



NutroNews

Nutrologia uma nova Especialidade Médica
Nutrientes na Saúde e na Doença
Nutrologia para todas as especialidades

ANO 1 - Nº 6 - SETEMBRO 2012



NUTROLOGIA

Saúde; Nutrientes;
Alimentação; Doença.

A Nutrologia/Nutrição em Medicina é a especialidade Médica que estuda os nutrientes dos alimentos na saúde, na do-ença, no tratamento e na prevenção de doenças nas quais direta ou indiretamente são encontrados distúrbios, alterações de nutrientes. Incluem-se entre outras a obesidade, doenças cardiovasculares, doenças crônicas degenerativas, osteoporose, dislipidemias, hipertensão, diabetes, câncer etc. Convidamos vocês a participarem de nossas reuniões. **NOSSA PROXÍMA REUNIÃO SERÁ 24 DE SETEMBRO DE 2012, ÀS 19:30H NO CENTRO MÉDICO DE RIBEIRÃO PRETO, RUA THOMAS NOGUEIRA GAIÁ, 2011- IRAJÁ.** Iremos dar continuidade aos estudos sobre Obesidade, onde para a Nutrologia chamamos de Síndrome Obesogênica (refere aos Distúrbios de vários Nutrientes). O Dr. Carlos Alberto Nogueira falará sobre “Obesidade Infantil”, a visão do Nutrólogo será apresentada e discutida, também será tratado a consulta e orientação do Nutrólogo no atendimento das crianças obesas, diferente de outros médicos pediatras, não especialistas e de profissionais não médicos (como os Nutricionistas, que fazem o diagnóstico e tratamento da Obesidade como um anormal e excessivo acúmulo de tecido adiposo, medido pelo Índice de Massa Corporal – IMC.

ARTIGOS NA LITERATURA SOBRE OBESIDADE

Defining the problem of overweight and obesity

WHO

Obesity is often defined simply as a condition of abnormal or excessive fat accumulation in adipose tissue, to the extent that health may be impaired. The underlying disease is the process of undesirable positive energy balance and weight gain. However, obese individuals differ not only according to the degree of excess fat which they store, but also in the regional distribution of that fat within the body. The distribution of fat induced by weight gain affects the risks associated with obesity, and the kinds of disease that result. Indeed, excess abdominal fat is as great a risk factor for disease as is excess body fat *per se*. There is value, therefore, in having a method of distinguishing those at increased risk as a result of “abdominal fat distribution”, or “android obesity” as it is often known, from those with the less serious “gynoid” fat distribution, in which fat is more evenly and peripherally distributed around the body.

BMI can be considered to provide the most useful, albeit crude, population-level measure of obesity. The robust nature of the measurements and the widespread routine inclusion of weights and heights in clinical and population health surveys mean that a more selective measure of adiposity, such as skin fold thickness measurements, provide additional rather than primary information. BMI can be used to estimate the prevalence of obesity within a population and the risks associated with it. It does not, however, account for the wide variation in the nature of obesity between different individuals and populations. **WHO. Obesity – Preventing and managing the global epidemic. Pages 7-10. June 1997**

Dietary, Lifestyle, and Health Correlates of Overweight and Obesity in Adults 19 to 39 Years of Age The Bogalusa Heart Study

C.E. O'Neil et.al.

Diet and lifestyle factors of young adults and their relationship to health risk factors are understudied. Data from the Bogalusa Heart Study population (n = 1214; 19–39 years; 74.1% white; 60.8% female) were used to study associations of lifestyle, health risk factors, and reported health problems with the National Institutes of Health body mass index (BMI) categories of normal, overweight, and obese. Obese participants also had higher odds of being physically inactive versus being very active (OR = 2.65; CI = 1.64–4.29). Mean serum total and low-density lipoprotein cholesterol, triglycerides, a polipoprotein-B, and insulin resistance were higher ($P < .05$ for all) in the overweight/obese when compared with normal weight individuals. Values were higher in those with higher weight status (linear trend $P < .0001$ for all). Self reported health problems also increased with BMI. Interventions to improve diet and physical activity patterns among overweight/obese adults in this age group are needed. Overweight and obesity have been linked to many chronic diseases, including cardiovascular disease (CVD), hypertension, type 2 diabetes mellitus (T2DM), metabolic syndrome (MetS), some cancers, sleep apnea, and osteoarthritis. Although it appears that the levels of overweight/obesity is leveling off in most groups, it has been estimated that by 2030, obesity will cost the United States 860.7 to 956.9 billion dollars. The cause(s) of overweight/obesity is multifactorial and includes physiologic, lifestyle, and sociodemographic factors. Examining factors related to weight status is important to help plan effective prevention or treatment programs. **Am J Lifestyle Med. 6, Issue 4, pages 347-358. 2012**

Pharmacotherapy for Obesity

Ioannides-Demos LL. et.al.

Given that obesity is the greatest epidemic in human existence (based upon the number of lives affected), it is perhaps surprising that no efficacious pharmacotherapies currently exist. Safety issues with previous weight-loss drugs that led to the discontinuation of fenfluramine, rimonabant and sibutramine may have tempered and perhaps even jaded the enthusiasm for future therapeutics. Because relatively healthy people would need chronic treatment, safety is a leading concern of regulators. However, in the majority of cases, improving the safety margin leads to a reduction in drug efficacy. Thus, what can we expect from this field in the next few years?. **Expert Review of Endocrinology and Metabolism. Jul 2011**

Aguardamos sugestões, comentários ou dúvidas, email: nutronews@yahoo.com