor acesso de cuidado ou medidas preventivas nem melhor proteção legal na Europa – além da preocupação com possíveis efeitos negativos de medicalização e tratamento desnecessário; e que além de tudo não há evidências que suportem que isto melhore discriminação e estigmatização.

Mas perder peso não é sempre bom?



Long-term Effects of Dieting: Is Weight Loss Related to Health?

A. Janet Tomiyama[1], Britt Ahlstrom[1] and Traci Mann[2]*

[1] UCLA

[2] University of Minnesota

Abstract

"Success" in dieting interventions has traditionally been defined as weight loss. It is implicit in this definition that losing weight will lead to improved health, and yet, health outcomes are not routinely included in studies of diets. In this article, we evaluate whether weight loss improves health by reviewing health outcomes of long-term randomized controlled diet studies. We examine whether weight-loss diets lead to improved cholesterol, triglycerides, systolic and diastolic blood pressure, and fasting blood glucose and test whether the amount of weight lost is predictive of these health outcomes. Across all studies, there were minimal improvements in these health outcomes, and none of these correlated with weight change. A few positive effects emerged, however, for hypertension and diabetes medication use and diabetes and stroke incidence. We conclude by discussing factors that potentially confound the relationship between weight loss and health outcomes, such as increased exercise, healthier eating, and engagement with the health care system, and we provide suggestions for future research.

Peso ou comportamentos?

⇒ No caso dos benefícios associados a perda de peso – que normalmente envolvem mudança de alimentação e atividade física – não é possível atribuir o benefício a perda de peso em si

⇒ Estudo com lipoaspiração: 15 mulheres, 10-12 semanas após -10,5Kg gordura não houve melhora em anormalidades metabólicas sugerindo que perda de peso sem mudança de comportamento não tem benefícios metabólicos (Klein, Samuel, et al. "Absence of an effect of liposuction on insulin action and risk factors for coronary heart disease." *New England Journal of Medicine*350.25 (2004): 2549-2557).


ORIGINAL ARTICLE

Endocrine Care

Liposuction Induces a Compensatory Increase of Visceral Fat Which Is Effectively Counteracted by Physical Activity: A Randomized Trial

Fabiana Benatti, Marina Solis, Guilherme Artioli, Eduardo Montag, Vitor Painelli, Fábio Saito, Luciana Baptista, Luiz Augusto Costa, Rodrigo Neves, Marília Seelaender, Eduardo Ferriolli, Karina Pfrimer, Fernanda Lima, Hamilton Roschel, Bruno Gualano, and Antonio Lancha, Jr.

Benattiet al. Liposuction induces a compensatory increase of visceral fat which is effectively counteracted by physical activity: a randomized trial. *The Journal of Clinical Endocrinology & Metabolism* 97.7 (2012): 2388-2395.


Socioeconomic status and the 25 × 25 risk factors as determinants of premature mortality: a multicohort study and meta-analysis of 1·7 million men and women

Principais fatores de risco e determinantes de mortalidade avaliando 48 estudos de corte prospectivos independentes – de sete países de alta renda membros da ONU - os principais em redução de anos são:

- tabagismo (4,8 anos)
- diabetes (3,9 anos)
- inatividade física (2,4 anos)
- situação socioeconômica desfavorável (2,1 anos) hipertensão (1,6 anos)
- por último, a obesidade (0,7 anos)

Brasil: o paradoxo da desigualdade

O estudo LANCET foi realizado com países de alta renda, no Brasil a situação pode ser diferente

Considerar que também se discute um fenômeno chamado "o paradoxo da desigualdade" = disparidade nos benefícios, uma vez que se aponta que os que mais precisam se beneficiam menos das intervenções


GOVERNMENT, POLITICS, AND LAW

Transcending the Known in Public Health Practice

The Inequality Paradox: The Population Approach and Vulnerable Populations

Entre 1975 e 1997:
- grupo de mulheres 25% mais pobres = 168% aumento da obesidade
- grupo das 25% mais = 11,2%
- (redução da desnutrição foi praticamente igual)

Entre 1975 e 1989 houve aumento da obesidade em todos os níveis de escolaridade e em todas as macrorregiões do Brasil.

