

Obesity and OSA in Gulf Cooperative Council Countries: Another Gulf War Syndrome

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Editorial

With waistlines expanding rapidly in the residents of Gulf cooperative council countries, (GCC) (including UAE, Saudi Arabia, Qatar, Bahrain, Kuwait and Oman) with special thanks to a fast-food culture, sedentary/westernized lifestyles, outdoor weather conditions and complex interplay of many other factors. GCC region can no longer ignore the cost of obesity (indirect and direct) in terms of consequent health problems, healthcare expenditure and human sufferings.

Figures from population prevalence of obesity studies vary widely but all point towards a single conclusion; there is a time bomb of obesity and related disease ticking in the GCC countries leading to "another gulf war syndrome". Obesity is already an epidemic and is rising with no signs of slowing.

According to the latest available study by the WHO, 67% of Emirati men and 72% of Emirati women are overweight. Around 39.9% of UAE women are obese, the seventh highest proportion in the world. Among men, 25.6% were classified as obese, the ninth highest figure. Official UAE health ministry calculated that 44.6% of Emirati women will be obese by 2015. At an obesity conference in Abu Dhabi, in 2010, it was released that 71% of the Emirati adult population is obese, while in a recent survey in Abu Dhabi, 35% of the population was classified as obese and 32% as overweight. Studies have also found that expatriate workers from various countries are far more likely to suffer from obesity after spending a period of time in the UAE.

Recent study on OSA prevalence in UAE revealed that almost 24% of males in the UAE probably have sleep disorders related to sleep apnea, and about 21% of females from almost 1,200 people surveyed.

As GCC regions is becoming more richer, it is also becoming prosperous in the prevalence of obesity, OSA and other related medical illness. Kuwait has the highest incidence of obesity in the world with 42.8% of its population deemed overweight, and in Saudi Arabia over 35% population is considered clinically overweight. The high rankings are a "curse" of the prosperity enjoyed by Gulf citizens over the past few decades. The prevalence of obesity in adults of 30-60 years in Saudi Arabia has increased by 1.5% for women and 4.1% for men annually. In Qatar and Kuwait, 35% and 36% of male; and 45% and 48% of female adults were found to be obese respectively. Equally alarming explosion of obesity has been observed in young people in GCC.

Diabetes Explosion

A key factor driving healthcare costs in GCC is growing incidences of lifestyle-related health related problems such as diabetes mellitus (DM) and cardiovascular diseases, often seen as a direct consequence of obesity & OSA. "The burden of DM is expected to surge over the next decades, as the Middle East will face the greatest increase in prevalence of Type 2 DM worldwide, with 60 million diabetics in 2030.

According to The International Diabetes Federation (IDF) around 34.6 million people in the GCC (9.2% of the adult population) have DM and this number is set to almost double to 67.9 million by 2035.

"The explosion of diabetes in the region is overwhelmingly due to Type 2 DM. Worryingly, the prevalence (%) in the region among younger age groups is substantially higher than the global average. Saudi Arabia has highest number of children with Type 1 DM in GCC region.

Cardiovascular disease: are also on steep surge as a consequence of obesity and OSA in GCC region and expected to continue on rise over coming decades with significant morbidity and mortality.

Economic Burden

All GCC countries have seen huge hikes in medical budgets over last few years. In 2011, GCC states spent around \$28.9 billion on healthcare. By 2014 that figure will be \$44 billion and by 2025 it will rise to \$60 billion as all those fried chickens come home to roost.

We don't have the exact cost for the UAE but with the country ranking high globally in obesity and diabetes prevalence, the economic impact could run into billions.

Conclusion

Intensive ministerial and administrative efforts should be taken in order to prevent obesity, educate general population and on the early diagnosis and treatment of obesity, OSA, and other consequent medical problems in order to curb the numbers of these curable diseases in GCC.

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