

Cartas al director

Obesity in Latin America: The need for a comprehensive approach

Obesidad en América Latina: La necesidad de un abordaje integral



Dear Dr. Culebras:

Determining the magnitude of obesity (OB) is important to establish health priorities in decision making, prevention, care and research. The purpose of this letter is to summarize the evidence of the prevalence of childhood overweight and obesity of ≤ 5 yo (>2 SD) and obesity among 5-12 yo, 12-19 yo (> 2 SD), and younger and older than 20 yo individuals, from the most recent studies conducted in Latin America. Two recent systematic reviews were analyzed^{1,2}, which have reported data from surveys, reports and estimation from distribution conducted in Latin America at the national, regional or local level. Additionally, we include some studies conducted in a US-Mexican city³⁻⁵.

In table 1 is shown the prevalence of countries that have reported more recent surveys on obesity. It is shown that the City of Tijuana in México has higher than the average prevalence of obesity in Mexico among ≤ 19 yo children and adolescents; in older than 20 Tijuana does not have a specific study, it is reported

a 18 to 30 yo college students. Mexico has the highest prevalence of obesity in all group ages among Latin American countries. On the other hand, the Caribbean region has the highest obesity prevalence in the American continent, and while the prevalence of Obesity in the developed world seems to be stabilized, Kuwait, Kiribati, Micronesia, Libya, Qatar, Tonga and Samoa have shown, from 1980 to 2013, the highest increases in obesity (more than 50%)¹.

The high increase of obesity in the past 30 years, all over the world, and especially in developing countries such as Latin America, the Caribbean and some Arabs and Asian countries, and the high prevalence of obesity specifically in the younger age groups is an alarming sign from a public health perspective.

Different risk factors have been studied and there are evidence for a comprehensive prevention and intervention programs that focus on prenatal and postnatal factors, and the environmental factors through all ages. These programs should be culturally based comprehensive intervention grounded in local and regional studies of prevalence, risk factors, stigmatization, health care system application to particular characteristics on each region or state, with special emphasis in the quality of the human and the infrastructure resources available. Further studies in each sub region, states and cities are warranted to increase the success of the intervention.

Table I
Prevalence of overweight and obesity in Latin American countries

<i>Countries (classification)</i>	<i>OW and OB of ≤ 5 yo (>2 SD) %</i>	<i>Obesity of 5 to 12 yo (> 2 SD) %</i>	<i>Obesity of 12 to 19y (> 2 SD) %</i>	<i>BMI ≥ 30Kg/m² <20 yo (1) (%)</i>	<i>BMI ≥ 30Kg/m² >20 yo (1) (%)</i>
Argentina, 2009 (WHO)²	10.4	NA	NA	8	21
Brazil, 2008-09 (WHO)²	NA	14	7	8	16
Chile, 2007(NCHS)²	8	NA	NA	NA	NA
Chile, 2007 (WHO)²	NA	-	7	12	26
Colombia, 2010 (WHO)²	5	14	3	4	15
México, 2012 (WHO)²	21	15	13	11	27
Tijuana, México, 2013 (WHO)³	34	18	19	NA	NA
Tijuana, México, 2015 (WHO)⁵	NA	NA	NA	13	NA
Tijuana, México, 2015 (WHO) (17-30 yo)⁴	NA	NA	NA	NA	13

OW: overweight, OB: obesity; NA: Not available; (1): Ng et al., 2014; (2): Rivera et al., 2014

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Recibido: 24-I-15.
Aceptado: 10-II-15.

DOI:10.3305/nh.2015.31.5.8722