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DIAGNOSIS AND MANAGMENT OF ADOLESCENT OBESITY

Abstract: The increasing incidence of obesity among children and adolescents has become a problem in Serbia as in the rest of the world. Obesity is defined as a BMI of 97 or more percentile specific for sex and age, calculated as an individual's weight divided by the square of their height. Overweight is defined as a BMI greater than 90. percentile. The differentiation between simple exogenous obesity and morbid obesity is based mostly on clinical findings. The investigation of obese adolescent includes the recognition of related comorbidities and complications. Given its detrimental affects on public health and the costs of its management, prevention of obesity and its treatment in childhood and adolescence has gained significance. Dietary and exercise advice remains the mainstay of the medical management of obesity. In these respects, the prescription of minimally one hour of daily physical activity for obese children and adolescents and the maintenance of this regimen has become one of the two most important measures. Physical exercise facilitates weight loss by increasing energy expenditure and increasing basal metabolic rate through an increase in muscle mass. The second most important measure is dietary control. Unfortunately, lifestyle interventions alone rarely result in long-term weight loss and the majority of obese patients return to baseline weight within 3–5 years. In the midst of obesity-related health crisis, the case for safe and efficacious pharmacotherapies is clear. Unfortunately, drugs

currently available for long-term weight management are limited in number and efficacy. At present, the most effective means of significant and sustained weight loss for obese patients is bariatric surgery. An effective treatment of obesity at early ages has a greater success rate as compared to interventions in adulthood.

Key words: obesity, adolescents, diagnosis, treatment

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