112 - PREVALENCE OF OBESITY IN ELDERLY PEOPLE OF JOINVILLE CITY, SC-BRAZIL.

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INTRODUCTION

The obesity can be defined as the excess of fatty tissue in the organism, and is considered a chronic and directly or indirectly related disease to other pathological situations that contribute to morbid-mortality, like the cardiovascular, neoplasia and osteomuscular diseases (Cabrera and col. 2001). However, obese individuals not just differ in the degree of stocked fat, but also, in the body area where this fat is distributed (WHO 1997).

The deposits of general and visceral area fat measures can be taken accurately through the computerized tomography, but this is an unviable method for population studies that use anthropometrics indicators in the diagnosis of centralized and generalized obesities (Martins et al., 2003). The anthropometric indicators used to diagnose the centralized obesity are the waist-hip ratio (WHR) and waist circumference (WC) measures. The WC has been pointed as the best indicative to check the abdominal obesity if compared to WHR by presenting better reproducibility. However, those two indicators contain different information on the disturbances metabolic associated to the centralized obesity. The WC can be considered a better indicator of visceral fatty mass presence, and is strongly related to the atherosclerotic cardiovascular diseases. In contrast, WHR, that count the measure of the gluteus area with numerous muscular tissues, main regulators of the sensibility to the systemic insulin, is more strongly associated to insulin resistance (Björntorp 1997). Another anthropometric measure widely used in population studies, the Body Mass Index (BMI), represents the distribution of body fat mass in a generalized way, besides being a considered great obesity indicator in the population. The objective of this study was to determine the obesity prevalence in elderly groups registered at the Well fare Secretary (JSBS) of Joinville city, SC-Brazil, by different anthropometrics variables.

METHODS

Using a cross-sectional study, developed in the period of april/2005 to october/2006, people with 60 years old or more and registered in elderly groups at JSBS of Joinville city were evaluated.

Data collection

The investigation with the groups happened in two moments: 1) Visits for the data collection, and 2) Lecture. All visits were previously set through phone contact with each group's responsible. In the first visit, after explanation about the study and the volunteers' consent in participating in the research, they were interviewed by the researchers' team. For data collection a structured questionnaire was used as instrument, containing open and closed questions about age, marital status, education, practice of physical activity and smoking habit, besides to gauging of the anthropometric measures: weight, high, waist and hip circumferences. In agreement with the Resolution 196/96 of National Council of Health (Brazil 2000), the Free Informed Term of Consent was signed by all the volunteers that accepted to participate in the study. For the weight measure a Plenna digital balance with until 150 kg of capacity and precision of 100g was used. In the measure moment, the volunteer was dressing the minimum of clothes possible (with empty pockets, without coat, hat, cap, belt, shawl and other accessories that could cause weight increase), without shoes, and positioned in the middle of the balance, in a way to distribute the body weight among the feet. To the high, people were measured in centimeters, barefoot and maintaining the line of perpendicular vision to the body, in a Frankfurt plan. It was tried to maintain the heels, the buttocks, the scapula and the subsequent part of the skull playing, at the same time, the wall (in the vertical position) when possible. The waist and the hip circumferences were checked in centimeters, using an inelastic metric tape. For the waist circumference measure the medium point between the iliac crest and the last rib was used and, for the hip circumference measure the most preponderant part of the gluteus was used. The BMI was calculated from weigh and high measures (BMI = weigh/high^2). The WHR was calculated from waist and hip circumferences (WHR = waist/hip).

With the data obtained at the first visit, after one week the second visit was done. At this visit, two researcher members of the team: a nutritionist and a physical educator ministered a lecture about alimentary habit and healthy lifestyle, emphasizing the constant physical activity practice, besides answering questions and elucidating doubts on how to keep healthy after 60 years old.

Data process

For the database construction and statistical analyses the software Statistical Package for Social Sciences (SPSS), Version 10.0, was were used. The anthropometrics averages among the sexes were compared using t-student Test. The Pearson correlation coefficient was used to calculate the correlation between anthropometric variables and the population characteristics. In all analyses the significance level =5% was considered.

RESULTS

Using the data from JSBS, where 70 groups of old people are registered with number of people varying from 10 to 150, 25 groups were investigated in this study, totaling 403 people with 60 or more years old. The population characteristics are described in the Table 1. Most (86.8%) of the 403 studied were female, and 13.2% male. The age average was 70.3 ± 6.8 years, and 91 years was the maximum age founded. The predominant age group, in both genders, was 60 - 69 years, representing 51.4% of the total. The study year's average was 3.73 ± 2.8 years, and the maximum time of reported study was 17 years. Most (32.8%) of the population just studied until primary school, corresponding to four years of study. More than half (55.0%) of volunteers were widowers, with women in great majority (61.4%). In relation to smoke habit, 72.6% never smoked and most (71.7%) of the men pronounced former-smokers. About physical activity practice, only 10.7% reported doing some kind of physical activity three times a week, but most (41.8%) declared to be sedentary.