De 1989 a 1997 houve aumento da prevalência nos sem escolaridade e redução significativa da prevalência entre mulheres de média e alto nível de escolaridade.

http://obha.fiocruz.br/index.php/2018/03/01/excesso-de-peso-e-obesidade-como-expressao-de-inseguranca-alimentar-e-nutricional-no-brasil/

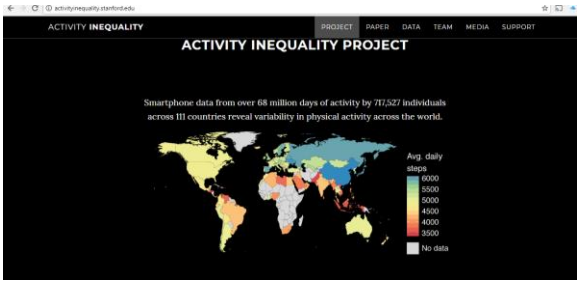
http://obha.fiocruz.br/index.php/2018/03/29/trajetorias-biograficas-sobre-o-aumento-e-o-excesso-de-peso-de-mulheres-pobres-no-brasil/

https://noticias.uol.com.br/saude/ultimas-noticias/redacao/2018/08/01/uol-tab-166-da-fome-a-obesidade.htm

JULY 10, 2017

Stanford researchers find intriguing clues about obesity by counting steps via smartphones

A global study based on daily steps counted by smartphones discovers "activity inequality." It's similar to income inequality, except that the "step-poor" are prone to obesity while the "step-rich" tend toward fitness and health.



http://activityinequality.stanford.edu/
https://news.stanford.edu/2017/07/10/stanford-researchers-find-intriguing-clues-obesity-counting-steps-via-smartphones/

O que devemos tratar?
Quem devemos tratar?
O que CONSEGUIMOS tratar?

Promover perda de peso COMO?

INSTITUTO NUTRIÇÃO COMPORTAMENTAL O Original

4 Dieta e seus efeitos no comportamento alimentar

"*Somos uma cultura em busca da dieta perfeita, e como prova disso há uma porção de pessoas infelizes e inseguras por aí... Mas somos distraídos e seduzidos por promessas de resultados rápidos e milagrosos. Perdemos peso rapidamente, voltamos a engordar, então partimos para outra solução mágica. Essa é uma fórmula alimentada pela indústria da dieta para manter as pessoas gordas*" (Foxcroft)

RESEARCH AND PRACTICE

Probability of an Obese Person Attaining Normal Body Weight: Cohort Study Using Electronic Health Records

Alison Fildes, PhD, Judith Charlton, MSc, Caroline Rudisill, PhD, Peter Littlejohns, MD, A. Toby Prevost, PhD,

0,005 homem
0,008 mulher

Overweight and obesity are growing global health concerns.[1] Strategies to control obesity emphasize obesity management and weight reduction as well as obesity prevention. In the United Kingdom, a national strategy report recommends that the management of obesity be an integral part of clinical practice.[2] This envisages that patients may transition from obesity to a more healthy body weight. A target of 5% body weight loss is often recommended for obese individuals who intend to lose weight.[3] However, access to weight management interventions may be limited,[4] and weight management interventions have only small and poorly maintained effects on body weight.[5,6] To understand the frequency with which reductions in body mass index (BMI, defined as weight in kilograms divided by the square of height in meters) may occur in a large population, we estimated the probability of an obese individual attaining normal body weight or a reduction of 5% in body weight.

Objectives. We examined the probability of an obese person attaining normal body weight.

Methods. We drew a sample of individuals aged 20 years and older from the United Kingdom's Clinical Practice Research Datalink from 2004 to 2014. We analyzed data for 76 704 obese men and 99 791 obese women. We excluded participants who received bariatric surgery. We estimated the probability of attaining normal weight or 5% reduction in body weight.

Results. During a maximum of 9 years' follow-up, 1283 men and 2245 women attained normal body weight. In simple obesity (body mass index = 30.0–34.9 kg/m^2), the annual probability of attaining normal weight was 1 in 210 for men and 1 in 124 for women, increasing to 1 in 1290 for men and 1 in 677 for women with morbid obesity (body mass index = 40.0–44.9 kg/m^2). The annual probability of achieving a 5% weight reduction was 1 in 8 for men and 1 in 7 for women with morbid obesity.

Conclusions. The probability of attaining normal weight or maintaining weight loss is low. Obesity treatment frameworks grounded in community-based weight management programs may be ineffective. (*Am J Public Health*. Published online ahead of print July 16, 2015: e1–e6. doi:10.2105/AJPH.2015.302773)

Sample Selection

There were 2 006 296 patients registered in the CPRD between November 1, 2004, and

kilograms per meters squared and fewer than 30 000 men with a BMI of either 40 to 45 or 45 or greater kilograms per meters squared.

"*A maioria dos obesos não vai se engajar em tratamentos para obesidade. Daqueles que se engajarem, a maioria não vai perder peso. Daqueles que perderem, a maioria vai ganhar peso de volta*" (Stunkard, 1958).

