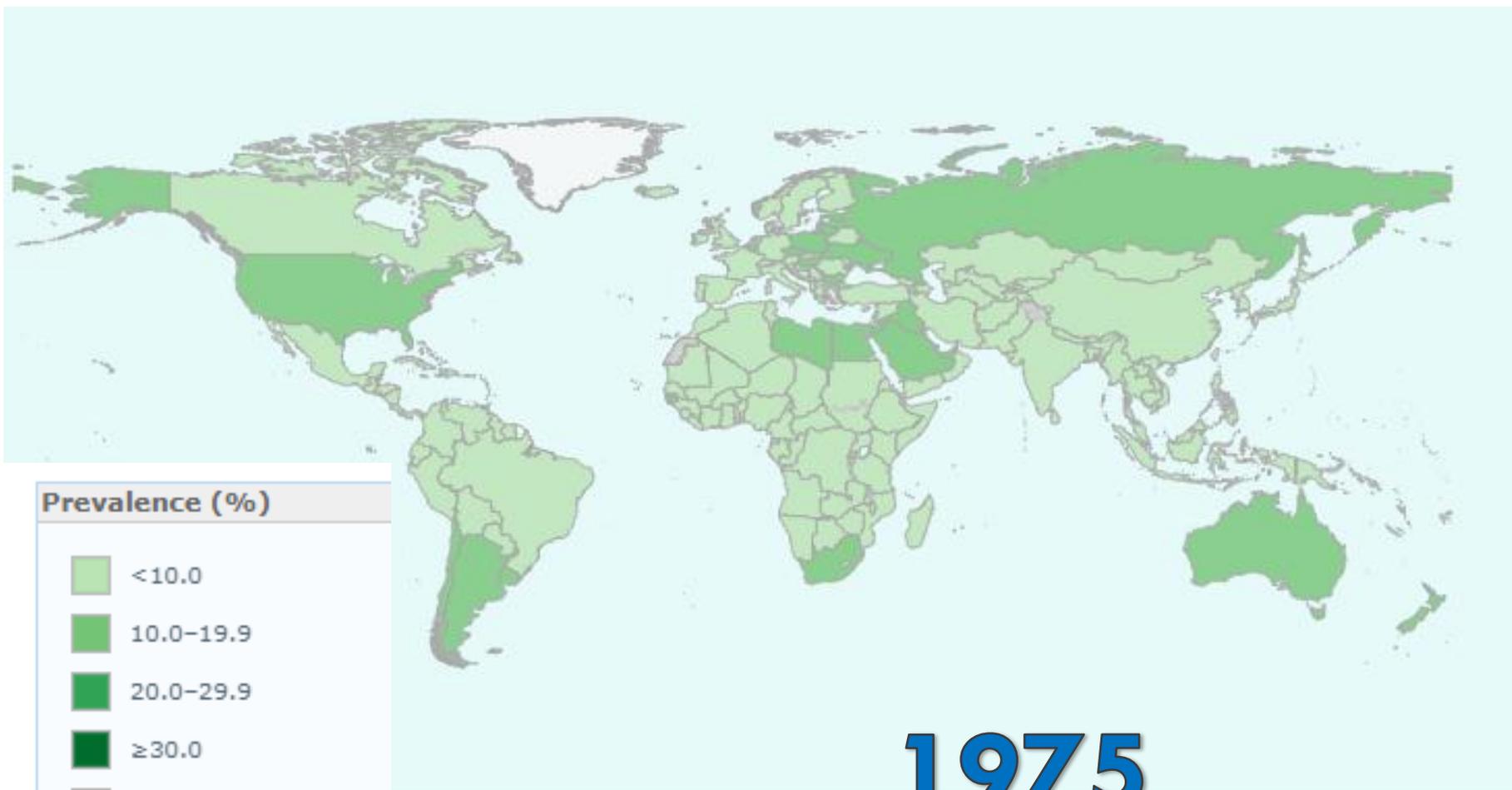


Dott. VALERIO BARBIERI

MEDICO DIETOLOGO

SPECIALISTA IN SCIENZA DELL'ALIMENTAZIONE



Prevalence (%)

- <10.0
- 10.0-19.9
- 20.0-29.9
- ≥30.0
- Not applicable
- No data

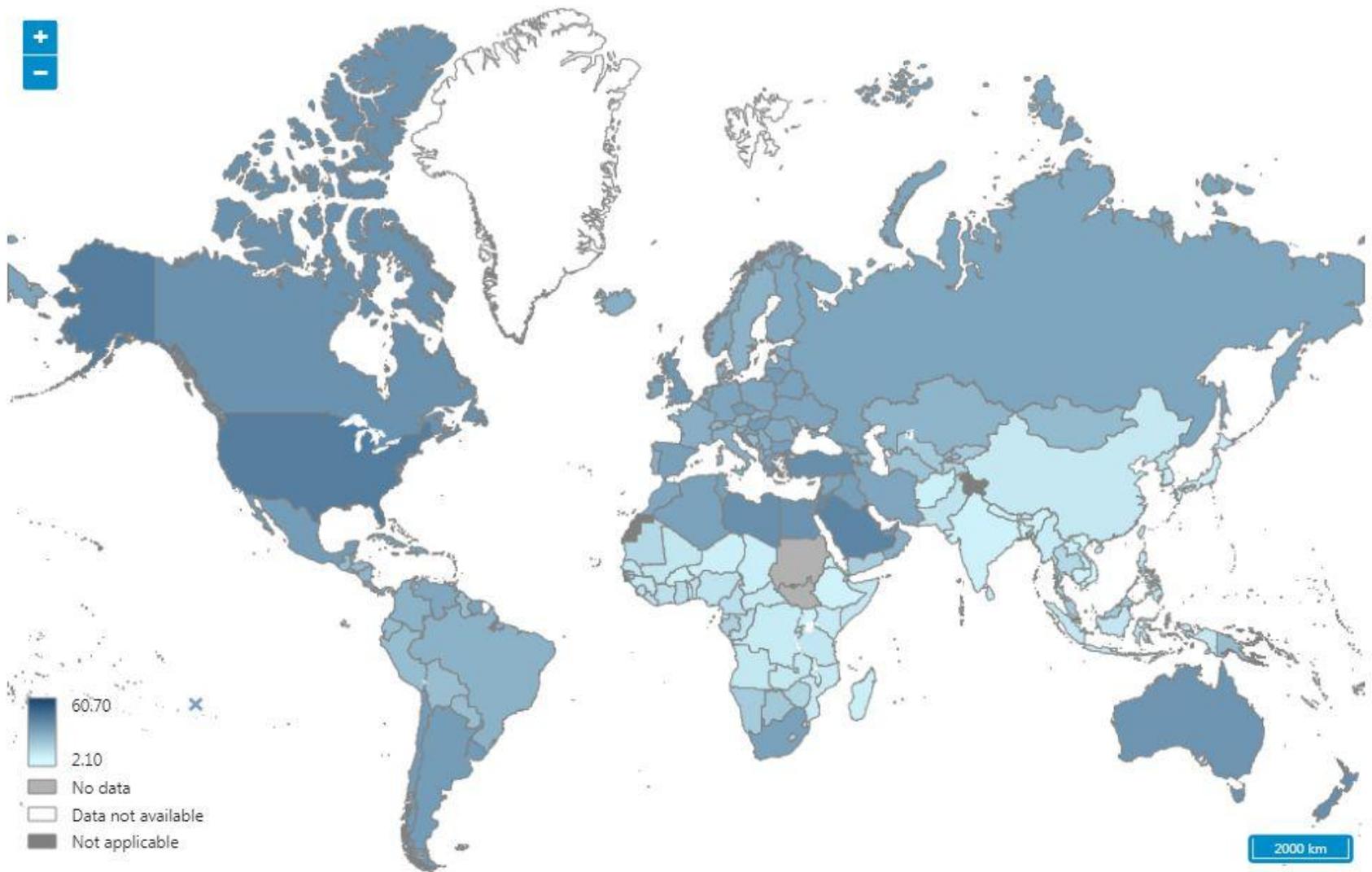
1975



Prevalence (%)

