

Problems of obesity and diabetes

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Introduction

The problem of obesity and diabetes is widely discussed in health science research nowadays. The complexity of both issues is driven by the fact that both diseases are a result of a long-term diet and lifestyle violation. Thus the treatment of both obesity and diabetes is also a long-term process which requires constant control measures and risk assessment.

In many cases, medical science is not yet ready to cope with both issues at once. Past research shows that the implementation of programs for obesity and diabetes treatment involves either one of the concepts or is not fully accomplished (Keener et al., 2009). For this reason, it has been proposed to evaluate the practical implementation of the existing obesity and diabetes programs. Special attention in this research is given to children as potentially a large and growing population with obesity and diabetes risk factors (Ng et al., 2005; Keener et al., 2009).

Hossain, Kavar & El Nahas (2007) believe that the problems with weight which emerged in the past 20 years are a result of malnutrition which is based on 'overconsumption of cheap, energy-dense food' and general lack of physical activity which is a result of development of transport and technology. As a result, developing countries which have less food consumption in general report less obesity numbers, while developed economies of North America and Western Europe in general have higher health care cost percentages due to obesity issues (Kandib 2007).

It is essential to first of all look at the relationship between diabetes and obesity. Such analysis allows defining those factors and conditions which facilitate the implementation of programs for treatment of both obesity and diabetes. Research lacks information about risk factor assessment for both diabetes and obesity after the implementation of the proposed recommendations and performing the proposed control measures (Ng et al., 2005; Hossain et al., 2007). Therefore, this research paper is set to categorize the extent of practical implementation of these programs and evaluate the way in which obesity and diabetes risks are mitigated.

Diabetes and obesity: examination of relationship

According to health science research, obesity and diabetes are one of the top important health issues worldwide nowadays (Neutze, Egan & Mounsey, 2013). Cardiovascular disease is the result of both obesity and diabetes and already became a challenge for medical professionals as more than 18 million people die from cardiovascular disease annually all over the world (Hossain et al., 2007).

As Hossain et al. (2007) suggest, 'propelling the upsurge in cases of diabetes and hypertension is the growing prevalence of overweight and obesity' (p. 213). Therefore, both diabetes and obesity in a combination are a major cause for most heart diseases and blood vessel problems.

The statistical figures for obesity are shocking with more than 155 million children being overweight and more than 1.1 billion adults being overweight (Hossain et al. 2007). The combination of diabetes and obesity are not the factors of poor health and heart diseases, but they also affect kidneys, joints, and even skin.

Obesity is considered to be a factor causing diabetes (type 2). As Hossain et al. (2007) mention, 'the growing prevalence of type 2 diabetes, cardiovascular disease, and some cancers is tied to excess weight' (p. 214). It is believed that the majority of cases of type 2 diabetes are a result of overweight (Hossain et al., 2007; Keener et al., 2009). Type 2 diabetes is a lifestyle issue: the numbers for this type of diabetes in developing countries are significantly lower than in developed countries as a result of preserving the traditional lifestyle and consuming less energy-based food products.

Implementation of the obesity and diabetes programs

Hossain et al. (2007) mention the program developed by the World Health Organization in 2003 which incorporates Global Strategy on Diet, Physical Activity, and Health which was

directed towards developing countries who 'have initiated monitoring programs related to obesity and nutrition' (p. 215). Past research also reveals a number of studies which were held by medical institutions which produced well-organized programs addressing obesity and diabetes which were later not implemented at all due to the lack of support from the local government and economy. Therefore, as a result, 'few data are available on the cost of their implementation, and many such initiatives will encounter fierce opposition from food manufacturers and rights-oriented consumer groups who resent their effects on civil liberties' (Hossain et al. 2007).

Control measures and risk avoidance

Hossain et al. (2007) see the prevention of obesity and diabetes as the problem which 'will require fundamental social and political changes' primarily due to the lifestyle issues and cultural differences. Kandib (2007) also suggests this issue should be changed in order to influence obesity levels. Hossain et al. (2007) believe that in order to address both diabetes and obesity issues in developed countries, 'public health initiatives will be required to make affordable, healthful foods available, and initiatives in education and community planning will be needed to encourage and facilitate exercise' (p. 215).

Due to the fact that most programs which address obesity at early stages and diabetes at its risk stages are very complex to implement as they require cultural changes to the social policies and considerable lifestyle changes, one of the best recommendations for patients with the Body Mass Index over 35 kilograms per square meter and diabetes is the bariatric surgery (Neutze et al., 2013).

Conclusion

As Keener et al. (2009) suggest, in order 'to reverse the obesity epidemic, we must change our physical and food environments to provide more opportunities for people to eat healthy foods and to be physically active on a daily basis' (p. 1). Unfortunately, as past research demonstrates, despite the fact that the treatment for diabetes are quite easy to fulfill - diet and regular exercise - in some cases, these interventions are unsuccessful (Neutze et al., 2013).

However, obesity and diabetes, despite their expansion in modern society, are the issues that are easy to manage. The research reveals the gap between medical institutions adapting practices which are aimed at preventing diabetes and developing policies of promoting healthy lifestyle and the national level where the companies producing food and maintaining lifestyle are operating.

It is essential to understand that many factors of our cultural environment that maintain our lifestyle 'are created, managed, and maintained by local governments' (Keener et al. 2009, p. 2). In order to succeed with the policies aimed at addressing obesity and diabetes, local governments should be involved in the process to ensure that the control measures are fulfilled appropriately and managed at the centralized level.

Programs developed for diabetes are in most cases local and based on communities. According to Ng et al. (2005), 'a public health focus on community programs and policies that address various determinants of health is useful, since obesity and diabetes prevention require multiple modes of intervention and collaboration across professions and sectors' (p. 212). However, this focus is lacking assistance from the side of the local government and support from the side of national economy. Finding evidence of this support and addressing this support reveals the extent of practical implementation of these programs which is the purpose of this research study.

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