Efeito da restrição energética no controle alimentar

Descontrole das sensações de fome, apetite e saciedade

EXPLICAÇÃO FISIOLÓGICA
DEFESA DO ORGANISMO

EXPLICAÇÃO COGNITIVA

Qualquer dieta?

Qualquer restrição!!

FAZER DIETA ENGORDA


Proceedings of the Nutrition Society (2012), 71, 379–389 doi:10.1017/S0029665112000225
© The Authors 2012 First published online 5 April 2012
Oskar Kellner Symposium 2011 organised by the Leibniz Institute for Farm Animal Biology jointly with the Nutrition Society was held at Hotel Neptun, Warnemünde, Germany on 9–11 September 2011

Symposium on 'Metabolic flexibility in animal and human nutrition'
Session II: Metabolic flexibility and regulation

How dieting makes some fatter: from a perspective of human body composition autoregulation

Abdul G. Dulloo*, Jean Jacquet and Jean-Pierre Montani
Department of Medicine/Physiology, University of Fribourg, Chemin du musée 5, CH-1700 Fribourg, Switzerland

Blomain et al. Mechanisms of Weight Regain following Weight Loss. *International Scholarly Research Notices* 2013 (2013).

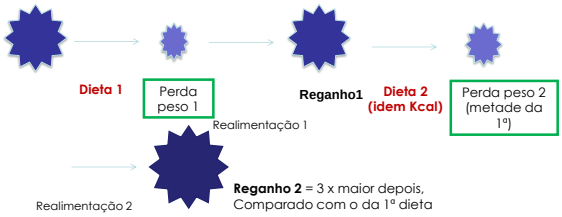
FAZER DIETA ENGORDA

- Diminuição GEB e GET
- *Weight cycling* (efeito sanfona)
- Eficiência armazenamento energia
- Perda muscular e ganho de gordura = % de gordura, circunferência abdominal = menor GEB, maior inflamação sistêmica ⇒ mais riscos clínicos

"weight cycling" e eficiência calórica

Perigos do **"weight cycling"** (Brownell et al, 1986 - animais):

- Aumento na taxa de ganho de peso
- Ao final do experimento, animais que passaram pelo "efeito sanfona" apresentaram > eficiência no armazenamento de energia (4x maior) do que animais obesos que nunca haviam feito dieta



"weight cycling" e ganho de peso

Field et al. (2009 - humanos) - Nurses' Health Study :

- Weight cyclers graves = perda intencional de pelo menos 9,1kg 3x em 12 anos (8%)
- Weight cyclers moderadas = perda intencional de pelo menos 4,5kg 3 x em 12 anos (18%)

Efeito sanfona associado IMC baseline: não cicladoras 40% IMC> 25; moderadas 74%, e 87% graves

Cicladoras ganharam mais peso em 12 anos: 5.2kg graves, 4.1kg moderadas, 2.6Kg não cicladoras

Strychar et al. (2009):

- Weight cyclers = maior IMC, % de gordura, circunferência abdominal, menor TMB/kg de peso.

Strychar I, Lavoie ME, Messier L, Karelis AD, Doucet E, Prud'homme D, Fontaine J, Rabasa-Lhoret R. Anthropometric, Metabolic, Psychosocial, and Dietary Characteristics of Overweight/Obese Postmenopausal Women with a History of Weight Cycling: A MONET (Montreal Ottawa New Emerging Team) Study. J Am Diet Assoc 2009; 109:718-724.

Efeito da restrição energética sobre o gasto energético

Estudo de Minnesota - Keys et al. (1950):
36 ♂ voluntários eutróficos - 6 meses restrição alimentar (até ↓ 25% do peso).

⇒ ↓ 39% no GER absoluto e de 16% no GER/kg de tecido metabolicamente ativo.
⇒ reganho de peso = na forma de gordura
⇒ "obesidade pós-inanição" - descreveu pela primeira vez esta preferência do organismo por recompor sua reserva a partir da gordura, condicionando uma memória orgânica.

(Kalm e Semba, 2005; Duloo et al., 1997)

http://www.twincities.com/localnews/ci_26940559/service-through-starvation

Efeito da restrição energética Biosphere 2
(Weyer et al., 2000)

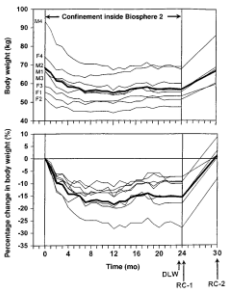
4 homens e 4 mulheres confinados por 2 anos

Ingestão energética: 1780 kcal/dia (GET = 2560 kcal/dia).