Table 1. Population characteristics by sex* (n=403).

Variables	Men		Women	
	n	%	n	%
Age				
60 - 69	24	45.3	183	52.3
70 - 79	22	41.5	128	36.6
80 or more	7	13.2	39	11.1
Marital status				
Single	0	0	10	2.8
Married	45	84.9	114	32.6
Separated	2	3.8	11	3.1
Widower	6	11.3	215	61.4
Smoke habit				
Never smoked	11	20.8	281	80.5
Former-smoker	38	71.7	48	13.8
< 10 cigarettes/day	2	3.8	6	1.7
10 - 20 cigarettes/day	1	1.9	2	0.6
Years of education				
Zero	9	17.0	33	9.4
1 - 4	34	64.1	246	70.3
5 - 8	6	11.3	53	15.1
9 - or more	4	7.5	18	5.1

*$p>0.05$.

In the Table 2 the minimum and maximum, standard deviation and averages distribution of anthropometric variables, by sex are described.

Table 2. Minimum and maximum, standard deviation and averages distribution of anthropometric variables, by sex.

Variable	Men (n=52)		Women (n=350)		*P*
	Average (SD)	Min - Max	Average (SD)	Min - Max	
BMI (Kg/m^2)	26.96 (4.03)	17.0 - 37.0	28.9 (4.61)	15.4 - 47.7	0.272
WHR	0.99 (0.07)	0.79 - 1.16	0.93 (0.87)	0.70 - 1.75	0.305
WC (cm)	98.3 (11.29)	64.3 - 120.5	97.2 (12.9)	63.2 - 152.0	0.165

It is possible to identify that with except men WHR value, the other anthropometrics variables averages investigated were classified as being above the values considered normal for the World Health Organization - WHO (Table 3).

Table 3. Reference values considered normal according to WHO.

Variable	Men	Women
BMI (Kg/m^2)	Normal: 18.5 - 24.9 Overweight: 25.0 - 29.9 Obesity: ≥ 30.0	
WHR	< 1.0	< 0.85
WC (cm)	< 94	< 80

The Table 4 described the risk prevalence of metabolic complications associate to the obesity using waist circumference, by sex. In relation to the very increased risk of metabolic complications, the women were the more prevalent with 76.3%.

Table 4. Metabolic complications risk associate to the obesity from the waist circumference, by sex.

Metabolic complication risk	n	Prevalence (%)
Women (n=350)		
Increased (80-87cm)	48	13.7
Substantially increased (=88cm)	267	76.3
Men (n= 52)		
Increased (94-101cm)	18	34.6
Substantially increased (=102cm)	20	38.5

The WHR was the variable that showed larger prevalence for men and women, respectively 53.0% and 85.4% compared to the three anthropometrics measures used to evaluate the obesity (Table 5).

Table 5. Prevalence of obesity using different anthropometrics measured, by sex.

Anthropometrics	Men	Women
BMI	2.7%	34.0%
WHR	53.0%	85.4%
WC	38.5%	76.3%

The analyzed data revealed inverse correlation between years of study and WHR ($r= -0.14$; $p<0.01$), age and BMI ($r = -0.11$; $p<0.01$), and physical practice activity and age ($r= -0.20$; $p<0.01$). There was strong correlation between age and WHR ($r=0.98$; $p<0.01$).

When anthropometric variables amongst themselves were evaluated, weak correlation was observed between BMI and WHR ($r=0.32$; $p<0.01$), and strong correlation between the measures of BMI and WC ($r=0.83$; $p<0.01$). Separating the elderly' group with overweight and obesity diagnosis, in agreement with the reference WHO values, it was observed accentuated decrease between BMI and WHR correlation in overweight elderly group ($r = 0.23$; $p<0.001$), totally losing the correlation between BMI and WHR in obese group ($r=0.004$; $p>0.05$). When the correlations between BMI and WC were evaluated, in spite of they lose force in relation to the group as a whole, such correlations continued significant ($r=0.79$ for 0.57 $p<0,001$, in the overweight an obesity groups, respectively).

