



Study of Risk factors of obesity and Hypertension in Telangana Population

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Abstract

Background: Obesity is quite common disorder due to overuse of travelling facilities, excess eating of junk foods and unaware of health guidelines.

Method: 85 adult patients aged between 40 to 60 years were studied. Their BMI and HTN were noted more over their various habits and socio-economic status was also recorded. Their Routine Blood examination and lipid profile was analysed and treated accordingly.

Results: 54 (63.5%) had BMI 26 to 28 and 31 (36.4%) had 29 to 30, 33 (38.8%) had HTN and 52 (61.1%) had No HTN. Their habits were 48 (56.4%) were leading sedentary life, 23 (27%) alcoholic, 19 (22.3%) smokers, 24 (28.2%) tobacco chewers.

Conclusion: These finding indicates that, the medical faculties including medico-social workers, clinicians must create awareness about obesity and its risk factors.

Introduction

Due to many travelling facilities in recent years obesity has become very common and increasing health burden globally ⁽¹⁾. Obesity is an increase in body weight as the result of excessive accumulation of body fat. The body weight depends on the balance between caloric intake and utilization of calories. Obesity results, when the caloric value of food intake exceeds energy output. A person is considered obese if the Body Mass Index (BMI) is 30 or greater Raised BMI is the risk factor for non-communicable diseases ⁽²⁾. Coronary artery disease risk associated with obesity is higher in younger age and people with abdominal obesity than in those with excess of fat around the hips and heights ⁽³⁾. There is positive correlation between BMI and blood pressure in India and abroad ⁽⁴⁾. Both systolic and diastolic Blood pressure increases with BMI and obese are at higher risk of developing HTN than lean individuals. Hence attempt is made to evaluate the obesity and hypertension because it is rightly said that, "longer the best shortens the life".

Material and Method

85 adult patients aged between 40 to 60 years visiting to MediCiti Institute of Medical Sciences, Ghanpur Village, Medchal Mandal, Medchal Malkajgiri (dist) – 501401, Telangana were studied.

Inclusive Criteria: The obese patients having abnormal BMI, majority of them leading sedentary life were selected for study.

Exclusion Criteria: Patients having Diabetes Mellitus, Hypothyroidism, psychological disorders were excluded from study.

Methods: Habit and Habitats of each patient was recorded. Their BMI (BMI = $\frac{\text{Weight}}{\text{Height}^2} \times 100$), their Blood pressure was recorded with

Weight

Sphygmomanometer. Majority of them belong to middle socio-economic status and slum dwellers unhygienic, and addicted to alcohol, tobacco etc. Routine Blood examination and lipid profile was carried out their causative factors ruled out and treated accordingly. Duration of study was June-2018 to July-2020.

Statistical analysis: clinical manifestation, various habits of the patients was classified with percentage. The statistical analysis was carried out in SPSS software. The ratio of the male and female was 2:1

Observation and Results

Table-1: Clinical manifestations of the patients with obesity and HTN BMI (Body Mass Index) 54 (63.5%) had 26 to 28 BMI, 31 (36.4%) had 29 to 30 BMI

- HTNC (Hyper tension) – 33 (38.8%) were with HTN, 52 (61.1%) were without HTN.

Table-2: study of different habits of patients with obesity and HTN 48 (56.4%) were leading sedentary life, 25 (27%) were alcoholic, 19 (22.3%) were smokers, 24 (28.2%) were tobacco chewers.

Discussion

The present study of risk factors of an obesity and HTN in Telangana Population 54 (63.5%) had 26 to 28 and 31 (36.4%) had 29 to 30 BMI, 33 (38.8%) were with HTN, 52 (61.1%) were without HTN (Table-1). The different habits were 48 (56.4%) had sedentary life, 23 (27%) alcoholic, 19 (22.3%) cigarette smokers, 24 (28.2%) were tobacco chewers (Table-2). These findings were more or less in agreement with previous studies ⁽⁵⁾⁽⁶⁾⁽⁷⁾.