Arizona: sete mini "ecossistemas", que devem fornecer alimentos suficientes para confinados lá.

http://motherboard.vice.com/read/the-strange-history-of-steve-bannon-and-the-biosphere-2-experiment

Efeito da restrição energética Biosphere 2
(Weyer et al., 2000)



Perda de 14 ± 5% do peso corporal, **completamente recuperado pós-6 meses (sob a forma de gordura corporal).**

1 semana após o confinamento, GET era 6,2 ± 3,1% inferior (**esta diferença permaneceu seis meses após o confinamento**).

Original Article
OBESITY BIOLOGY AND INTEGRATED PHYSIOLOGY

Obesity

Persistent Metabolic Adaptation 6 Years After "The Biggest Loser" Competition

Erin Fothergill[1], Juen Guo[1], Lilian Howard[1], Jennifer C. Kerns[2], Nicolas D. Knuth[1], Robert Brychta[1], Kong Y. Chen[1], Monica C. Skarulis[3], Mary Walter[3], Peter J. Walter[3], and Kevin D. Hall[1]

- 14 dos 16 participantes da 8ª por 6ª após o show acabar
- recuperaram 71% do peso perdido
- depois de 6ª mostraram impressionante redução em suas taxas metabólica

⇒ no final do show = média de 610Kcal a menos por dia em repouso em comparação a antes de entrarem no programa
⇒ Ao final de 6ª = média de 704 Kcal a menos por dia
⇒ mesmo depois de recuperar a maior parte do peso perdido, o metabolismo não retornou à mesma taxa que antes de começarem

ESTUDOS LONGITUDINAIS

Estudo com universitárias (1º ano faculdade):

- "dieters" ganharam mais peso (5 kg) do quem já fez dieta (2,5 kg) ou quem nunca fez (1,5 kg) (Lowe, 2006)

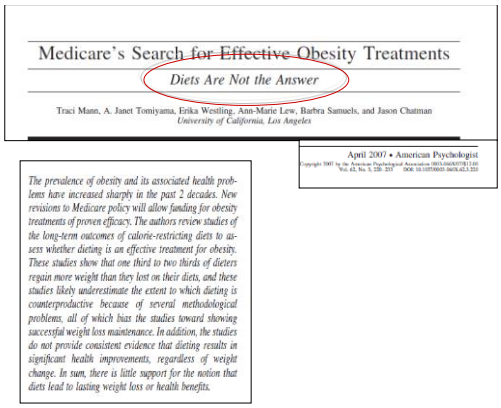
Estudo com adolescentes (Neumark- Sztainer et al., 2006, 2011)**:**

- 5 anos de seguimento, n=2,516: quem fazia dieta ganhou mais peso, e aumentou risco de sobrepeso

- 10 anos de seguimento, n=1,90: fazer dieta no começo e 5 depois depois foi preditor de maior IMC 10 anos depois

•http://www.epi.umn.edu/research/eat/

http://www.ted.com/talks/sandra_aamodt_why_dieting_doesn_t_usually_work#t-736421



Medicare's Search for Effective Obesity Treatments

Diets Are Not the Answer

Traci Mann, A. Janet Tomiyama, Erika Westling, Ann-Marie Lew, Barbra Samuels, and Jason Chatman
University of California, Los Angeles

April 2007 • American Psychologist

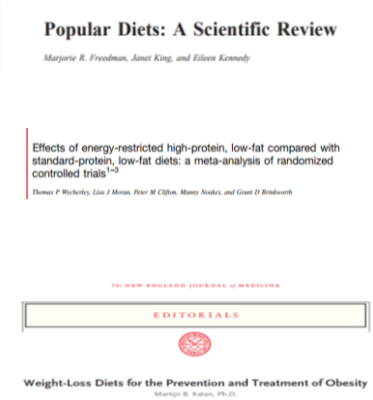
The prevalence of obesity and its associated health problems have increased sharply in the past 2 decades. New revisions to Medicare policy will allow funding for obesity treatments of proven efficacy. The authors review studies of the long-term outcomes of calorie-restricting diets to assess whether dieting is an effective treatment for obesity. These studies show that one third to two thirds of dieters regain more weight than they lost on their diets, and these studies likely underestimate the extent to which dieting is counterproductive because of several methodological problems, all of which bias the studies toward showing successful weight loss maintenance. In addition, the studies do not provide consistent evidence that dieting results in significant health improvements, regardless of weight change. In sum, there is little support for the notion that diets lead to lasting weight loss or health benefits.

Será que a prescrição de dietas hipocalóricas, com base em cálculos de GET segundo equações são confiáveis?