-  <10.0
-  10.0-19.9
-  20.0-29.9
-  ≥30.0
-  Not applicable
-  No data

2016



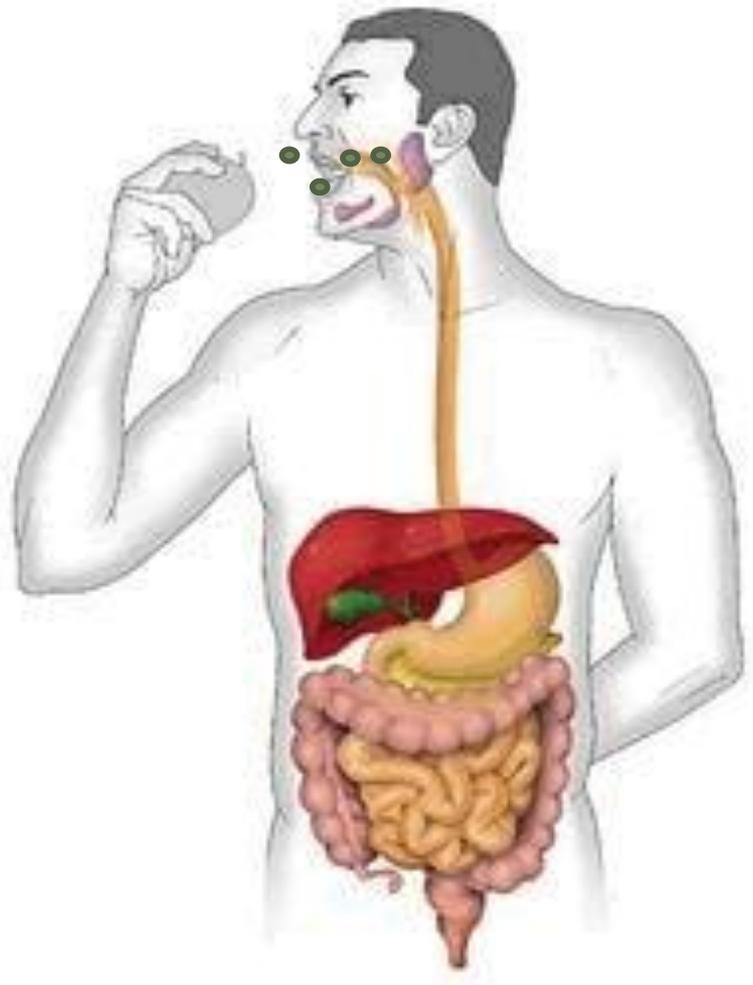
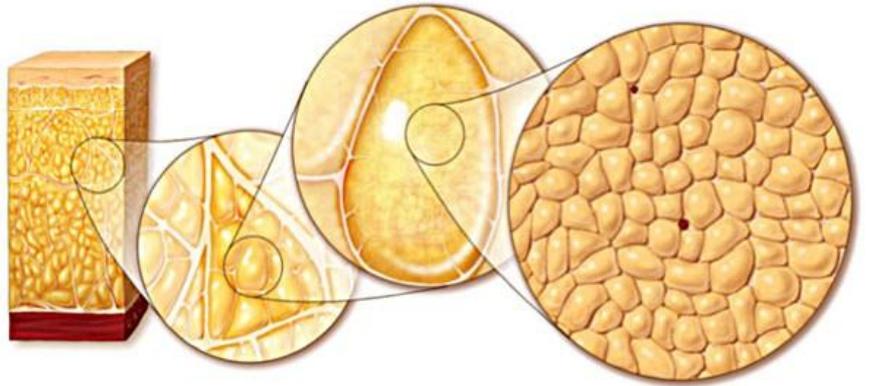
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.



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COS'E' L'OBESITA'?

TROPPO PESO?

