

OBESITY

Dr Parveen Yaqoob

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Part 1

1. What is the Body Mass Index (BMI) definition of grade 1 overweight?
2. What two BMI conditions put a person more at risk of death?
3. Why do South Asian people have a lower BMI cut-off point than European and Afro-Caribbean populations?

Part 2

4. What does the lecturer mean by 'Central Obesity'?
5. Apart from Type II diabetes what other illnesses are associated with obesity?
6. In the USA what percentage of Type II diabetes is attributed to obesity as the primary cause?

Part 3

7. What proportion of adults in the UK are estimated to be obese at the present time?
8. What three important things does the lecturer say that the graph shows?
9. What 3 reasons does the lecturer give for the higher prevalence of obesity in women than in men?

Part 4

10. In which immigrant communities in Britain is the prevalence of obesity particularly low?
11. What is notable in Saudi Arabia and in Western Samoan when you look at the obesity data internationally?
12. If you compare the 1986 data with the current data, how has the prevalence of obesity changed?

Part 5

13. Explain in simple terms what 'energy balance equation' is.
14. According to the lecturer, is obesity a result of genes or life styles?
15. The lecturer said that it is very rare for 'monogenic' syndromes to cause obesity. What does she say about the possibility of 'polygenic' disorder?

Part 6

16. What two kinds of genes does the lecturer mention with regard to obesity? What does she say about the relationship between the two?
17. What is the problem with the research studies analysing whether people have the good or the bad form of the gene in relation to their BMI?
18. What special property did the gene leptin have as demonstrated in a mutant strain of mice?

Part 7

19. What does leptin do when you have eaten?
20. What is the new theory to explain why people with high BMI and high leptin are still obese?
21. Is it true that obese people generally have higher leptin levels than thin people?

Part 8

22. What does the lecturer say about commercial food intake in the last 20 to 30 years?
23. What does the lecturer say has changed in our energy intake over the last 30 years?
24. What reason does the lecturer give for more people being obese now in comparison to 30 years ago?

Part 9

25. What is the percentage of individuals in the UK who are classed as sedentary, and what does 'sedentary' mean?
26. What examples does the lecturer give of activities which do not require physical activity?
27. What does the lecturer say is the cause obesity?

Key

Part 1

28. A BMI of 25 to 29.9 is classified as grade 1 overweight.
29. Being obese or being significantly underweight.
30. They are smaller and more lightly built, so less able to cope with excess weight.

Part 2

31. She means excess weight around the stomach area.
32. Other illnesses are heart-disease, cancers, osteoarthritis, gallstones and sleep apnoea.
33. More than 60%.

Part 3

34. One in four.
35.
 - It shows that as age increases, so does obesity up to the age of 64.
 - After the age of 64 obesity levels drop.
 - Up to the age of 54 the prevalence of obesity is about the same for both men and women. After the age of 55 the prevalence of obesity tends to be higher in women.
36.
 - Women tend to live longer than men.
 - There may be some hormonal effects which gives them a higher BMI than men.
 - Women naturally have a higher proportion of fat in their bodies than men.

Part 4

37. In the Bangladeshi and Chinese communities.
38. The prevalence of obesity in women is much higher compared with that of men.
39. The rates are increasing, as people say. The number of people with obesity has tripled in 25 years.

Part 5

40. If you eat more than you burn off, you put on weight, and if you eat less than you burn off, you will lose weight.
41. It's mainly about life styles but there may be some influence of genes.
42. The lecturer said that a large number of genes are susceptibility genes which do not necessarily cause obesity, but they do become active in an adverse environment.

Part 6

43. One kind of genes is more susceptible to obesity, but the other is protective. Different people have a different balance of protective versus susceptible.
44. It does not analyse the significance of the good or bad genes to a persons BMI so their importance in fighting obesity is unclear.
45. It controls food intake by signalling to the brain when you are full, so you will stop eating.

Part 7

46. It signals to the brain that you have eaten and stops the brain from making the neuropeptide y which stimulates hunger.
47. The idea is that obese people are leptin resistant so the signals to the brain do not work.
48. Yes they do.

Part 8

49. She says that portion sizes seem to have increased, and quotes Burger King beefburgers as an example.
50. She says that in the last 30 years our energy intake is lower than previously.
51. Energy expenditure has decreased.

Part 9

52. The percentage is almost 30% and 'sedentary' means people doing less than 30 minutes of moderate activity on five days a week.
53. She says people in the UK are watching more television and have more cars so do not walk as often as they used to do.
54. The imbalance between energy intake and energy expenditure.