PHENOTYPIC STUDY OF OBESITY IN CHILDREN AND ADOLESCENTS

INTRODUCTION

Child Obesity is a major health problem. It is mainly due to a high diet and low physical activity. In some cases, they may be due to genetic causes. It must be detected and treated precociously due to an increased risk of early onset of diseases, including diabetes and heart disease.

Objective: Search the frequency, clinical and etiological characteristics of obesity in children and adolescents.

Method

This is a retrospective study of cases of obese children, hospitalized between 1995 and 2014. All patients underwent an examination and a complete physical examination. The exploration was completed by a general and endocrine balance. Depending on the results, a paraclinical exploration was made.

Results

48 cases were reported. The sex ratio G / F: 2. The mean age was 10 ± 5.8 years for males and 12 ± 1.04 years for females. Obesity is more common among girls whose age is between 12 and 18 years (58.3%) and between 6 and 12 years (25%). Obesity is more common among boys aged <6 years (50%) and aged between 12 and 18 years (37.5%).

Girls. In adolescence, obesity is greater among girls than boys (58.3% vs. 37.5%) whereas before the age of rebound weight, it is more important for boys 50% vs. 16.66%.

50% of boys and girls have moderate obesity. Severe and morbid obesity are in proportion equal to 25%; these causes are common 60.71%, syndromic obesity 21.43%, endocrine obesity 10.72% and iatrogenic 7.14%.

Complications are more common in boys 35.71% vs. 32.14% (p<0.01). Visceral and neuropsychiatric complications are predominant. Complications are more common in boys 35.71% vs. 32.14% (p<0.01). Visceral and neuropsychiatric complications are predominant.

DISCUSSION

Obesity now affects 10% of children. Prevent the disease from an early age is a goal as essential as delicate; Its consequences are serious and lasting.

This is a global problem that affects many countries with high and also low and middle income, especially in urban areas. In the majority of cases it is a common obesity due to an interaction between a genetic susceptibility and environment.

Its principal causes are in an change in diet with increased caloric consumption of foods high in fat and sugars and a trend towards decreased physical activity. It is important to research a secondary cause: syndromic or endocrine obesity. The Management should be done by a multidisciplinary team and can be organized in a network.

Its goal is to change lifestyle with a balanced diet, decrease sedentary behavior and increasing physical activity to reduce BMI and prevent complications.

-A Close monitoring, concerted and prolonged is needed to keep the changes granted. L’obésité has short, medium and long-term complications.

-Knowledge of risk factors, the systematic construction and analysis of the curve BMI is essential for early detection of obese children at risk for obesity.

-The Prevention is essential.