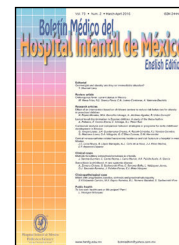




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EDITORIAL

Overweight and obesity: are they an irremediable situation?☆

El sobrepeso y la obesidad: ¿son una situación irremediable?

Mexico, as well as other countries, faces the problem of poor nutrition. On one hand, this is the result of an inadequate consumption of food or nutrients, generally known as malnutrition. During pregnancy, childhood, and the first two years of life, malnutrition affects growth, cognitive and intellectual development, health, and survival, impacting the future health history and the survival of the next generation. On the other hand, poor nutrition due to excess (obesity) increases the risk of chronic diseases and decreases years of healthy life and productivity, as well as malnutrition, which implies a high economic cost for any country because of the direct and indirect expenses that both diseases cause.¹

Since 1998, World Health Organization (WHO) already considered obesity as a global epidemic in developed countries, and also in developing countries. Several nutrition-related chronic diseases and obesity have become a priority of public health. Against this background, and as part of their objectives for the year 2025, WHO also included to restrain the prevalence of overweight and obesity and the chronic non-transmissible diseases worldwide.²

In addition to the above, the report of the Global Burden of Disease showed that global, as well as regional and national trends in terms of overweight and obesity during the period 1980-2013 expressed that obesity—especially among the younger population—continues to grow throughout the world, including Mexico which is among the ten countries with the largest number of obese people.³

To specifically provide solution and care for children, WHO has called the Commission on Ending Childhood Obesity in order to generate a process that will lead to policy recommendations, with the firm purpose to halt the in-

crease in obesity and to end childhood obesity through different and effective approaches and goals.

In this regard, governments should recognize that the individualization of interventions at nutritional level and physical activity guidelines undertaken so far have failed, and that the reduction of overweight and obesity will be achieved to the extent where a strategy of the State that includes comprehensive actions supported by legislation exists.⁴

In Mexico, the prevalence of overweight and obesity has increased at an alarming rate in the last two decades: data from 2012 from the National Survey of Health and Nutrition showed that 60.6 million Mexicans (52% > 5 years) were overweight or obese. The government had already recognized this situation in 2010, for which it launched a national policy of prevention of obesity and its co-morbidities, accepting that its origin is multi-causal, and has both a sectoral and inter-sectoral perspectives. In a joint effort comprising the government, social sectors and food and restaurant industries, the National Agreement of Health Food: Strategy against Overweight and Obesity (ANSA) was launched.⁵ Subsequently, during the next presidential term (2012-2018), the National Strategy for the Prevention and Control of Overweight, Obesity and Diabetes—whose mainstay are public health, health care and sanitary regulation—was established.⁶

Both government strategies should yield results almost immediately since, as it is acknowledged, the cost of obesity is very high and it is linked to social and economic inequality resulting in the inequity of the population's health. In a study of the Mexican Institute of Competitiveness (IMCO) presented in 2015 it was referred that costs in health and productivity of type 2-diabetes associated with overweight and obesity were over 85 billion pesos per year.⁷

As it can be noticed, the prevention of obesity has become a priority of national and international public health faced with an alarming rise and widespread among children, with health implications for the short- and long-term.

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Overweight and obesity in children can be attributed to environmental, behavioral, and social factors that, in the long-term, can cause an imbalance between energy consumption and energy expenditure.

In fact, it has been most frequently recognized that the environment referred to as *obesogenic*, given by the physical, socio-cultural, environmental, economic and political influences, plays a fundamental role in the etiology of obesity,⁸ and it is related with micro- (households, schools, neighborhoods) as well as macro- (health care, media, public transport, urban planning) levels. Therefore, programs for the prevention of childhood obesity should treat both determinants of behavior as well as environmental causes.

Despite the several efforts and public health campaigns for the prevention of childhood obesity, there is still no clarity about the path to follow for its attention.

There are multiple studies conducted under various strategies, contexts and response times that show the effects of overweight and obesity among school children. An example of these are meta-analyses, which have come to the conclusion of some small effects on reduction or maintenance of overweight and obesity in children during the school stage faced with strategies that include increasing physical activity, water consumption, and reducing high-energy food consumption, with components which may differ on strategies and exposure times.^{9,10}

However, less studies focus on a prior-to-school age period in which it is essential to act: the preschool age. Under this context, it is worth mentioning that the investigation of Morales et al., present in this issue of the *Boletín Médico del Hospital Infantil de México*, is innovative and shows results that could set foundations and guide public policies. These authors recognize that early childhood is priority to promote growth and healthy development; they conclude that actions such as the increase in physical activity need a long period of time for its effects to be noticeable, and that families should be involved in the change of food consumption habits, especially those mothers who are responsible for the family diet. Finally, they give rise to think of actions that allow the permanence of these results.¹¹

In conclusion, to face a problem of such national and international magnitude which affects all age groups of the population regardless of socioeconomic status, it is necessary to progress from recommendations to action, convert the documented experiences into public policies, and move all social actors involved in its prevention and change of behavior to rebuild a country whose base is the welfare and health for a better future for Mexican children.

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