O TIPO DIETA FAZ DIFERENÇA?

- Pobre em carboidrato, rica em gordura e proteína
- Pobre em carboidrato, rica em proteína
- Pobre em gordura
- *Detox*
- *Low carb*
- …

Freedman et al. Popular diets: a scientific review. (2001): 1S-40S.
Wycherley et al. Effects of energy-restricted high-protein, low-fat compared with standard-protein, low-fat diets: a meta-analysis of randomized controlled trials–. *The American journal of clinical nutrition* 96.6 (2012): 1281-1298.
Sacks et al. Comparison of weight-loss diets with different compositions of fat, protein, and carbohydrates. *New England Journal of Medicine* 360.9 (2009): 859-873.
Katan. Weight-loss diets for the prevention and treatment of obesity. (2009): 923-925.



Popular Diets: A Scientific Review

Marjorie R. Freedman, Janet King, and Eileen Kennedy

Effects of energy-restricted high-protein, low-fat compared with standard-protein, low-fat diets: a meta-analysis of randomized controlled trials[1–3]

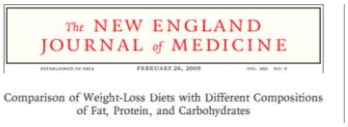
Thomas P Wycherley, Lisa J Moran, Peter M Clifton, Manny Noakes, and Grant D Brinkworth

THE NEW ENGLAND JOURNAL of MEDICINE

EDITORIALS

Weight-Loss Diets for the Prevention and Treatment of Obesity

Martijn B. Katan, Ph.D.


The NEW ENGLAND JOURNAL of MEDICINE

FEBRUARY 26, 2009

Comparison of Weight-Loss Diets with Different Compositions of Fat, Protein, and Carbohydrates

Revisão sistemática dietas pobres em CHO:

- a perda de peso foi associada com a duração da dieta e a restrição energética – mas não com a restrição de CHO

Freedman MR, King J, Kennedy E. Special issue - Popular diets: a scientific review. Obes Res. 2001;9:1S-5S.


CIÊNCIA inFORMA

Home Nutrição Exercícios Saúde Quem Somos A

19 de setembro de 2017

Nutrição

Existe algo especial nas dietas low-carb?

Low-Carb o que há de especial?


18 de julho de 2016

Exercícios

O mito das dietas low-carb e o papel da insulina no emagrecimento


CIÊNCIA inFORMA

24 de agosto de 2015

Nutrição

Paleo diet: a mais nova-antiga dieta da moda

THE PALEO DIET

O American Journal of Clinical Nutrition (revista científica de renome internacional na área da Nutrição) publicou recentemente um artigo de revisão sobre (mais) uma dieta da moda: a dieta paleolítica, conhecida por muitos como Paleo Diet. Tal artigo gerou certa agitação na comunidade científica devido à sua conclusão: □A Paleo Diet, em curto prazo, resultou em maiores melhoras em componentes da síndrome metabólica quando comparada a dietas usualmente recomendadas□. Contudo, um olhar mais cuidadoso sobre o artigo e, principalmente, sob a literatura científica do tema coloca em xeque essa conclusão, e traz à tona, mais uma vez, a boa e velha discussão sobre os principais problemas das dietas da moda.


Nutrição

Dietas Restritivas: Detox□ .desintoxicar o que?

DETOX?

Ela teria a capacidade de auxiliar o corpo a eliminar as toxinas geradas pelo consumo de alimento tóxicos, mas será que isso é verdade? Ou melhor ainda, será que isso é necessário??

O problema dessa prática começa na sua ideia central, pois ela parte do princípio que alguns alimentos são tóxicos (?) ao organismo e que os retirando da alimentação e incluindo alguns outros ou suplementos específicos, ajudaria o corpo a se livrar dessa toxicidade .

Porém, nosso fígado e rins possuem uma excelente capacidade de remové-las - exceto em casos graves de doenças pré-existentes. Logo, se você não tem doença alguma, não tem com o que se preocupar. Queremos deixar bem claro que dietas detox, com esses preceitos, não têm o menor respaldo científico (existem poucíssimos estudos em ratos..), e que sua hipótese central é completamente equivocada. Além disso, vale o alerta: se você estiver intoxicado, você não precisa apenas de uma dieta restritiva e sim de um bom hospital. Além disso, um aspecto muito negativo desse tipo de prática é ele que induz as pessoas a desenvolverem um comportamento alimentar inadequado ao acreditarem que existem alimentos □ruins□. Logo, para se


CIÊNCIA inFORMA

E outros “milagres”?

