

Body Mass Index has a Good Correlation with a Proatherosclerotic Profile in Children and Adolescents

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Obesity has become a public health problem in many western countries¹. The life habits that include important dietary errors and a sedentary lifestyle are the main responsible factors for this scenario. In many cultures, the preference for large food portions is prevalent, to the detriment of the quality and nutritional characteristics of the food. It is known that obesity is usually accompanied by comorbidities such as arterial hypertension, dyslipidemia and dysglycemia². This set of problems, when occurring in the same individual, has been called “metabolic syndrome” and it has been recognized that insulin resistance is an important component of the process³. The presence of this syndrome highly increases the risk of cardiovascular diseases and diabetes, when these conditions are not already present⁴. It is known, in general, that the incidence of the metabolic syndrome increases with age, but studies have demonstrated that obesity and metabolic syndrome have been occurring progressively earlier, very

often in children and adolescents⁵. This well-designed and well-performed study showed, in children and adolescents, the association between the percentiles of body mass index (BMI) and other cardiovascular risk factors, such as arterial hypertension, low HDL-cholesterol, increased triglycerides, increased glycemia and insulin, as well as insulin resistance using the HOMA-IR⁶ index.

The authors consider that the available evidence suggests that this concomitance of risk factors that appears early in life will persist and even worsen if the primary prevention measures are not adopted early and speculate that this will result in increased morbidity and mortality among the future adults. The authors also analyze the limitations pointed out by other authors regarding the use of the BMI to characterize obesity, but they defend its use considering that it is easy to employ when obtaining measurements and its association with the analyzed risk factors.

Key Words

Body Mass Corporal; Child; Adolescent; Risk Factors.

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