

## GOJAZNOST DANAS – PANDEMIJA 21. STOLJEĆA

**Snežana Popović-Pejičić<sup>1,2</sup>**

<sup>1</sup>Medicinski fakultet, Univerzitet u Banjoj Luci, Republika Srpska, BIH

<sup>2</sup>Akademija nauka i umjetnosti Republike Srpske

**Sažetak.** Gojaznost je složena hronična bolest u kojoj abnormalna ili višak tjelesne masti narušava zdravlje, povećava rizik od dugotrajnih medicinskih komplikacija i smanjuje životni vijek. Prevalenca gojaznosti je u porastu i predviđa se da će porasti sa 14% u 2020 na 24% u 2035 god. zahvatajući oko 2 milijarde odraslih, adolescenata i djece. Zabrinjavajuće su predikcije o značajnom porastu prevalencije među djecom i adolescentima. Trenutno SZO smatra da je gojaznost „hronična složena bolest“, kojoj je dodijeljena posebna šifra po međunarodnoj klasifikaciji bolesti. Ideja gojaznosti kao samostalnog entiteta međutim, ostaje kontroverzna, kako unutar tako i izvan medicinske zajednice. Gojaznost je uzrokovana složenom interakcijom više genetskih, metaboličkih, bihevioralnih i faktora životne sredine, pri čemu se za poslednje smatra da su uzrok značajnog porasta prevalencije gojaznosti. Epidemiološke studije definišu gojaznost koristeći indeks tjelesne mase (ITM), što može stratifikovati i zdravstvene rizike povezane sa gojaznošću na nivou populacije. Sa porastom ITM rastu i zdravstvene komplikacije zbog viška tjelesne masti. Na individualnom nivou, komplikacije nastaju zbog viška adipoznosti, lokacije i distribucije adipoznosti i mnogih drugih faktora, uključujući ekološke, genetske, biološke i socioekonomske faktore. Gojaznost svakako predstavlja opasnost po zdravlje i opsežno je proučavana kao preteča drugih bolesti. Postoje dokazi da višak masnog tkiva može imati kliničke manifestacije i uzrokuje bolest izazivajući disfunkciju različitih organa i tkiva. Danas znamo da preko 200 različitih bolesti dovodimo u vezu sa gojaznošću, koji se često nazivaju komorbiditetima, a ne smatramo ih kliničkim manifestacijama same gojaznosti. Danas se smatra da bi liječenje gojaznosti trebalo da se odnosi na poboljšanje zdravlja i blagostanja, a ne samo na gubitak težine. Međutim, potrebno je više istraživanja kako bi se fokus liječenja gojaznosti pomjerio ka poboljšanju zdravstvenih ishoda usredsređenih na pacijenta, a ne samo na gubitak težine. Zato je neophodno povećavati znanja o ovoj bolesti i težiti boljim pristupima procjenjivanju i liječenju gojaznosti.

**Ključne riječi:** gojaznost, fenotipovi, komorbiditeti, prevencija, liječenje

## OBESITY TODAY – A PANDEMIC OF THE 21ST CENTURY

*Snežana Popović-Pejčić<sup>1,2</sup>*

<sup>1</sup>Faculty of Medicine, University of Banja Luka, Republic of Srpska,  
Bosnia and Herzegovina

<sup>2</sup>Academy of Sciences and Arts of the Republic of Srpska, Bosnia and Herzegovina

**Abstract.** Obesity is a complex chronic disease in which abnormal or excessive body fat impairs health, increases the risk of long-term medical complications, and reduces life expectancy. The prevalence of obesity is rising, and it is projected to increase from 14% in 2020 to 24% by 2035, affecting around 2 billion adults, adolescents, and children. Predictions of a significant increase in prevalence among children and adolescents are particularly concerning. Currently, the World Health Organization (WHO) defines obesity as a "chronic complex disease" and has assigned it a specific code in the International Classification of Diseases. However, the concept of obesity as an independent disease entity remains controversial, both within and outside the medical community. Obesity results from a complex interaction of multiple genetic, metabolic, behavioral, and environmental factors, with the latter being considered a major contributor to the rising prevalence of obesity. Epidemiological studies define obesity using the body mass index (BMI), which can also stratify health risks associated with obesity at the population level. As BMI increases, so do health complications due to excess body fat. On an individual level, complications arise from the amount, location, and distribution of adiposity, as well as many other factors, including environmental, genetic, biological, and socioeconomic factors. Obesity undoubtedly poses a health risk and has been extensively studied as a precursor to other diseases. There is evidence that excess fat tissue can have clinical manifestations and cause disease by disrupting the function of various organs and tissues. Today, we know that over 200 different diseases are associated with obesity. These are often referred to as comorbidities rather than clinical manifestations of obesity itself. Today, it is increasingly accepted that the treatment of obesity should focus on improving health and well-being, not just weight loss. However, more research is needed to shift the focus of obesity treatment toward improving patient-centered health outcomes, rather than solely targeting weight reduction. Therefore, it is essential to expand our understanding of this disease and strive for better approaches to assessing and treating obesity.

**Key words:** obesity, phenotypes, comorbidities, prevention, treatment