Figura 8 – Abordagens não recomendadas.

file:///C:/Users/marle/Downloads/Manual_de_Diretrizes_para_o_Enfrentamento_da_Obesidade_na_Sa%C3%BAde_Suplementar_Brasileira.pdf


from the association

QUESTION OF THE MONTH

Is There Evidence to Support the Claim that a Gluten-Free Diet Should Be Used for Weight Loss?

Marcason W. Is there evidence to support the claim that a gluten-free diet should be used for weight loss? J Am Diet Assoc. 2011;111(11):1786.


Nutrição

Comer de 3 em 3 horas emagrece?

Apesar de ser muito difundido e até ensinado em faculdades será que essa regrinha é verdadeira?

Não esqueça de assinar nosso canal lá no YouTobe (clique aqui!)

YouTube

CIÊNCIA inFORMA

- Não aumenta o metabolismo
- Não interfere no gasto energético de forma significante na prática
- Funcionamos de forma diferente dos modelos animais
- Não há diferença entre 2 ou mais refeições por dia no peso

Uma perspectiva evolutiva sobre as dietas – Polivy & Herman, 2006

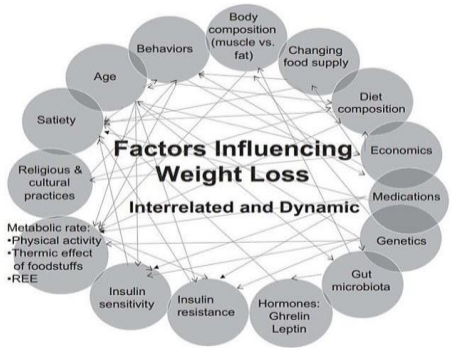
"*As dietas frequentemente levam à recuperação do peso perdido e a um ganho ainda maior. Nossos corpos evoluíram para defender um certo peso mínimo. Indivíduos que estão constantemente em dieta estão na verdade testando a defesa do peso corporal, então não é surpreendente que esse sistema defensivo se arme e se defenda ainda mais, aumentando ainda mais o peso...*

... É possível então que as dietas tenham contribuído para a epidemia da obesidade."

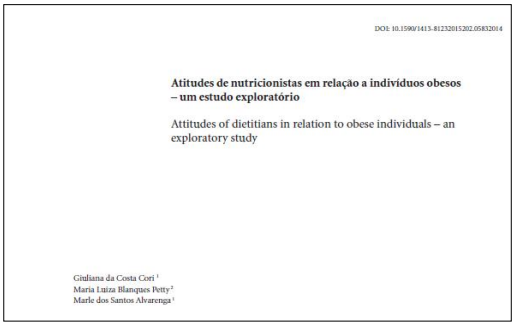
"Obesidade pode ser a primeira doença da história da medicina para qual o tratamento de sucesso esteja associado com o aparecimento de uma série de efeitos indesejáveis que podem contribuir para a recaída na condição".

Chaput et al., 2012

Responsabilidade do paciente?



MATARESE, Laura E.; PORIES, Walter J. Adult weight loss diets: metabolic effects and outcomes. **Nutrition in clinical practice**, v. 29, n. 6, p. 759-767, 2014.



DOI: 10.1590/1413-81232015202.05832014

Atitudes de nutricionistas em relação a indivíduos obesos – um estudo exploratório

Attitudes of dietitians in relation to obese individuals – an exploratory study

Giuliana da Costa Cori [1]
Maria Luiza Blanques Petty [2]
Marle dos Santos Alvarenga [1]

Ciência & Saúde Coletiva, v. 20, p. 565-576, 2015.

O QUE FAZER ENTÃO?

THEME
Weight

If not dieting, now what?

Rick Kausman
MBBS, is Director, Butterfly Foundation, Prahran, Victoria.
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Terrill Bruere

BACKGROUND
Helping patients to achieve and maintain their most healthy weight is a common challenge. Giving a 'one size fits all' set of instructions to patients who are over their most healthy weight does not help.

OBJECTIVE
This article discusses approaches to assist weight loss in patients while treating each patient as an individual.

Mudança de comportamento

Alimentação melhor
Mais atividade física
Melhores parâmetros clínicos

ORIGINAL RESEARCH

Healthy Lifestyle Habits and Mortality in Overweight and Obese Individuals

Eric M. Matheson, MS, MD, Dana E. King, MS, MD, and Charles J. Everett, PhD

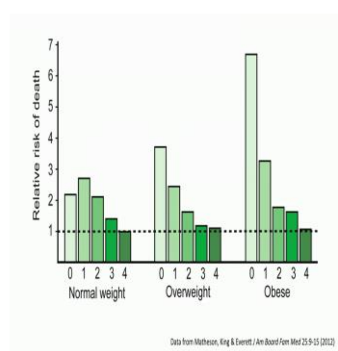
Background: Though the benefits of healthy lifestyle choices are well-established among the general population, less is known about how developing and adhering to healthy lifestyle habits benefits obese versus normal weight or overweight individuals. The purpose of this study was to determine the association between healthy lifestyle habits (eating 5 or more fruits and vegetables daily, exercising regularly, consuming alcohol in moderation, and not smoking) and mortality in a large, population-based sample stratified by body mass index (BMI).

