Globally, childhood obesity is an emerging public health problem. Elevated body mass index (BMI, kg/m$^2$) in childhood is associated with 1) hyperlipidemia, insulin resistance, and hypertension; and 2) adulthood obesity and cardiovascular disease (CVD). In many developing countries, low birth weight, underweight, and stunting are still prevalent, which might be associated with increased CVD risk in adulthood. The dual burden of obesity and underweight create economic and public health challenges, especially in countries undergoing socioeconomic transition.

In this issue of Jornal de Pediatria, Silva et al. compared the growth patterns of Brazilian children and adolescents with the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) growth charts. This cross-sectional study analyzed data involving 41,654 students (23,328 boys and 18,326 girls) aged 7-17 years. The data were collected from public and private schools located in 23 states across the five Brazilian regions (North, Northeast, Central West, Southeast, and South) in 2004 and 2005. Height and weight were measured by trained staff using calibrated equipment. Weight, height, and BMI were compared with corresponding age- and gender-specific CDC and WHO reference values using Student's t test. The study showed gender variation in height, weight, and BMI. Boys were taller at ages 7, 13-17 years; girls were taller at ages 9-17 years.
at individual, familial, social, and environmental changes needed to promote optimal growth. National statistics on the prevalence of stunting, underweight, overweight, and obesity in Brazilian children will influence public health policies and answer the question whether obesity is an emerging problem in Brazilian children and adolescents.

References

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