It is also reported that, obesity could be due to genetic factors or sedentary life style and non-balance of food intake ⁽⁸⁾. Most of the obese suffering with HTN Due to dietary sodium obesity stress. It is also reported that, psychotic patients finds pleasure in eating, due to excess of eating they develop obesity ⁽⁹⁾. Some are due to excessive alcohol, intake, smoking tobacco-chewing as observed in present study. The alcohol consumed in slum areas or rural areas is sub-standard. Apart from causing obesity it will cause hepato renal toxicity, CVS disease, cholelithiasis, fatty liver, cirrhosis of liver, glmulo-nephritis, myxedema, hyperthyroidism etc ⁽¹⁰⁾. Sedentary life will leads to Diabetes mellitus also. These obese patients with HTN are also more to road accidents due to clumsiness. It is also observed that most of the obese were illiterate or living in depression due to psycho-somatic factors.

Summary and Conclusion

Present study of risk factors of obesity and HTN in Telangana Population. Apart from the proper treatment, social awareness regarding risk factors of obesity and reasons of obesity is required to find out, moreover it also hour of need to create moral support in alcoholic, depressive illness patients to de-addict the bad habits and bringing them to main stream of health line so that they can lead normal and quality life.



Table – 1**No. of patients: 85****Clinical Manifestation of patients with obesity and Hypertension**

Sl. No	Particulars	No. of patients 85	Percentage (%)
a	BMI		
	1) 26 to 28	54	63.5
	2) 29 to 30	31	36.4
b	1) with HTN	33	38.8
	2) without HTN	52	61.1