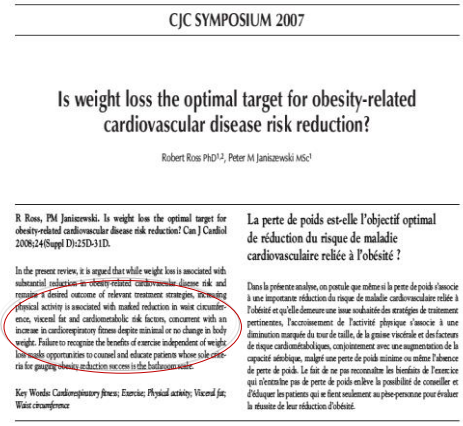
Methods: We examined the association between healthy lifestyle habits and mortality in a sample of 11,761 men and women from the National Health and Nutrition Examination Survey III; subjects were ages 21 and older and fell at various points along the BMI scale, from normal weight to obese. Subjects were enrolled between October 1988 and October 1994 and were followed for an average of 170 months.

Results: After multivariable adjustment for age, sex, race, education, and marital status, the hazard ratios (95% CIs) for all-cause mortality for individuals who adhered to 0, 1, 2, or 3 healthy habits were 3.27 (2.36–4.54), 2.59 (2.06–3.25), 1.74 (1.51–2.02), and 1.29 (1.09–1.53), respectively, relative to individuals who adhered to all 4 healthy habits. When stratified into normal weight, overweight, and obese groups, all groups benefited from the adoption of healthy habits, with the greatest benefit seen within the obese group.

Conclusions: Healthy lifestyle habits are associated with a significant decrease in mortality regardless of baseline body mass index. (J Am Board Fam Med 2012;25:9–15.)

RISCO DE VIDA EM DIFERENTES ESTADOS NUTRICIONAIS





CJC SYMPOSIUM 2007

Is weight loss the optimal target for obesity-related cardiovascular disease risk reduction?

Robert Ross PhD[1,2], Peter M Janiszewski MSc[1]

R Ross, PM Janiszewski. Is weight loss the optimal target for obesity-related cardiovascular disease risk reduction? Can J Cardiol 2008;24(Suppl D):25D-31D.

In the present review, it is argued that while weight loss is associated with substantial reduction in obesity-related cardiovascular disease risk and remains a desired outcome of relevant treatment strategies, increasing physical activity is associated with marked reduction in waist circumference, visceral fat and cardiometabolic risk factors, concurrent with an increase in cardiorespiratory fitness despite minimal or no change in body weight. Failure to recognize the benefits of exercise independent of weight loss usurps opportunities to counsel and educate patients whose sole criteria for gauging obesity reduction success is the bathroom scale.

Key Words: *Cardiorespiratory fitness; Exercise; Physical activity; Visceral fat; Waist circumference*

La perte de poids est-elle l'objectif optimal de réduction du risque de maladie cardiovasculaire reliée à l'obésité ?

Dans la présente analyse, on postule que même si la perte de poids s'associe à une importante réduction du risque de maladie cardiovasculaire reliée à l'obésité et qu'elle demeure une issue souhaitée des stratégies de traitement pertinentes, l'accroissement de l'activité physique s'associe à une diminution marquée du tour de taille, de la graisse viscérale et des facteurs de risque cardiométaboliques, conjointement avec une augmentation de la capacité aérobique, malgré une perte de poids minime ou même l'absence de perte de poids. Le fait de ne pas reconnaître les bienfaits de l'exercice qui n'entraîne pas de perte de poids enlève la possibilité de conseiller et d'éduquer les patients qui se fient seulement au pèse-personne pour évaluer la réussite de leur réduction d'obésité.

Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults

The Evidence Report

NHLBI Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Obesity in Adults (US)

Bethesda (MD): National Heart, Lung, and Blood Institute; 1998 Sep.