DISCUSSION

The obesity prevalence (BMI=30 kg/m^2) was 34.0% for women and 2.7% among men in this study. The largest women obesity prevalence found confirms with other studies accomplished in Brazil (Tavares and Angels 1999, Cabrera and Jacob Filho 2001, Marcucci and Barbosa 2003, Mastroeni 2004), and in other countries (Groot et al. 1991, Ukoli et al. 1995, Velásquez Dawn et al. 1996, Vellas et al. 1997). When BMI was used as anthropometric measure in this study group, the obesity prevalence was higher (36.7%) than the one found by Mastroeni (2004) (17.6%), in a survey accomplished with people above 60 years old in the same city, Joinville-SC. When only women are considered in the comparison between both studies, the elderly groups' visited presented 2.4 times higher value in the obesity prevalence. It is believed that the highest obesity prevalence found in this study is related to the low frequency of physical activity practice found, verified by the inverse correlation between practice of physical activity and age ($r = -0.20$; $p<0.01$).

When WC variable was adopted to determine the abdominal obesity degree associated to the metabolic complications risk, the prevalence increase for 76.3% among the women and 38.5% among men. The situation is preoccupying mainly among the women, where the WC average (97.2 cm) observed is higher than the cut off point for increased risk classification of metabolic complications (=80cm), according to the WHO. The WHR average for men (0.99) was the single anthropometric variable whose value remained inside of the normality, according to the WHO.

However, when standard deviation is added, the same measure increased for WHR=1.06. Villela et al. (2006), in a study that looked for determining which anthropometrics measure allows better evaluate the cardiovascular risk diseases in obese, it concluded that WHR was the best index to value endothelial dysfunction and, consequently, the vascular risk, when compared to BMI. That consideration is in agreement with the data found in this study, where the largest obesity prevalence, in both sexes, was classified being used the anthropometric WHR measure. Price et al. (2006), in which the study objective was to investigate the association of BMI, WHR and WC with mortality and the specific mortality cause, accomplished with approximately 15.000 elderly, concluded that there is higher correlation of mortality risk with the abdominal obesity when measured by WHR.

In this study, BMI and WC were the anthropometric variables with higher correlation, although the values of the correlations among those two indexes have been lower for elderly with overweight and obesity diagnosis. For these two situations, overweight and obesity, it is believed that the sample size might have interfered in correlation analysis, mainly among the obese ones. However, it can be suggested that WC should be evaluated together with BMI for obesity diagnosis and obesity type.

In spite of weak inverse correlation between WHR and years of study ($r = -0.14$; $p<0.01$), it is known that education is a limiting aspect to non-communicable diseases. Without information access it is difficult for a population to have to have knowledge enough to avoid diseases development to guarantee healthy aging and economical assets.

Every year the cardiovascular diseases cause, approximately, 15 million death, representing 30% of total causes. Two thirds of total deaths caused by cardiovascular diseases happen in developing countries (LAURENTI and col. 2001), representing a serious problem of public health.

In spite of the related data of this study being obtained from a not representative elderly sample population, the crescent increase of obese number in that group reflects a preoccupying situation and it points the intervention need measures to reduce elderly obesity prevalence, mainly among the women. A prevention strategy of obesity and, consequently, increase the risk of non-communicable diseases development is change the lifestyle habits, as well as increase the physical activity and adoption of healthier eating habits.

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PREVALENCE OF OBESITY IN ELDERLY PEOPLE OF JOINVILLE CITY, SC-BRAZIL.

Abstract

The study objective was to determine the obesity prevalence in elderly's groups registered at Well Fare Secretary (JSBS) of Joinville city, SC-Brazil, being used different anthropometric variables. Four hundred and three elderly were interviewed and had checked their weight and high measures for the determination of the Body Mass Index (BMI), waist circumference (WC) and hip circumference (HC) for determination the waist-hip circumference (WHC). Most population studied (86.8%) was female, with age average 70.3 ± 6.8 years, and mainly constituted by widows (55.0%). For physical activity practice, only 10.7% reported the practice of some type three times a week. The obesity prevalence (IMC=30 kg/m^2) between women was 34.0% and 2.7% among men. Higher values of BMI were presented by women; WC and WRH were higher between men, without statistical differences among sexes. About the very increased risk of metabolic complications, there is more prevalence (76.3%) between women. The anthropometric variables with higher correlation were BMI and WC ($r=0.83$ $p <0.001$), although the correlation has decreased among obesity ($r=0.57$ $p <0.001$) and overweight diagnosis ($r=0.23$ $p <0.001$) in elderly. In this study, the data are limited to a non-representative sample population, but the crescent obese number increase in that group reflects a preoccupying situation and it points the need of intervention measures to reduce the obesity prevalence in elderly population, mainly among women. A strategy of obesity prevention and, consequently, the increase of non-communicable diseases development risk are the change of lifestyle related habits, as well as increase of physical

activity and adoption of healthier eating habits. **Keywords:** Elderly. Obesity. Anthropometric measures.