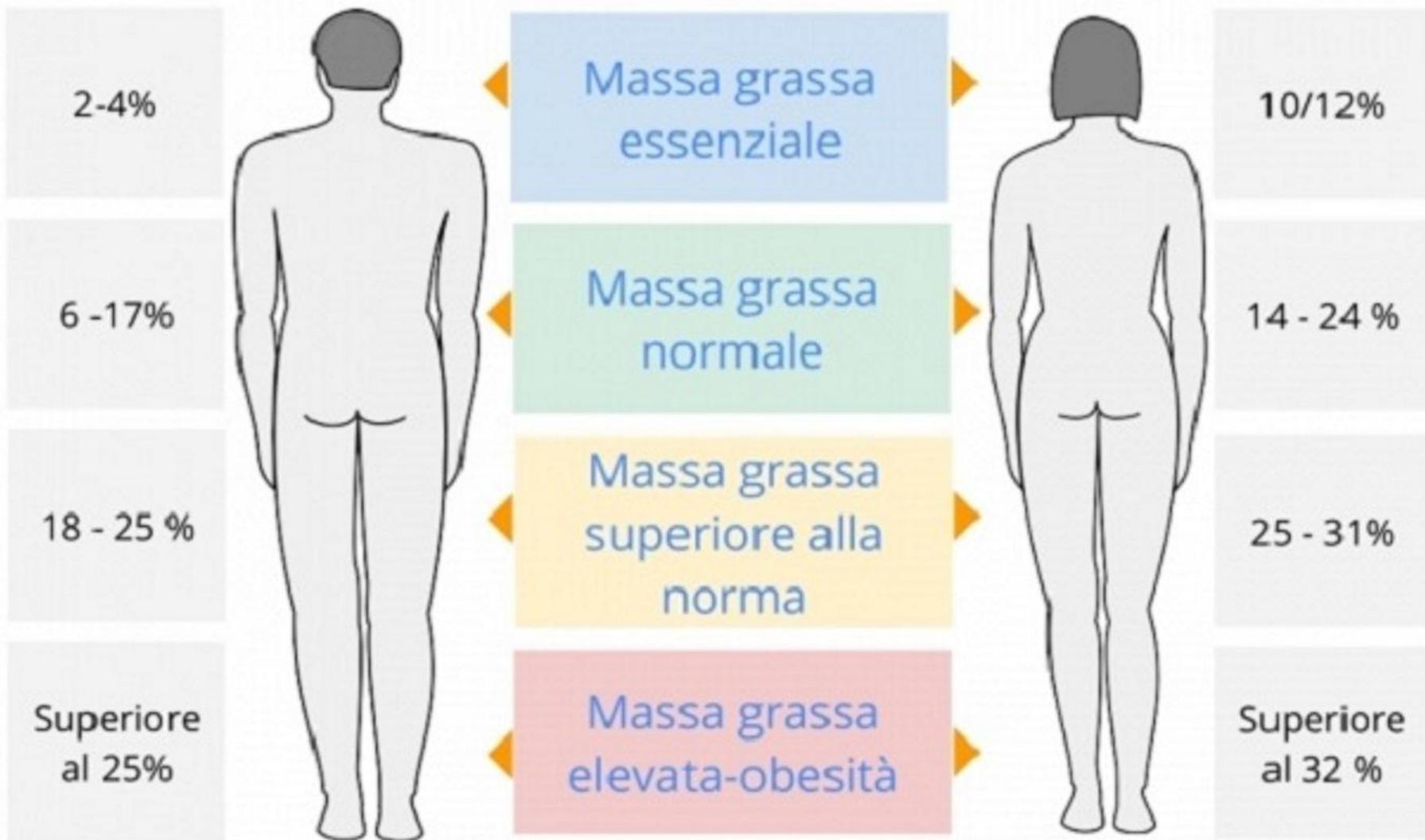


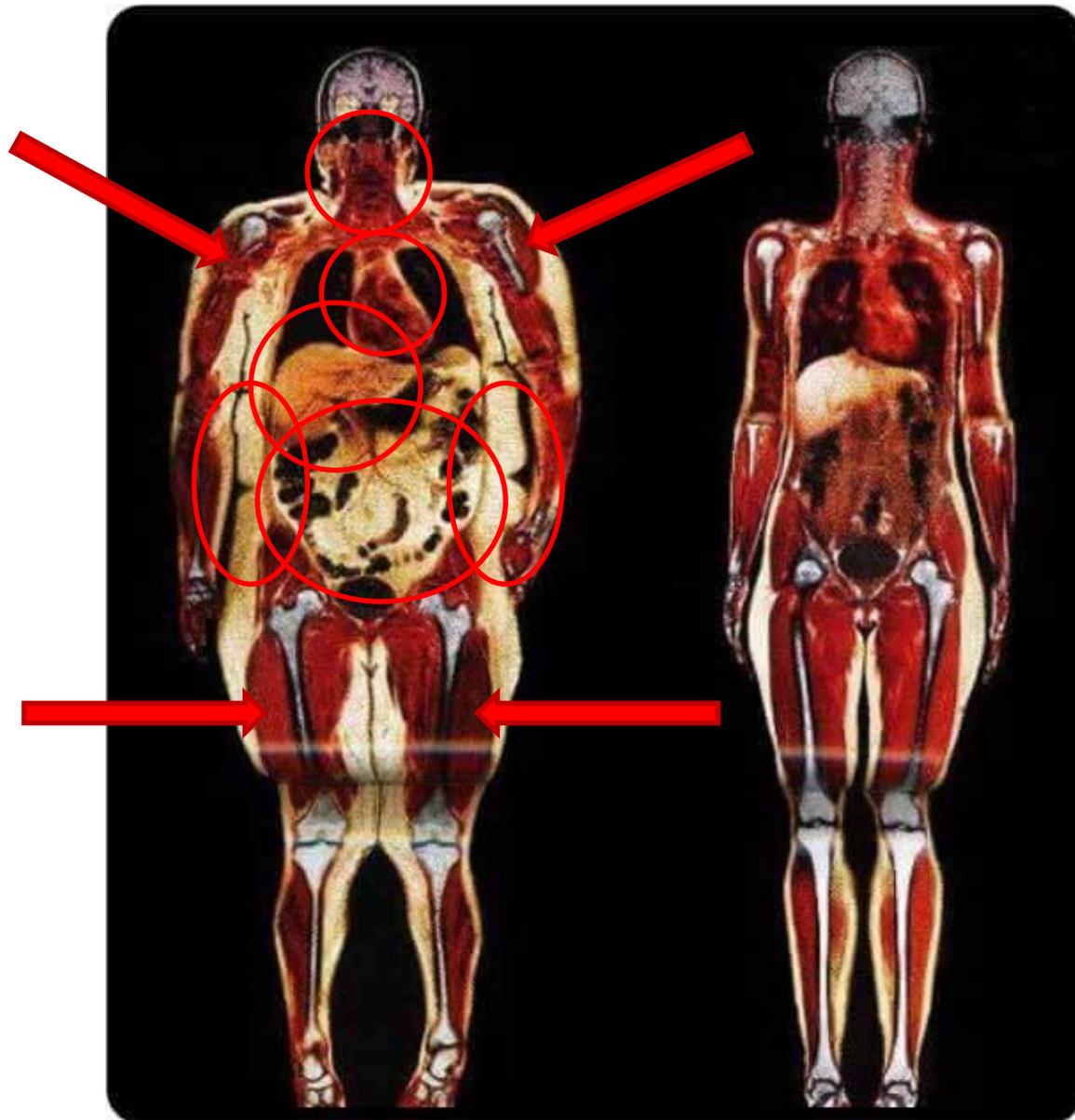
MASSA CORPOREA

(valori normali)



Valori di riferimento dell' indice di massa grassa:





L'indice più comunemente utilizzato per classificare l'OBESITA'

IMC

(indice di massa corporea)

oppure

BMI

(body mass index)

=

PESO kg / ALTEZZA² m

ESEMPIO: kg 100 – h 1,65 m

100/ (1,65 x 1,65) 100/ 2,72=

IMC 36,7= Obesità II GRADO

	CLASSE	IMC o BMI (kg/m ²)	Rischio cardiovascolare
SOTTOPESO		< 18.5	Aumentato
NORMOPESO		18.5 – 24.9	
SOVRAPPESO		25 – 29.9	Aumentato
OBESITA' LIEVE	GRADO I	30 – 34.9	Elevato
OBESITA' MODERATA	GRADO II	35 – 39.9	Molto elevato
OBESITA' SEVERA	GRADO III	≥ 40	Estremamente elevato



BMI = 32

	CLASSE	IMC o BMI (kg/m ²)	Rischio cardiovascolare
SOTTOPESO		< 18.5	Aumentato
NORMOPESO		18.5 – 24.9	
SOVRAPPESO		25 – 29.9	Aumentato
OBESITA' LIEVE	GRADO I	30 – 34.9	Elevato
OBESITA' MODERATA	GRADO II	35 – 39.9	Molto elevato
OBESITA' SEVERA	GRADO III	≥ 40	Estremamente elevato

La circonferenza vita

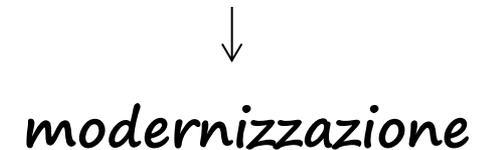
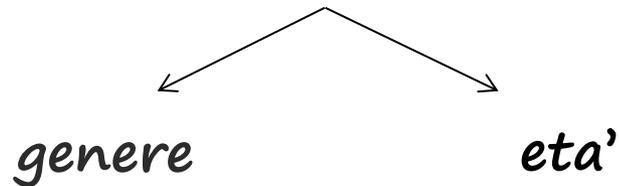
fornisce un parametro clinico accettabile per valutare il **grasso addominale**.

	UOMO	DONNA
Rischio basso	< 94 cm	< 80 cm
Rischio moderato	94 – 102 cm	80 – 88 cm
Rischio elevato	> 102 cm	> 88 cm

OBESITA' CAUSE

BIOLOGICHE

AMBIENTALI



COMPORTAMENTALI



OBESITA' CAUSE

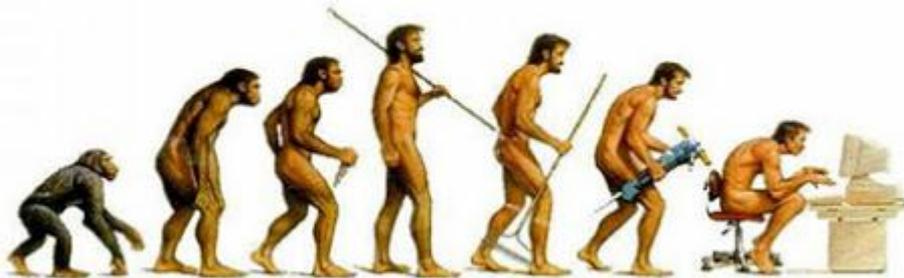


OMS



La causa fondamentale dell'obesità è uno **squilibrio nel bilancio energetico** della persona, tra calorie introdotte e calorie consumate.