Report No.: 98-4083

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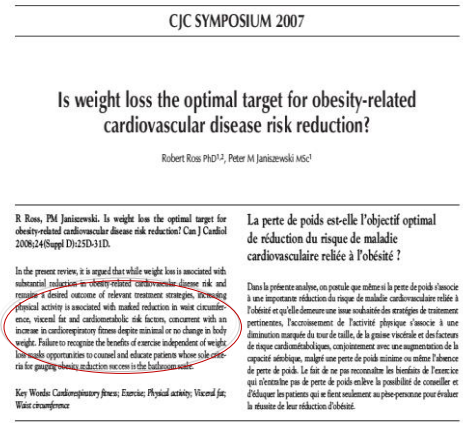
- decisão de perda de peso feita em conjunto com o paciente

- para um algoritmo de tratamento que aponta que pacientes com sobrepeso, sem circunferência de cintura aumentada e com menos de 2 fatores de risco (como fumo, hipertensão, LDL colesterol alto ou HDL colesterol baixo, glicemia de jejum alta, história familiar de doenças cardiovasculares), **devem ser mais orientados a prevenir ganho de peso futuro, do que perder de peso**

"É preciso cautela na prescrição da perda de peso, que pode ser acompanhada de efeitos colaterais que podem fazer a manutenção do balanço de energia mais frágil e vulnerável ao reganho de peso".

Chaput et al., 2012



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Aphramor *Nutrition Journal* 2010, **9**:30
http://www.nutritionj.com/content/9/1/30

NUTRITION JOURNAL

RESEARCH Open Access

Validity of claims made in weight management research: a narrative review of dietetic articles

Lucy Aphramor

Abstract

Background: The best available evidence demonstrates that conventional weight management has a high long-term failure rate. The ethical implications of continued reliance on an energy deficit approach to weight management are under-explored.

Methods: A narrative literature review of journal articles in *The Journal of Human Nutrition and Dietetics* from 2004 to 2008.

Results: Although the energy deficit approach to weight management has a high long-term failure rate it continues to dominate research in the field. In the current research agenda, controversies and complexities in the evidence base are inadequately discussed, and claims about the likely success of weight management misrepresent available evidence.

Conclusions: Dietetic literature on weight management fails to meet the standards of evidence based medicine. Research in the field is characterised by speculative claims that fail to accurately represent the available data. There is a corresponding lack of debate on the ethical implications of continuing to promote ineffective treatment regimes and little research into alternative non-weight centred approaches. An alternative health at every size approach is recommended.

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Preventing Obesity and Eating Disorders in Adolescents

Neville H. Golden, MD, FAAP, Marcie Schneider, MD, FAAP, Christine Wood, MD, FAAP,
COMMITTEE ON NUTRITION, COMMITTEE ON ADOLESCENCE, SECTION ON OBESITY

PEDIATRICS Volume 138, number 3, September 2016

Obesity and eating disorders (EDs) are both prevalent in adolescents. There are concerns that obesity prevention efforts may lead to the development of an ED. Most adolescents who develop an ED did not have obesity previously, but some teenagers, in an attempt to lose weight, may develop an ED. This clinical report addresses the interaction between obesity prevention and EDs in teenagers, provides the pediatrician with evidence-informed tools to identify behaviors that predispose to both obesity and EDs, and provides guidance about obesity and ED prevention messages. The focus should be on a healthy lifestyle rather than on weight. Evidence suggests that obesity prevention and treatment, if conducted correctly, do not predispose to EDs.

Mudança de comportamento!

E ambientais, sociais, culturais...
E políticas públicas

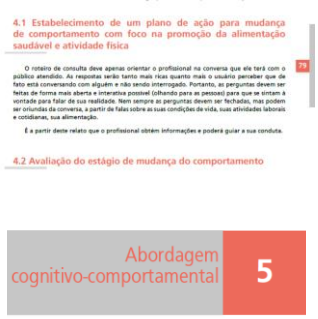
Expandir esforços além das questões individuais para políticas de mudança social e mudanças ambientais.

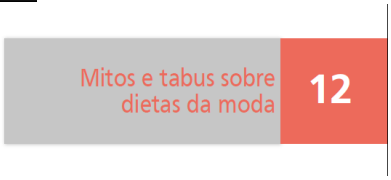
Os indivíduos só devem ser responsabilizados sobre se engajarem em comportamentos mais saudáveis se lhes é dado completo acesso a condições que permitam estes comportamentos!

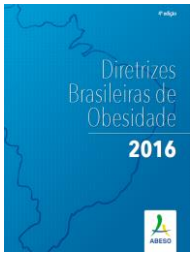
(Puhl & Heuer, 2010)

Brasil

Como estamos?







Recomendações - Tratamento dietético - Abeso, 2016.

genta

INSTITUTO NUTRIÇÃO COMPORTAMENTAL O Original