LA PREVALENCE DE L'OBESITE CHEZ LES PLUS AGES DANS LA VILLE DE JOINVILLE/SC- BRESIL.

Rèsumé

Le but de l'étude c'est déterminer la prévalence de l'obésité chez les groupes des plus âgés inscrits sur le cadastre de la "Secrétariat du Bien-être Social" de la ville Joinville/SC- Brésil, en utilisant des différents variables anthropométriques. Quatre cents et trois âgés ont été étudié et ont eu étalonnés leurs mesures de poids et leurs hauteur pour déterminer l'indice de Masse Corporel (IMC), la circonférence de la ceinture (CC) et le circonférence de la hanche à fin de faire de rapport de la ceinture-hanche (RCH). La plupart de la population étudiée (86,8%) c'était du sexe féminin et l'âgé moyen de 70,36,8 ans et composée des veufs (55%). Quant à la pratique d'activité physique, seulement 10,7% ont avoué faire quelque sorte d'activité physique trois fois par semaine. La prévalence de l'obésité (IMC 30 kg/m) a été de 34,0% parmi les femmes et 2,7% parmi les hommes. Le sexe féminin a présenté des valeurs majeurs de IMC et le sexe masculin de RCH et CC, pourtant il n'y a pas de différence statistique entre les sexes. Par rapport au risque des complications du métabolisme, les femmes ont été les plus prévalences (76,3%). Les variables anthropométriques de plus importante corrélation ont été IMC et CC (R= 0,83 p <0,001), même que les valeurs aient perdu de force parmi les plus âgés avec un diagnostique d'excès de poids (R= 0,23p <0,001) et l'obésité (R= 0,57p<0,001). Malgré les donnés se restreindre à un échantillon non représentatif de la population, le croissant progrès du nombre des obèses dans ce groupe indique une situation inquiétante et démontre qu'il faut prendre de mesures d'intervention à fin de faire baisser la prévalence de l'obésité chez les plus âgés, surtout parmi les femmes. Une stratégie de prévention de l'obésité et, conséquemment, du croissant de risque du développement des maladies non transmissibles c'est le changement des habitudes qui ont des relations au style de vie, comme l'augmentation des activités physiques et l'adoption des habitudes alimentaires plus salutaires. **Des mots clés:** Âgés ; Obésité ; Mesures anthropométriques.

EN LO QUE PREVALECE LA OBESIDAD EN ADULTOS MAYORES DE LA CIUDAD DE JOINVILLE/SC, BRASIL.

Resumen

El objetivo del estudio fue determinar en lo prevalece la obesidad en grupos de adultos mayores cadastrados en la "Secretaria do Bem Estar Social" de la ciudad de Joinville/SC-Brasil, usando diferentes variables antropometricas. Cuatrocientos tres adultos mayores fueran entrevistados y tuvieran aferidas sus medidas de peso y estatura para determinación del Índice de Masa Corporal (IMC), circunferencia de la cintura (CC) y circunferencia de las caderas para determinar la relación cintura-caderas (RCC). La mayoría de la población estudiada (86,8%) era del sexo feminino con edad media de 70,3 ± 6,8 años y compuesta de viúdos (55%). Cuanto a la practica de atividade física, solo un 10,7% relataran que hacen alguna clase de atividad física tres veces a la semana. En lo que prevelece obesidad (IMC=30 kg/m^2) fue de un 34,0% entre las mujeres y un 2,7% entre los hombres. El sexo feminino presentó valores mayores de IMC y el sexo masculino de RCC y CC, no haviendo diferencia estatística entre los sexos. Acerca del riesgo muy aumentado de complicaciones metabólicas, las mujeres fueran las más prevalentes (76,3%). Las variables antropometricas con mayor correlación fueran IMC y CC (r=0,83 p<0,001), aún que los valores tengan sido pequeños junto a los adultos mayores con diagnostico de sobrepeso (r=0,23 p<0,001) y obesidad (r=0,57 p<0,001). Apesar de los datos limitárense a una amuestra no representativa de la población, el crecente aumento del número de obesos en ese grupo reflite una situación preocupante y apunta la necesidad de medidas de intervención en el intuito de disminuir la prevalencia de la obesidad en la población de adultos mayores, principalmente entre las mujeres. Una estratégia de prevención del obesidad y, consequentemente, del aumento de los riesgos del desarrolo de enfermedades no transmisibles es un cambio de las costumbres acerca del modo de vida, como aumento de la atividad física y adoción de costumbres alimentares más sanos. **Palabras claves:** Adulto mayor o anciano; Obesidad; Medidas antropometricas.