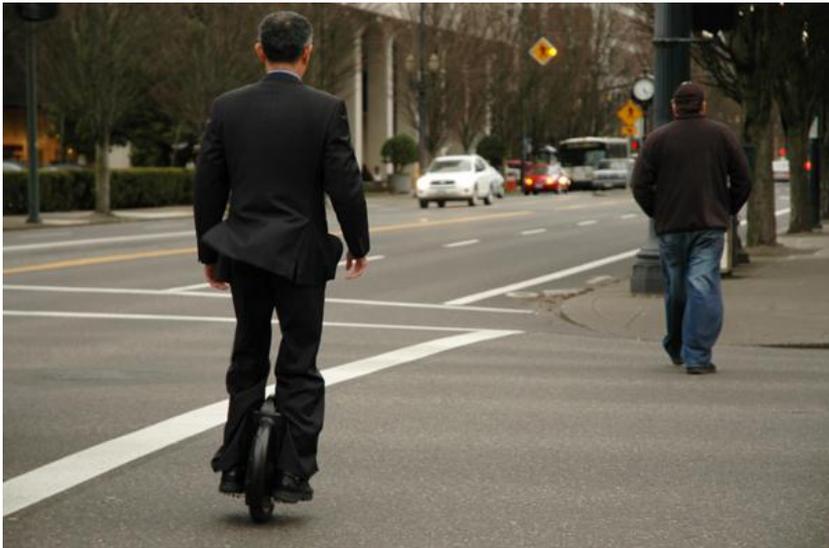
OMS



ad un aumento del
alta densità
i (animali, ndr) e di

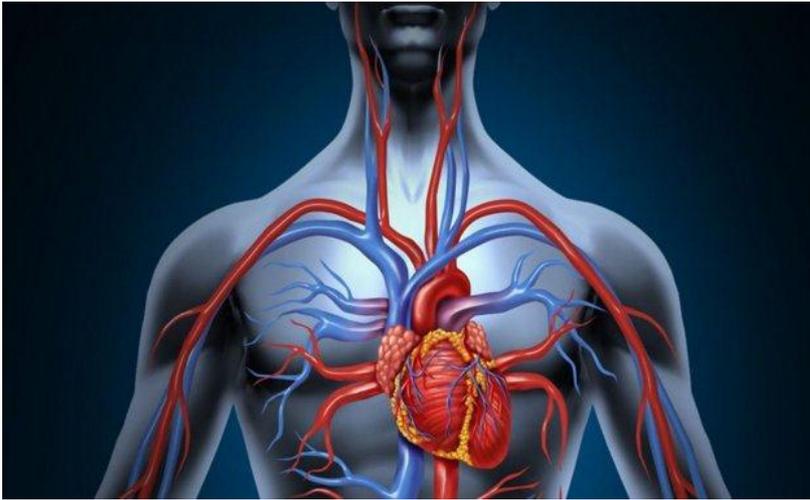
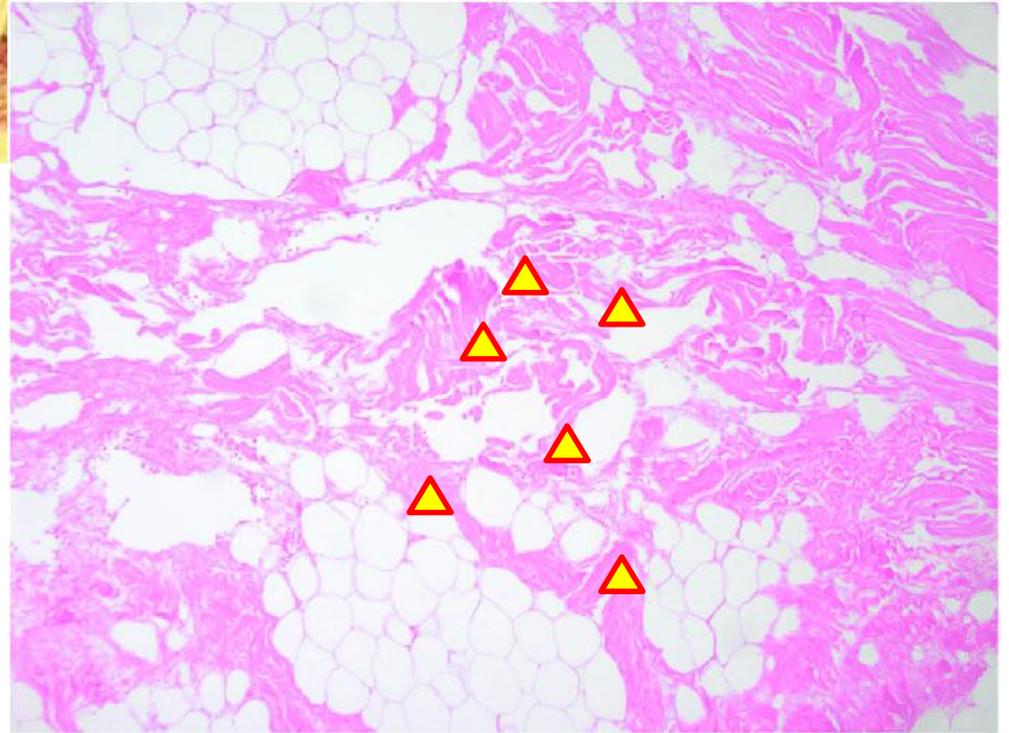
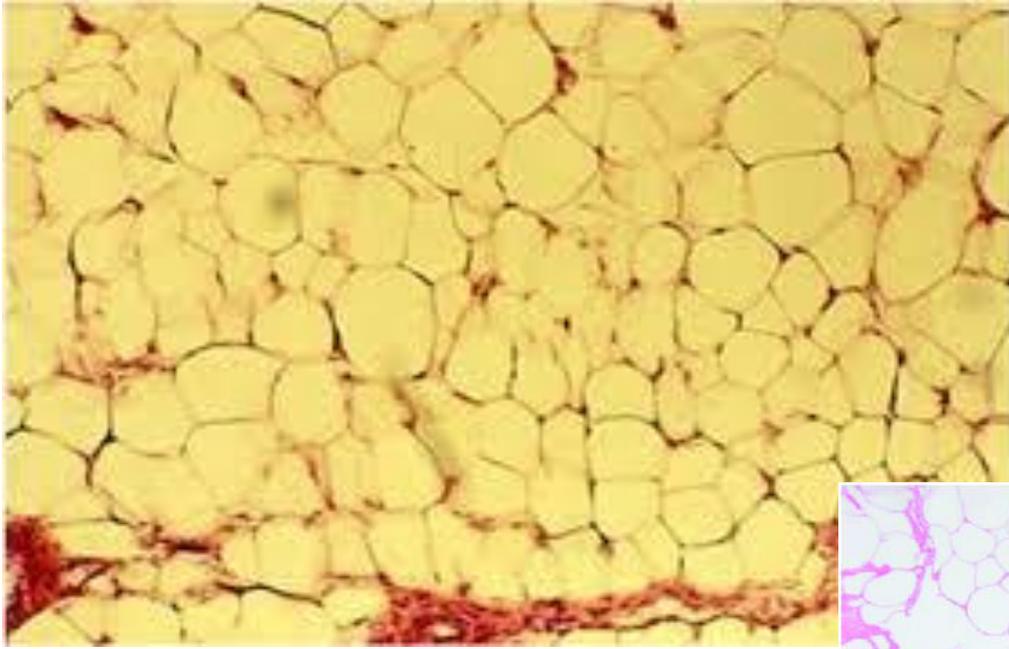
nostra società hanno
condotto ad una riduzione dell'**attività fisica**:
forme di **lavoro** sedentario, mezzi di **trasporto**
differenti, **urbanizzazione** crescente.

