

# Treatment and Epidemiology: Obesity and Type 2 Diabetes in Childhood Age

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## Introduction

The prevalence of overweight and obesity in children has increased dramatically in recent decades, and now approximately one-third of children in the United States are overweight or obese. Being overweight in childhood increases your risk of becoming obese later. There is evidence for the effectiveness of family behavioral therapy for weight control and improving health. Health risks associated with obesity, including metabolic syndrome, have been documented. In recent years, the incidence of type 2 diabetes mellitus (T2DM) has also increased among young people who commonly have a family history of obesity and T2DM. Low-income and ethnic status is associated with obesity and T2DM in young people. Most young adults with type 2 diabetes do not achieve optimal glycemic control and are at increased risk of complications later in life. Obesity and type-2 diabetes are serious public health problems with potentially high personal and social costs. Research is urgently needed to prevent obesity and type 2 diabetes among young people [1].

Obesity has reached a worldwide rate, and since 1975 the prevalence of childhood obesity has increased eightfold. To date, obesity prevention interventions have mainly focused on interventions aimed at changing behavioural parameters, i.e., human behaviour, such as increasing daily exercise or optimizing diet. However, its effectiveness worldwide is very limited and so far has not prevented the increase in obesity. Therefore, taxation on unhealthy food is encouraged, such as encouraging healthy food choices, compulsory nutrition standards in kindergartens and schools, increasing daily physical activity in kindergartens and schools, and banning advertising of unhealthy food to children. Public/environmental action is urgent. Reframing obesity interventions as community/environmental interventions to counter the obesity-inducing environment is a prerequisite for continued success and ending the obesity epidemic. If you're already moderately overweight before puberty, you need to move fast, as your risk of developing type-2 diabetes and cardiovascular disease in middle age is significantly increased [2].

Childhood obesity has become a major public health problem in the United States and other parts of the world. Currently, one in three children in the United States is overweight or obese. The rise in childhood obesity is associated with the emergence of comorbidities previously considered "adult", including type-2 diabetes, hypertension, nonalcoholic fatty liver disease, obstructive sleep apnea, and dyslipidemia. The most common

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cause of childhood obesity is a positive energy balance due to excess caloric intake rather than caloric expenditure combined with a genetic predisposition to weight gain. Most obese children do not have an underlying endocrine or single genetic cause for weight gain. Screening for obese children aims to determine the cause of weight gain and to evaluate the comorbidities associated with being overweight [3].

Family lifestyle interventions, including dietary changes and increased physical activity, are a cornerstone of weight control in children. A phased approach to weight management in children is recommended, taking into account the child's age, the severity of obesity, and the presence of obesity-related comorbidities when determining the initial stage of treatment. Lifestyle interventions have been shown to have little effect on weight loss, especially in severely obese children. Limited information is available on the efficacy and safety of pediatric weight loss medications. Bariatric surgery has been shown to be effective in reducing overweight and improving comorbidities in severely obese adolescents. However, data on the long-term efficacy and safety of juvenile bariatric surgery are limited. For this comprehensive review, the literature was scanned using PubMed from 1994 to 2016 using search terms such as childhood obesity, childhood obesity, child overweight, bariatric surgery, and adolescents [3].

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