

Comparison of anthropometric indices of obesity to predict dyslipidaemia among medical students

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ABSTRACT--*Obesity is a global epidemic threatening healthy population in increasing number of countries. In developed countries prevalence of obesity is rising because of decrease physical work, increase consumption of junk food and alcohol and discrepancy between consumption of energy and utilisation of energy Obesity. Anthropometric parameters are better tool in clinical practice of being a easy to take reading and measurements with good reproducibility, especially in country like India. This study is done to determine the prevalence of obesity and dyslipidaemia among medical students and to study the risk factors for obesity and dyslipidaemia among medical students To determine the prevalence of obesity and dyslipidaemia among medical students. The study the risk factors for obesity and dyslipidaemia among medical student we did a cross sectional study in 100 medical students. Participants were subjected to anthropometric measurements such as height, weight, waist circumference (WC), and hip circumference using standard procedures on the same morning of the day, as the blood sample was collected after overnight fast and estimated for fasting blood sugar and lipid profile. Expected Results and Conclusion- lipid profile best reflect by using anthrometric parameter i.e WC. In a developing country like India, where measurement of cardiovascular risk factors such as body fat saturation and lipid profile remains difficult in the rural population, WC may be used as an effective tool, without being used as a substitute*

Keywords--*Body mass index, medical student, lipid profile waist circumference*

I. INTRODUCTION

Obesity is a global epidemic threatening healthy population in increasing number of countries. In developed countries, sedentary lifestyle, faulty dietary habits results in an imbalance between energy intake and energy expenditure leading to obesity. (1) being global panedemic, obesity has various phenotype, like metbollic obesity, metabolic unhealthy obesity, and normal weight. These study also suggest that incidence of diabetic mellitus, dyslipedemia, cardiovascular disease is increased.

Worldwide obesity has been nearly three times since 1975. More than 1.9 billion adults, were overweight by year 2016. of these over 650 million, i.e. 39% of adults aged 18 years and over were overweight & 13% were obese In India, obesity is an important health problem particularly in urban areas, replacing the more traditional health concern including undernutrition. Prevalence of obesity is seen in 30-65% of adult urban population. (1)

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Obesity in turn, leads to significant morbidity in the form of cardiovascular complication, diabetes, hypertension, cancer, and skeletal complication.(2,3)

Globally it is estimated that, in year 2013 23.6% of young boys and 22.5% young girls were living with obesity.(4)

In India , the estimates available are patchy however studies conducted in certain states like Maharashtra , Tamil Nadu , Jharkhand , Chandigarh showed an overall obesity rate of 24.6%(2010)(5)

India is a relatively young country with 65% population being under the age of 35 years. This is the population that constitutes the major workforce of the country(6)

Obesity and associated consequences lead to morbidity and loss of working man hours and thereby reduced productivity in every field of national economy.

It therefore becomes imperative that obesity should be addressed on all fronts such as screening, documentation and health care measures and guidelines for reduction of obesity and its complication.

Dyslipidemia is an abnormal amount of lipids in the blood (triglycerides, cholesterol and /or fat phospholipids)due to lipoprotein overproduction or deficiency. In developed countries most dyslipidemias are hyperlipidemias . This is most often due to diet and lifestyle.

Obesity defined as per body mass index (BMI) For Asia pacific region -

Underweight (<18.05kg/m²)

Normal or lean (18.5-22.9kg/m²)

Overweight (>25kg/m²)

Obesity (>30kg/m²)

In our study we have chosen to study obesity in young population and its impact on dyslipidaemia.

AIM-Comparison of Anthropometric indices of obesity to predict dyslipidaemia among medical students.

II. OBJECTIVES

- To determine the prevalence of obesity and dyslipidaemia among medical students.
- The study the risk factors for obesity and dyslipidaemia among medical students

III. MATERIAL AND METHODS

STUDY SETTING

This study will be carried out at ACHARYA VINOBHA BHAVE RURAL HOSPITAL, JAWAHAR LAL NEHRU MEDICAL COLLEGE, DATTA MEHGE INSITUTE OF MEDICAL SCIENCE, SAWANGI , WARDHA. This is a 1400 bed, Multispecialty tertiary care hospital situated in WARDHA, MAHARASTRA

DURATION-

Duration of study will be from August 2018 to august 2020

STUDY DESIGN:

Observational cross sectional study

SUBJECTS:

All Mbbs students admitted in JNMC during study periods (Admission from 2016 -2020)

INCLUSION CRITERIA

All medical students admitted to MBBS course during years 2016-2020

EXCLUSION CRITERIA

Non consenting students/subjects.