PREVALÊNCIA DE OBESIDADE EM IDOSOS DA CIDADE DE JOINVILLE/SC, BRASIL.

O objetivo do estudo foi determinar a prevalência de obesidade em grupos de idosos cadastrados na Secretaria do Bem Estar Social da cidade de Joinville/SC-Brasil, utilizando-se diferentes variáveis antropométricas. Quatrocentos e três idosos foram entrevistados e tiveram aferidas suas medidas de peso e estatura para determinação do Índice de Massa Corporal (IMC), circunferência da cintura (CC) e circunferência do quadril para a determinação da relação cintura-quadril (RCQ). A maioria da população estudada (86,8%) era do sexo feminino com média de idade de 70,3 ± 6,8 anos e composta de viúvos (55%). Quanto à prática de atividade física, apenas 10,7% relataram fazer algum tipo de atividade física três vezes por semana. A prevalência de obesidade (IMC=30 kg/m^2) foi de 34,0% entre as mulheres e 2,7% entre os homens. O sexo feminino apresentou valores maiores de IMC e o sexo masculino de RCQ e CC, não havendo diferença estatística entre os sexos. Em relação ao risco muito aumentado de complicações metabólicas, as mulheres foram as mais prevalentes (76,3%). As variáveis antropométricas com maior correlação foram IMC e CC (r=0,83 p<0,001), ainda que os valores tenham perdido força entre os idosos com diagnóstico de sobrepeso (r=0,23 p<0,001) e obesidade (r=0,57 p<0,001). Apesar dos dados limitarem-se a uma amostra não representativa da população, o crescente aumento do número de obesos nesse grupo reflete uma situação preocupante e aponta a necessidade de medidas de intervenção no intuito de diminuir a prevalência de obesidade na população idosa, principalmente entre as mulheres. Uma estratégia de prevenção da obesidade e, consequentemente, do aumento do risco do desenvolvimento de doenças não transmissíveis é a mudança dos hábitos relacionados ao estilo de vida, como aumento da atividade física e adoção de hábitos alimentares mais saudáveis. **Palavras chaves:** Idosos; Obesidade; Medidas antropométricas.

PREVALÊNCIA DE OBESIDADE EM IDOSOS DA CIDADE DE JOINVILLE/SC, BRASIL.

RESUMO

O objetivo do estudo foi determinar a prevalência de obesidade em grupos de idosos cadastrados na Secretaria do Bem Estar Social da cidade de Joinville/SC-Brasil, utilizando-se diferentes variáveis antropométricas. Quatrocentos e três idosos foram entrevistados e tiveram aferidas suas medidas de peso e estatura para determinação do Índice de Massa Corporal (IMC), circunferência da cintura (CC) e circunferência do quadril para a determinação da relação cintura-quadril (RCQ). A maioria da população estudada (86,8%) era do sexo feminino com média de idade de 70,3 ± 6,8 anos e composta de viúvos (55%). Quanto à prática de atividade física, apenas 10,7% relataram fazer algum tipo de atividade física três vezes por semana. A prevalência de obesidade (IMC=30 kg/m^2) foi de 34,0% entre as mulheres e 2,7% entre os homens. O sexo feminino apresentou valores maiores de IMC e o sexo masculino de RCQ e CC, não havendo diferença estatística entre os sexos. Em relação ao risco muito aumentado de complicações metabólicas, as mulheres foram as mais prevalentes (76,3%). As variáveis antropométricas com maior correlação foram IMC e CC (r=0,83 p<0,001), ainda que os valores tenham perdido força entre os idosos com diagnóstico de sobrepeso (r=0,23 p<0,001) e obesidade (r=0,57 p<0,001). Apesar dos dados limitarem-se a uma amostra não representativa da população, o crescente aumento do número de obesos nesse grupo reflete uma situação preocupante e aponta a necessidade de medidas de intervenção no intuito de diminuir a prevalência de obesidade na população idosa, principalmente entre as mulheres. Uma estratégia de prevenção da obesidade e, consequentemente, do aumento do risco do desenvolvimento de doenças não transmissíveis é a mudança dos hábitos relacionados ao estilo de vida, como aumento da atividade física e adoção de hábitos alimentares mais saudáveis. **Palavras chaves:** idosos; obesidade; medidas antropométricas.