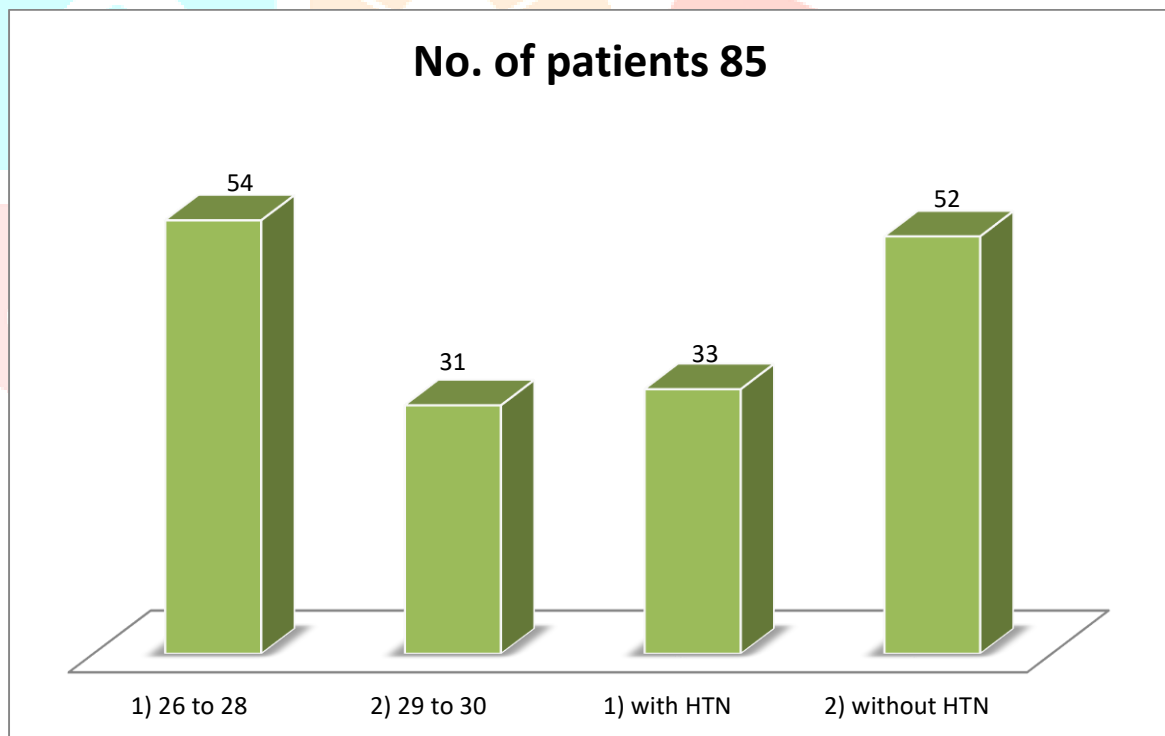
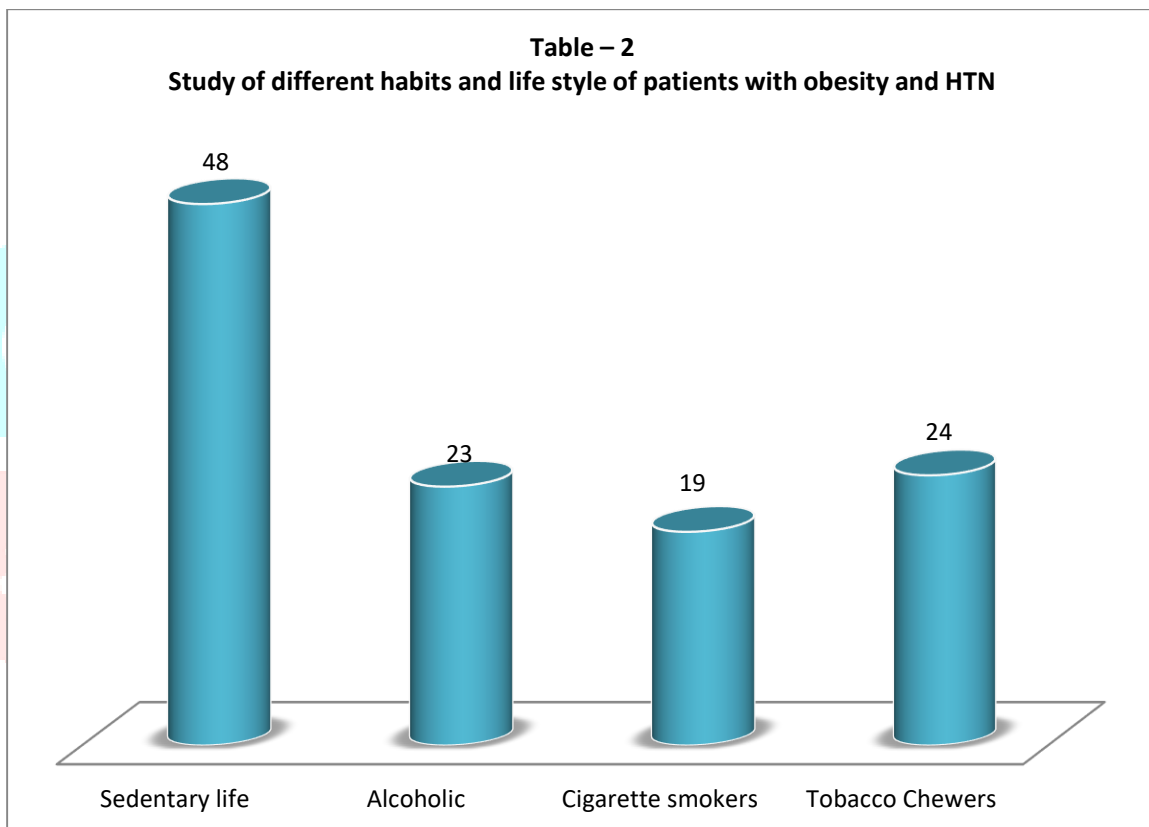


Table – 2**Study of different habits and life style of patients with obesity and HTN**

Sl. No	Habits and life style	No. of Patients	Percentage (%)
1	Sedentary life	48	56.4
2	Alcoholic	23	27
3	Cigarette smokers	19	22.3
4	Tobacco Chewers	24	28.2



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