IV. METHODOLOGY

Subjects to be included in study will be explained regarding the study & proper consent will be obtained.

Selected subjects will be divided into lots/tranches of 10 each & will be requested to attend medicine OPD as per mutual convenience of the students & research scholar (principle investigator)

In medicine OPD, the subjects will undergo examination for measurement of anthropometric indices. The values of the same will be recorded in designated proforma, relevant personal history will be enquired & entered in proforma.

Further, the subjects will be instructed regarding the need for overnight fasting after dinner & report to medicine OPD the next morning for withdrawal of blood sample for lipid profile estimation, whenever necessary & unavoidable the sample would also be collected at the residence of the subjects.

Subjects will advise to maintain overnight fast for 8 hours prior to examination.

V. ANTHROPOMETRIC MEASUREMENTS

The following parameters will be studied

WEIGHT

HEIGHT

WAIST CIRCUMFERENCE

HIP CIRCUMFERENCE

WAIST- HIP RATIO

BODY MASS INDEX

NECK CIRCUMFERENCE

WEIGHT- weight in kilograms will be recorded with the subject standing position motionless on the standing weighing scale without foot wear and with light clothes using portable weight scale and measuring inflexible bars with high accuracy.

HEIGHT- measured in centimetres standing in an erect position against vertical scale without foot wear and the head positioned so the top of the external auditory meatus will level with margin of bony orbit.(Frankfurt plane) WHO criteria for BMI for Asia-Pacific region will be used in this study

Underweight (<18.0525kg/m²)

Normal or lean (18.5-22.925kg/m²)

Overweight (>25kg/m²)

Obesity->30kg/m²)

WAIST HIP RATIO- As per WHO protocol

waist circumference - Should be measured at midpoint between lower margin of the last palpable rib and the top of iliac crest,

Hip circumference- Measured around the widest portion of the buttocks

Obesity for men WHR>0.9

Women WHR >0.85

VI. BMI

BMI is a value derived from the mass (weight) and height of an individual. The weight of the person (in kg) is divided by height in metre square. BMI of 30 or more is generally considered obese, while BMI of 25 or more is considered overweight. As per WHO: BMI classified are as follow

CLASS	BMI
Very severely underweight	< 15 kg/m ²
Severely Underweight:	15-16 kg/m ²
underweight	16-18.5 kg/m ²
Normal	18.5-25 kg/m ²
overweight	25-30 kg/m ²
Obese class I (moderately obese)	30-35 kg/m ²
Obese class II (severely obese)	35-40 kg/m ²
Obese class III (very severely obese)	40-45 kg/m ²
Obese class IV (morbidly obese)	45-50 kg/m ²

NECK CIRCUMFERENCE : Method to differentiate between normal and abnormal fat distribution . Marker of upper body subcutaneous adipose tissue distribution and dyslipidemia found in type II diabetic mellitus. Neck circumference more than 37 cm in men and more than 34cm in women are probably the best cut off points to determine subjects with central obesity .

Obesity in men NC> 37 cm

Obesity in women NC> 34 cm

VII. STATISTICAL ANALYSIS

By using Microsoft excel sheet, Data will entered & and will be analysed with STATA version 13 statistical software. Test characteristics like case sensitivity, case specificity& its positive predictive value, negative predictive value, positive likelihood ratio, negative likelihood ratio and test accuracy will be calculated for all the obesity indices for predicting dyslipidaemia. From the data so obtained observations & conclusions will be arrived at.

VIII. DISCUSSION

Lipid profile best reflect by using anthropometric parameter i.e WC. In a developing country like India, where measurement of cardiovascular risk factors such as body fat saturation and lipid profile remains difficult in the rural population, WC may be used as an effective tool, without being used as a substitute. A number of studies on different aspects of the factors involved in this study for the context of rural region in Maharashtra were reviewed (7-75).

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