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“Advances in Obesity: Causes, Consequences and Therapy”

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“Advances in Obesity: Causes, Consequences and Therapy”

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Special Issue Editors

Obesity is a complex chronic disease that has become a major public health problem in many countries throughout the world because of its high prevalence, causal relationship with many serious medical illnesses, adverse effects on quality-of-life, and marked economic consequences related to increased health care costs and decreased productivity. Although obesity is defined as an excess amount of body fat, the threshold value that defines what amount of body fat is "unhealthy" is not clear and the ability to reliably measure body fat mass requires specialized equipment that is not readily available in most clinical settings. Therefore, obesity is typically diagnosed using body mass index (BMI; weight in kilograms divided by height in meters squared [kg/m^2]) to classify people as “normal weight” (BMI=18.5- 24.9 kg/m^2), “overweight” (BMI=25.0-29.9 kg/m^2), and “obese” (BMI ≥ 30 kg/m^2), which stratifies health risk based on the relationship between weight and height. Other factors, such as body fat distribution (intrahepatic triglyceride content, intra-abdominal fat volume, and waist circumference), level of cardiopulmonary fitness, and ethnic/racial background also modify BMI-related risk.

Obesity is of particular relevance for gastroenterologists for several reasons: 1) obesity causes a long list of gastrointestinal abnormalities and diseases, including gastroesophageal reflux disease and esophageal adenocarcinoma, gastric cancer, colonic diverticular disease, polyps, and cancer, nonalcoholic fatty liver disease, pancreatitis and pancreatic cancer, and gallstones, 2) effective weight loss therapy can improve or completely resolve obesity-related gastrointestinal complications, 3) the gastrointestinal tract is involved in the regulation of food

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