Commentary

iMedPub Journals
www.imedpub.com

Journal of Clinical Nutrition & Dietetics
ISSN 2472-1921

2021
Vol.7 No.12:001

Commentary on Diet and Obesity

Ioanna Giroux Reeves*

Research Centre-Faculty of Medicine, National Autonomous University of Mexico-Benito Juárez Autonomous University of Oaxaca, Oaxaca, Mexico

***Corresponding author:** Ioanna Giroux Reeves, Research Centre-Faculty of Medicine, National Autonomous University of Mexico-Benito Juarez Autonomous University of Oaxaca, Oaxaca, Mexico, E-mail: reevesgiroux@gmail.com

Received date: December 01, 2021; **Accepted date:** December 15, 2021; **Published date:** December 22, 2021

Citation: Reeves GI (2021) Commentary on Diet and Obesity. J Clin Nutr Diet Vol.7 No.12: 1.

Description

Obesity is a condition in which excess body fat has built up to the point where it may be harmful to one's health. Obesity is defined as when a person's Body Mass Index (BMI), which is calculated by dividing a person's weight by the square of their height, exceeds a certain threshold notwithstanding allometric imperfections. Obesity is a leading cause of disability and has been linked to a number of diseases and ailments, including cardiovascular disease, type 2 diabetes, obstructive sleep apnea, cancer, and osteoarthritis. High BMI is a risk factor for diseases caused by nutrition and physical activity, but it is not a direct cause. Although the majority of obese persons try to lose weight at any specified instant and are sometimes successful, research suggests that long-term weight loss is uncommon. Weight cycling has uncertain causes; however they may include decreased energy consumption and an increased biological drive to consume during and after calorie restriction. More research is needed to determine whether yo-yo dieting and weight cycling contribute to obesity-related inflammation and disease risk.

Obesity prevention will necessitate a multifaceted approach that includes interventions at the community, family, and individual levels, despite the fact that there is no effective, well-defined, evidence-based intervention. Doctors recommend healthier food choices and physical activity as the two major treatments. Reduced consumption of energy-dense foods, such as those high in fat or sugar, and increased consumption of dietary fibre can enhance diet quality. Large-scale study in wealthy countries, on the other hand, has revealed an inverse relationship between energy density and meal energy cost. Medications can be used in conjunction with a healthy diet to control appetite or fat absorption. If diet, exercise, and medicine don't work, a gastric balloon or surgery to reduce the size of the stomach or intestines may be used, leading to faster sense of fullness or a lower ability to absorb nutrients from food.

Most cases of obesity, according to the "a calorie is a calorie" paradigm, are caused by a combination of excessive dietary energy intake and a lack of physical exercise. Genetics, physiological issues, and psychiatric disorders all have a role in a small number of instances. Increasing societal obesity rates, on the other hand, are attributed to an easily accessible and appetizing cuisine, growing reliance on automobiles, and mechanized manufacturing.

The link between fast-food consumption and obesity is becoming more significant as societies become more reliant on energy-dense, large-portioned, and fast-food meals.

In the United States and Europe, agricultural policy and practices have resulted in decreased food prices. Corn, soy, wheat, and rice have all benefited from farm bill subsidies in the United States, making processed foods more affordable than fruits and vegetables. Calorie counting rules and nutrition data labels aim to encourage consumers to make healthier food choices by making them aware of how much energy they are consuming.

When compared to those of normal weight, obese people routinely under-report their food consumption. This is substantiated by both laboratory tests and direct observation of humans in a calorimeter room.