



A Brief Note on Causes of Abdominal Obesity

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Description

Abdominal obesity, also known as central obesity or truncal obesity is a condition in which excessive abdominal fat has built up around the stomach and abdomen to the point where it is likely to cause health problems. Cardiovascular disease, Alzheimer's disease, and other metabolic and vascular diseases have all been linked to abdominal obesity. Type 2 diabetes is strongly linked to visceral and central abdominal fat, as well as waist circumference. In contrast to subcutaneous fat, which is found beneath the skin, and intramuscular fat, which is found interspersed in skeletal muscle, visceral fat, also known as organ fat, is found inside the peritoneal cavity, packed in between internal white adipose tissue, and perirenal fat are among the adipose depots that make up visceral fat. Central obesity, often known organs and the torso. Mesenteric, epididymal as the "pot belly" or "beer belly" effect, is characterized by an excess of adipose visceral fat that causes the abdomen to protrude excessively. This body type is also known as "apple shaped," as opposed to "pear shaped," which is characterized by fat deposits on the hips and buttocks.

Diet

Obesity is thought to be caused by a net energy imbalance, in which the organism consumes more useable calories than it expends, wastes, or discards through elimination. According to several researches, high fructose consumption is linked to visceral obesity, lipid dysregulation, and reduced insulin sensitivity. When free fructose is available in children's fat cells as they age, more of these cells mature into fat cells in the abdomen region, according to some data. It also reduced the insulin sensitivity of both visceral and subcutaneous fat. When compared to identical glucose ingestion, these effects were not diminished. Increased abdominal obesity in men and increased weight and waist circumference

in women have been linked to trans-fat consumption from industrial oils. When fat and calorie intake were taken into consideration, the relationships remained unchanged. Even after accounting for calories, increased meat consumption has been linked to increased weight growth, particularly abdominal obesity. Oily fish diet, on the other hand, appears to be inversely associated with total body fat and abdominal fat distribution, even when body mass is constant, according to research. Similarly, even when calorie consumption is managed, increasing soy protein consumption is linked to decreased levels of belly fat in postmenopausal women.

Alcohol consumption: Alcohol intake is linked to a larger waist circumference and a higher risk of abdominal obesity in males, but not in women, according to a study. After accounting for energy under-reporting, it was discovered that increasing alcohol consumption increased the risk of exceeding recommended energy intakes in male participants—but not in the small number of female participants (2.13 percent) who had elevated alcohol consumption, even after establishing a lower number of drinks per day to characterize women as consuming a high quantity of alcohol. More research is needed to see if there is a link between alcohol consumption and abdominal obesity in women who consume more alcohol.

Other factors: Other factors such as maternal smoking, estrogenic substances in the food, and endocrine-disrupting toxins may also have a role. Hypercortisolism causes central obesity, as seen in Cushing's syndrome. Many prescription medicines, such as dexamethasone and other steroids, can cause central obesity as a side effect, especially when combined with high insulin levels. Abdominal obesity is becoming more common in Western nations, presumably as a result of a combination of poor physical activity and high-calorie meals, as well as in developing countries, where it is linked to population urbanization.