OMS



Dalla CAUSA → all'EFFETTO





... INFIAMMAZIONE CRONICA



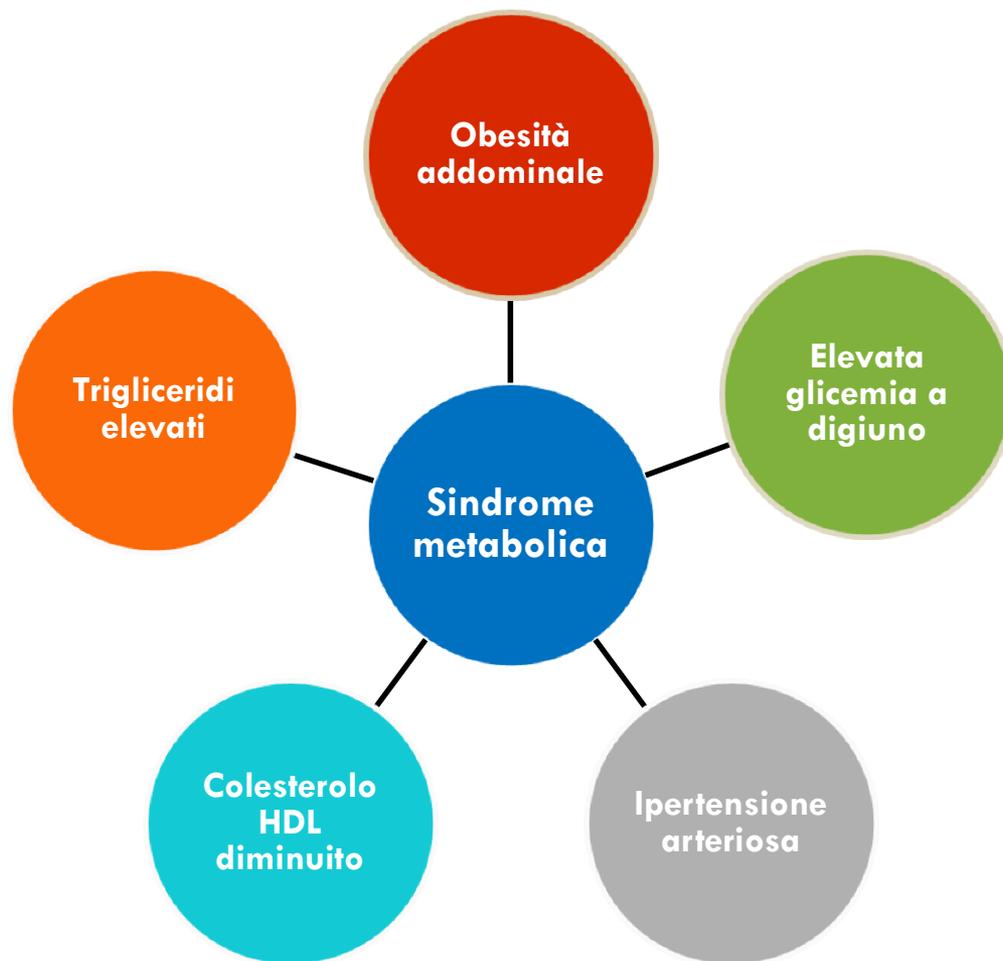
... INFIAMMAZIONE CRONICA

- PCR alta
- VES alta
- FIBRINOGENO alto
- ACIDO URICO alto
- COLESTEROLO HDL basso
- INSULINA alta
-

SINDROME METABOLICA

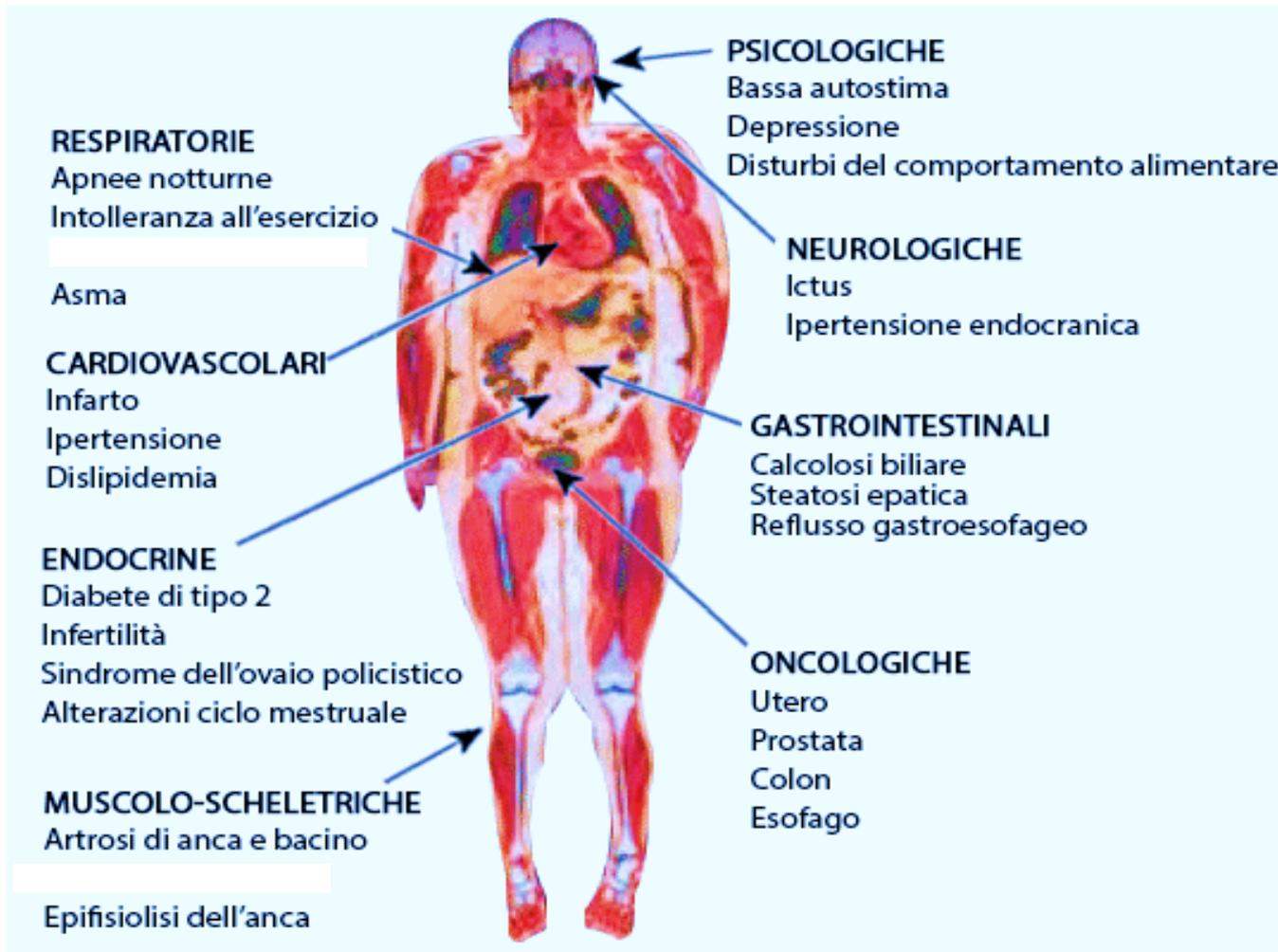
=

AUMENTATO RISCHIO CARDIOVASCOLARE



OBESITA'

COMPLICANZE



Terapia farmacologica

orlistat → 1998

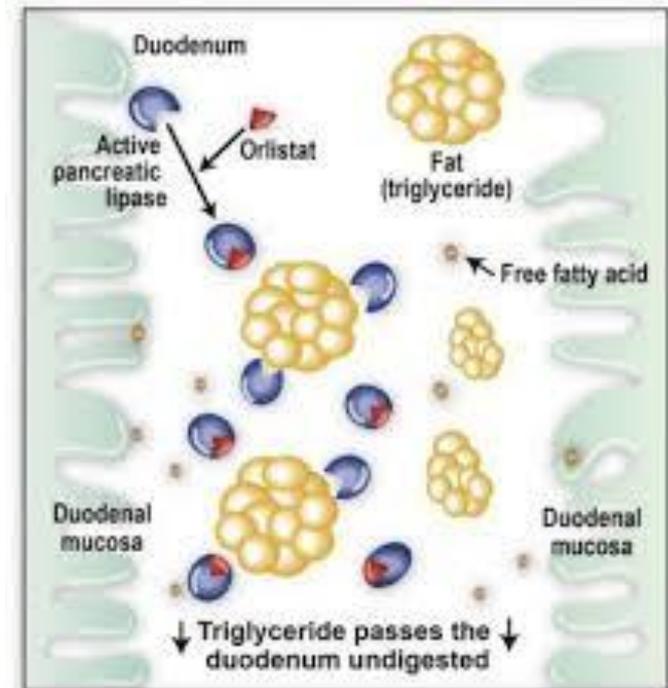
2015: decreto
Ministro Lorenzin

.....2016

Quali?

