

3rd World Summit on HEALTH NUTRITION

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Obesity Myths and Facts**Ecler Ercole Jaqua***Loma Linda University, USA*

The goal of this talk is to explain and clarify some misconceptions about obesity.

1. Obesity is a choice, not a disease: Myth.

Obesity is a chronic, relapsing, multifactorial, and neurobehavioral disease. An increase in body fat endorses abnormal fat mass physical forces and dysfunction, resulting in unfavorable metabolic, biomechanical, and psychosocial health consequences.^{1,2,3,4}

2. Obesity can be attributed to genetics: Fact.

In 2007 a genome-wide association study (GWAS) identified the Fat mass and obesity-associated gene (FTO), an established obesity-susceptibility locus located at chromosome 16 q12.2. Specific alleles of the FTO gene may be associated with adiposity.^{5,6,7}

3. Being overweight is never healthy: Fact.

For BMI ≥ 25 , each 5 kg/m² increased in BMI is associated with 30% higher mortality. It is also related to an increased risk of cancer, diabetes mellitus type 2, hypertension, and thrombosis. To every 1 kilogram in weight gain, the risk of developing diabetes type 2 may increase by 9%.^{8,9}

An alternative way to categorize obesity and diseases caused by obesity is between fat mass and sick Fat.

4. Obesity is not associated with sleep. Myth.

"Sleep is the 'most sedentary activity' yet may be the only sedentary one that protects from weight gain".^{10,11}

World Health Organization (WHO) and Center for Disease Control and Prevention (CDC) recommend 7-8 hours of sleep a night.⁸

5. There is no relationship between breastfeeding as an infant and obesity. Myth.

Rates of obesity are significantly lower in breastfed infants. There would be a decrease of about 15-30% in obesity rates for teenagers and adults if any breastfeeding happened in infancy compared with no breastfeeding.¹²

Biography

Ecler Jaqua began at only age 17 her medical school at The Lutheran University of Brazil. Fascinated with the comprehensive care of all ages, and the continuing care of the individual and family, she naturally embraced and pursued her focus in Family Medicine. After completing a Family Medicine Residency at Loma Linda University Health, as well as being chief resident during her last year of training, she decided to specialize in Geriatric Medicine at UCLA. Soon after completing her fellowship in LA, she returned to Loma Linda to pursue her passion for teaching residents, caring for her family and geriatric patients. Additionally, she had the opportunity to complete the Lifestyle Medicine Board and the Obesity Medicine Board certification while working as an Assistant Professor at Loma Linda University Family Medicine Residency. She is happily married and has a little girl named Celine.