

OBEZİTE VE SİGARA

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Obezite küresel boyutta bir halk sağlığı sorunu olarak karşımıza çıkmaktadır. DSÖ tarafından yapılan MONICA çalışmasında 10 yılda obezite prevalansında %10-30 artış saptandığı bildirilmiştir. Ülkemizde obezite sıklığı 'Türkiye Beslenme ve Sağlık Araştırması 2010' ön çalışma raporuna göre %30,3 olarak tesbit edilmiştir. Obezite gelişmiş ülkelerin sorunu iken günümüzde ise gelişmekte olan ülkelerin halk sağlığı sorunu olmaya başlamıştır.¹

Sigara içme sıklığı (her gün ve ara sıra kullanan) erkeklerde %47.9 kadınlarda %15.2 oranında görülmektedir. Erkeklerin %43.8'i, kadınların ise %11.6'sı her gün sigara içmektedir.² Tütün kullanımı; obezitede de gözlemlendiği gibi gelişmiş ülkelerde azalma, geri kalmış ya da gelişmekte olan ülkelerde artma eğiliminde olduğu bildirilmektedir.³ Türkiye, sigara içme oranlarının yüksek olduğu ülkeler arasındadır.⁴ Gelişmiş ülkelerde tütün kontrolü ile ilgili uygulanan politikalara bağlı olarak sigara kullanma oranları azalırken, si-

gara kullanımına ilişkin herhangi bir eylem planı olmayan az gelişmiş ve gelişmekte olan ülkelerde bu oranlar artmaktadır.

Geçmişte ve günümüzde yapılan araştırmalarda, sigaranın obezite obeziteninde sigara bağımlılığı üzerinde büyük bir etkisi ve/veya birlikteliği olduğu görülmektedir. Obezitenin; Sigara dumanına maruziyet (pasif içicilik), eski sigara tüketicisi olmak, sigarayı bırakma ile vücut kitle indeksinde artış ve sigaranın fetusa olan etkileri gibi çeşitli durumlarla ilişkisi araştırılmaktadır.

Gözlemsel çalışmalar; mevcut sigara içimi ile vücut ağırlığı arasında ters bir ilişki olduğu ve sigara bırakıldıktan sonra bu kişilerin kilo aldığını göstermektedir.⁶⁻⁹Bu durumun sigara içmenin yani nikotinin hem iştah kesici hem de metabolik uyarıcı olmasından kaynaklandığı düşünülmektedir.¹⁰ Mendelian randomizasyon çalışmaları, sigara içmenin vücut ağırlığının azaltılmasında nedensel bir rolü olduğuna dair kanıt sağlamıştır.^{11,12} Eski sigara içicisi olma ile obezite arasın-

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