ORLISTAT

- compresse
- due-tre volte al giorno

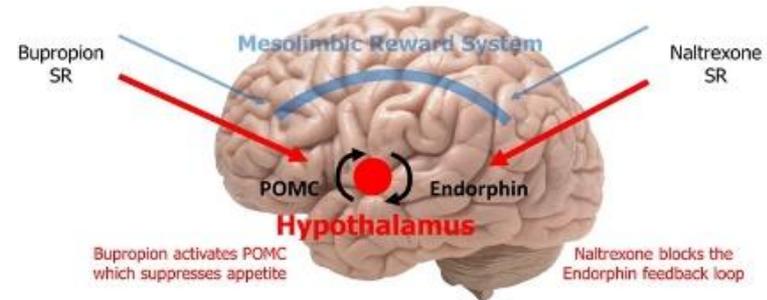


BUPROPIONE/NALTREXONE

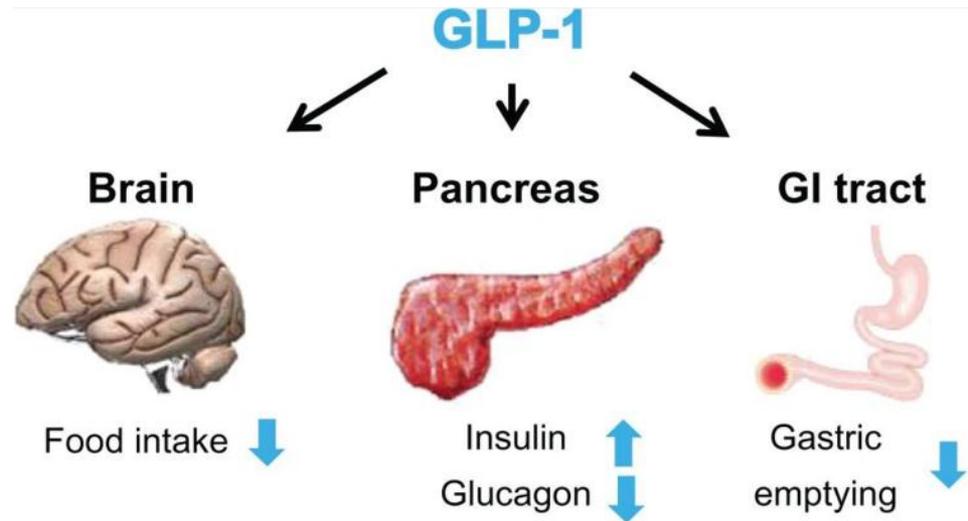
A Key Part of the Orexigen Re-Launch Is to Focus on the Mechanism of Action for Contrave

Contrave is believed to work on two areas of the brain to reduce hunger and help control cravings

- compresse
- due volte al giorno
- dosaggio a salire



The exact neurochemical effects of Contrave leading to weight loss are not fully understood



LIRAGLUTIDE

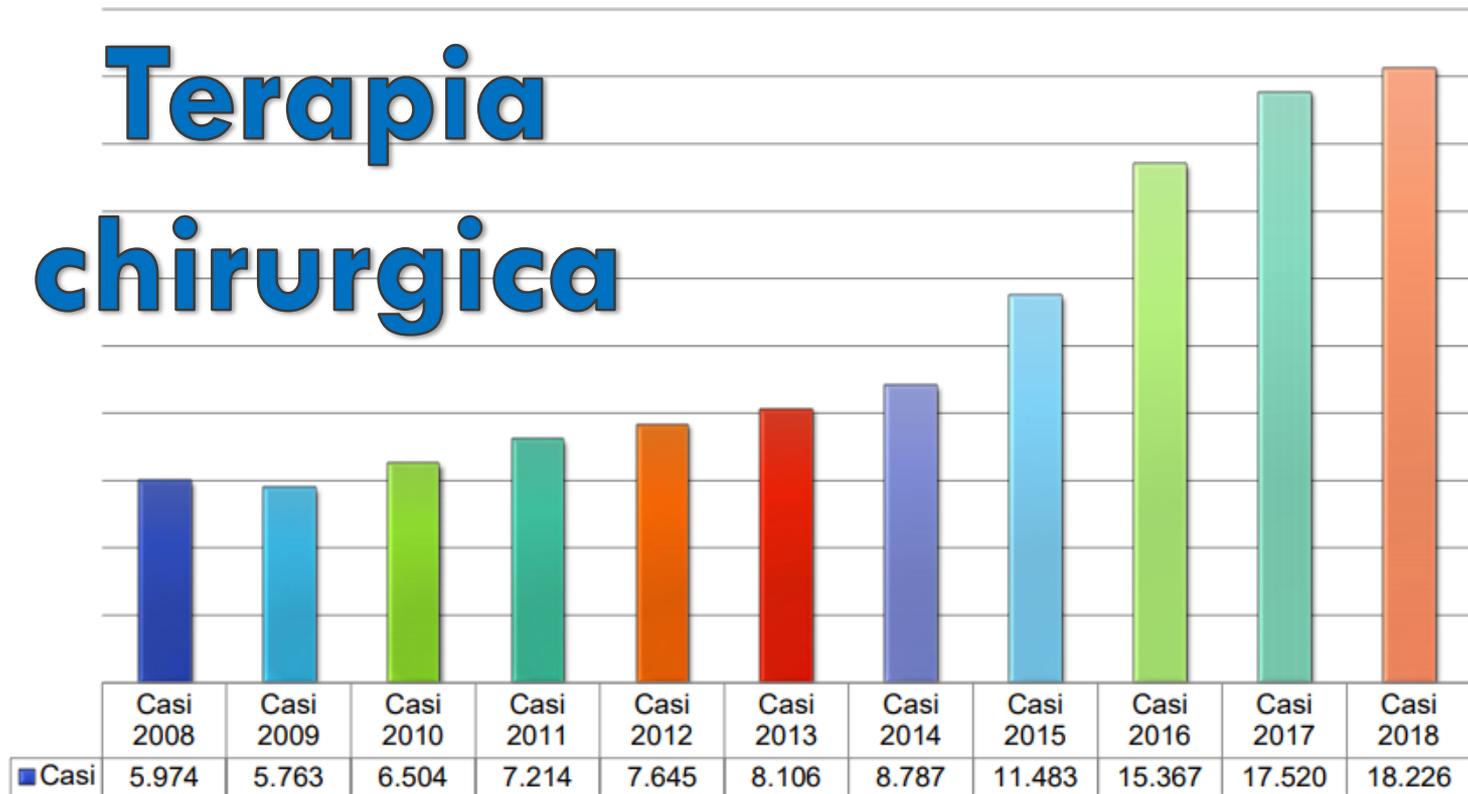
- iniezione
- una volta al giorno
- dosaggio a salire

In commercio dal 2022

SEMAGLUTIDE

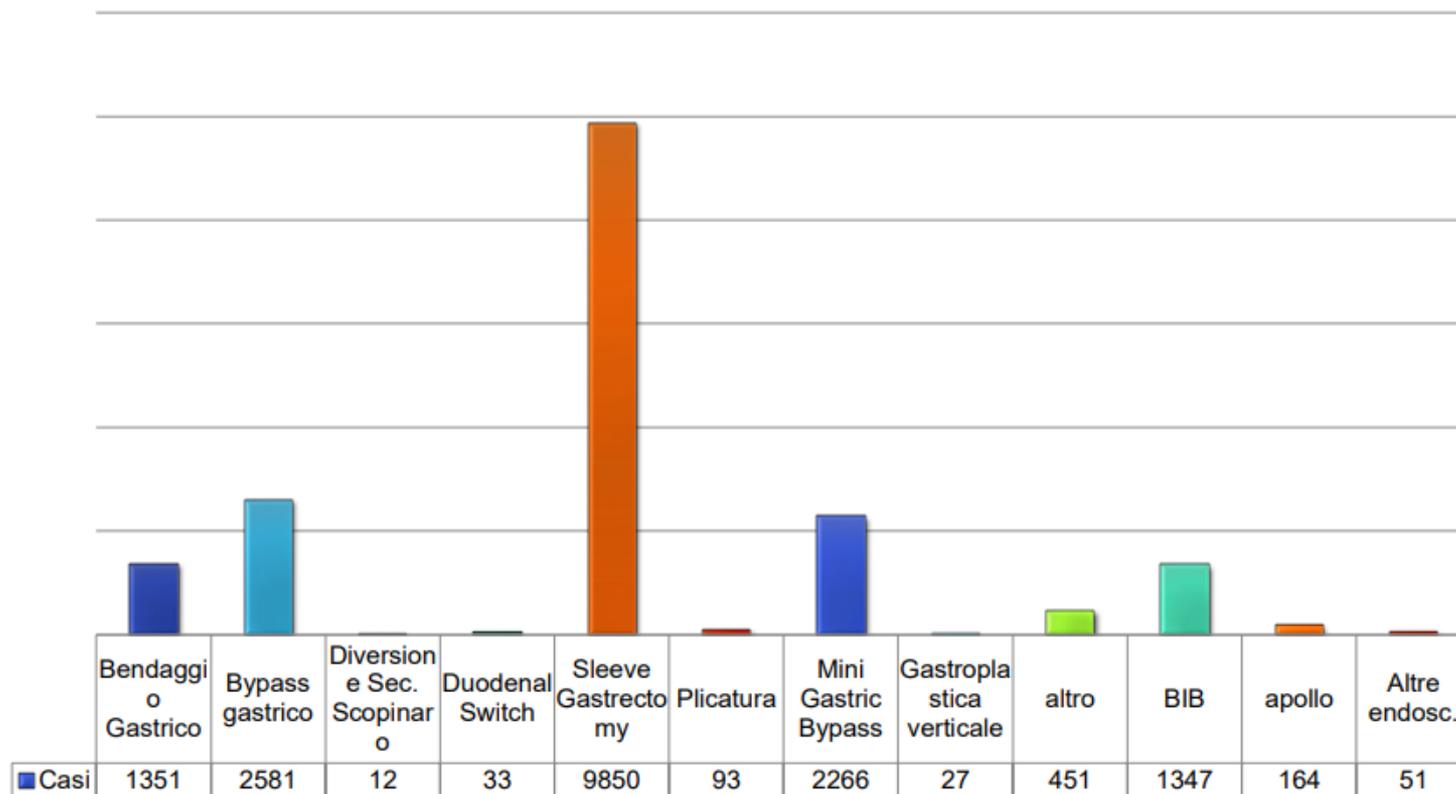
Trend delle procedure eseguite dal 2008 al 2018

Terapia chirurgica



Tipologia delle procedure eseguite nel 2018

Totale **18.226** interventi



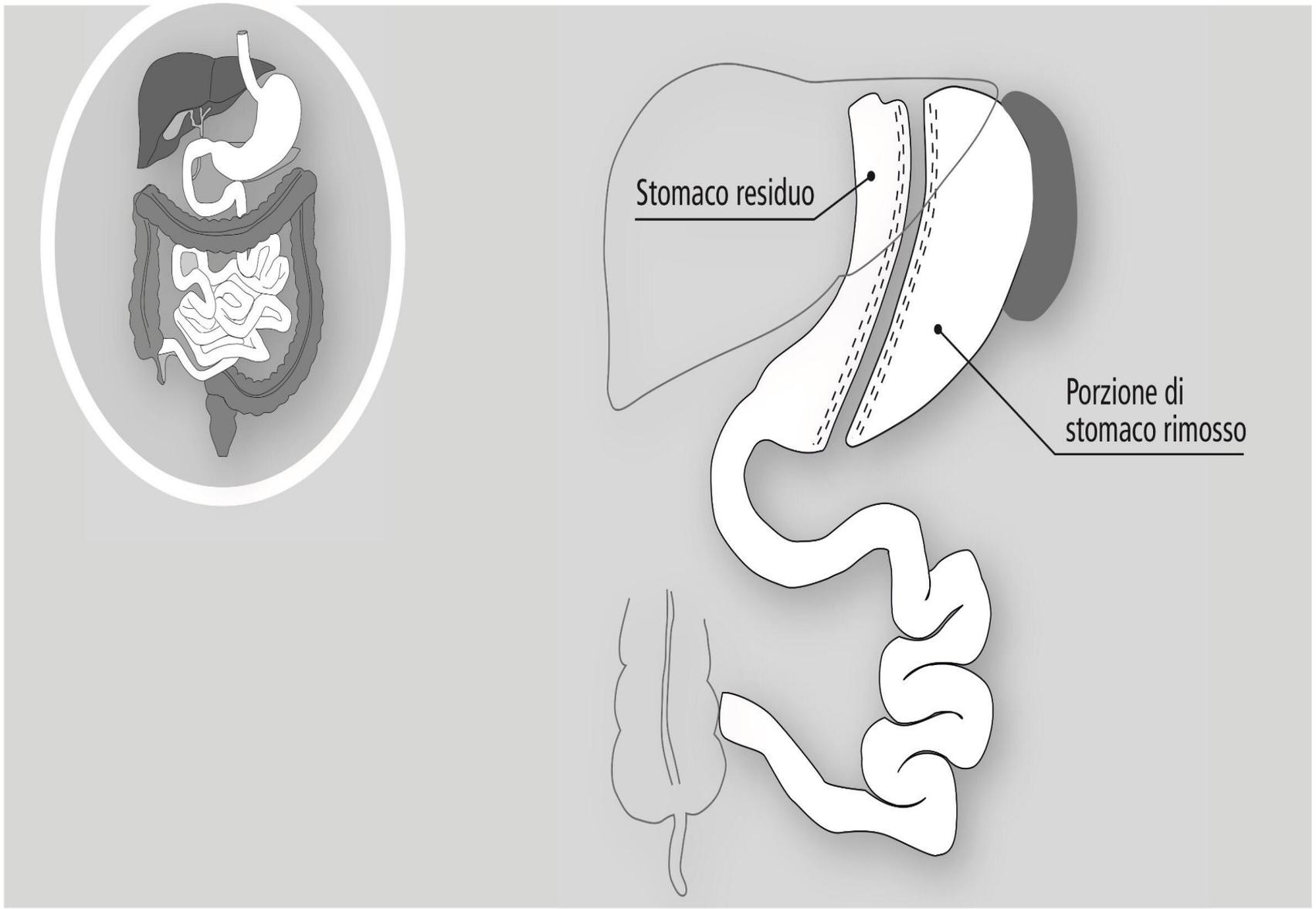
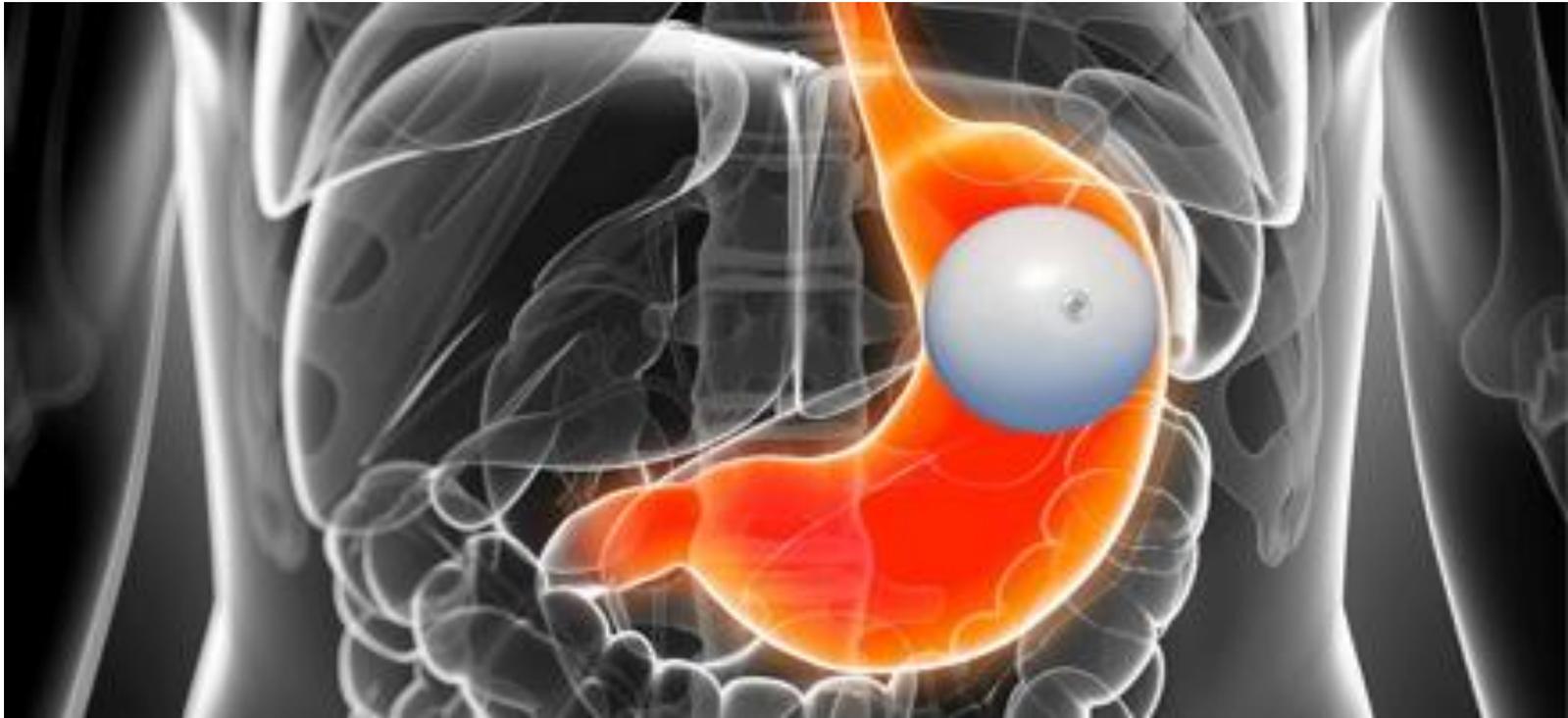
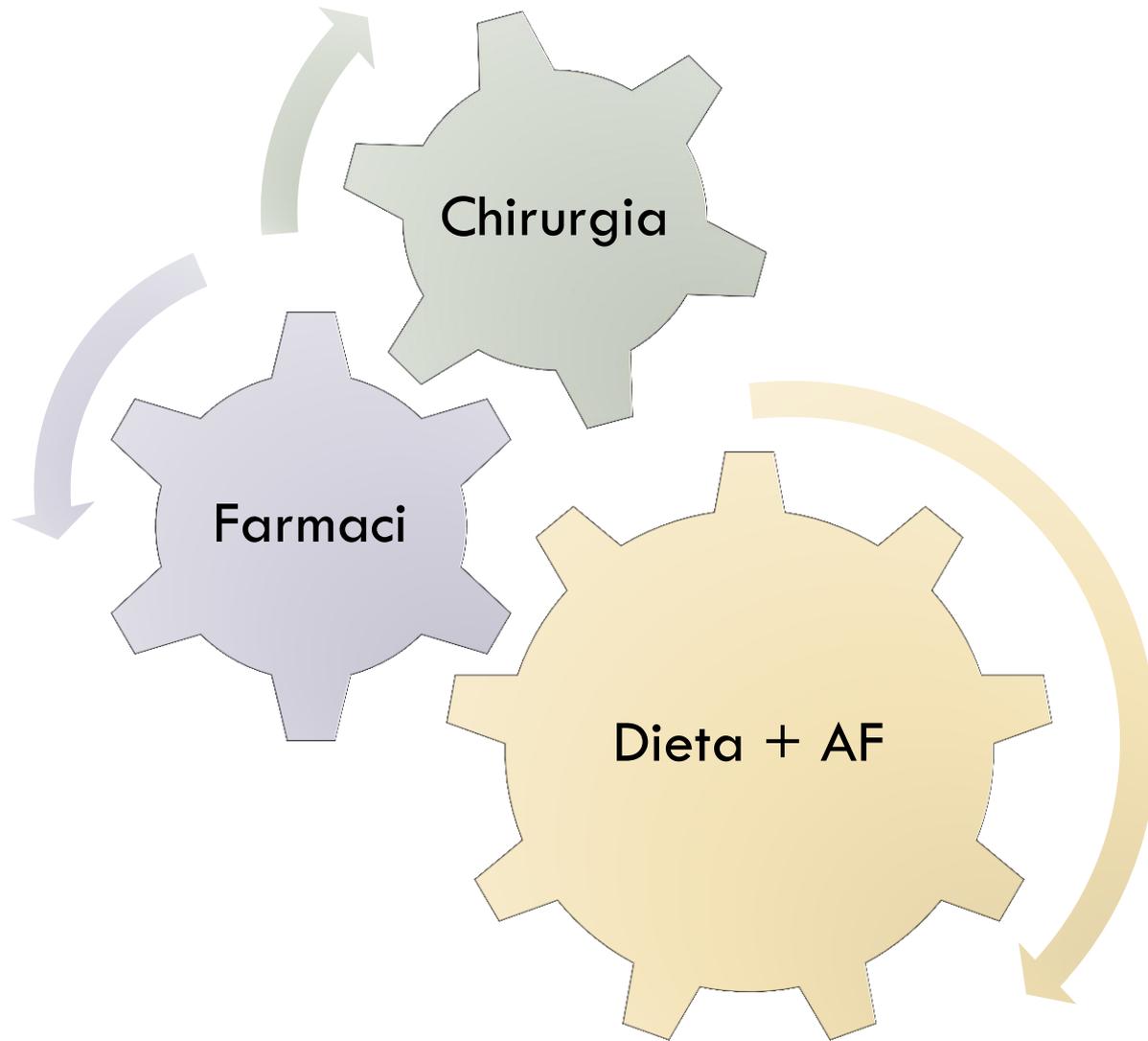


Figura 2. *Sleeve Gastrectomy.*





Per saperne di più



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