

## OBEZİTENİN TANI VE TAKİBİNDE KLİNİK ENZİMOLOJİK PARAMETRELER VE YENİ UFUKLAR

Said ALTİKAT<sup>1</sup>

### A. Dünyada Obezite:

Obezite, artık tüm insanlık için çok yaygın görülen bir sağlık sorunudur. Dünya Sağlık Örgütü verilerinde, 2016 yılında Dünyada yetişkinlerin %39 kadarı fazla kilolu ve %13 kadarı ise obezdir. “The Global Burden of Disease” (GBD)’in yani Global Hastalık Yüğü Obezite İş birliği Grubu 2015 raporuna göre obez miktarı, 711,4 milyona çıkmıştır. (107,7 milyon kadarı çocuk olmak üzere). Bulaşıcı Olmayan Hastalıklar Risk Faktörleri İş birliği Grubu olan Non Communicable Diseases Risk Factor Collaboration (NCD-RisC) verileri ele alındığında küresel ölçekte 18 yaş ve üstünde, obezite yaygınlığı 1975’te erkek nüfusta %3,2 ve kadın nüfusta ise %6,4 iken daha sonraları 2014 yılı itibarıyla erkeklerde %11 ve kadınlarda %15’e kadar çıkmıştır. Nihayetinde yetişkinlerde, erkeklerde %2,5 ve kadınlarda ise %5 civarında (BKİ  $\geq 35$  kg/m<sup>2</sup>) olduğu ve yetişkin erkeklerde binde altı kadınlarda ise binde 16 oranında morbid obez olduğu ifade edilmiştir.<sup>1</sup>

Ama en kötüsü bu değildir. Daha da kötü olanı; morbid obeziteye; tip-2 diyabet, hipertansiyon, dislipidemi, metabolik sendrom ve obstrüktif uyku apnesi sendromu gibi çeşitli başka başka kronik ve ciddi hastalıklar eşlik etmektedir.<sup>2</sup> Mesela; metabolik sendromun sindirim sistemindeki tezahürlerinden birisi alkolsüz yağlı karaciğer hastalığıdır (NAFLD).<sup>3</sup> Basit bir steatoz tablosundan tutunuz alkolik olmayan steatohepatite (NASH) kadar geniş klinik ve patolojik bir alanı kapsar ve bu durum daha sonra karaciğer sirozu ve hepatosellüler karsinomaya kadar gidebilir.<sup>4</sup> Genel popülasyonda

NAYKH ve NASH prevalansının sırasıyla %10-30 ve %3-5 olduğu düşünülünce vaziyetin ciddiyeti de ortaya çıkmaktadır.<sup>5</sup>

Obez insanlar arasında prevalans itibarıyla NAYKH’nın %50-90, NASH’ın ise %10-50 gibi oldukça yüksek olması durumun ciddiyetini göstermektedir.<sup>5,6</sup> Bu nedenle, NASH ve diğer patolojik

engellilik veya gelişimsel gecikmelerle bir arada bulunur.<sup>77</sup>

Nutrigenetik bir çalışmada, PPARG genindeki Pro12Ala genetik varyantında bu durum; serbest yağ asitleri ve yağ alımı ile obezite gelişiminde antagonistik bir etkileşim gösterdiği bulunmuştur. Akdeniz diyeti; 12Ala alel taşıyıcılarında artan kilo etkisini inanılmaz bir şekilde tersine çevrilmesiyle sonuçlanmıştır ama bu tersine dönüş, geleneksel düşük yağlı diyetlerle maalesef gerçekleşmemiştir.<sup>79</sup> Diğer bazı çalışmalar, genetik riskin; fiziksel olarak aktif bireylerde, sağlıklı bir yaşam tarzına sahip insanlara göre daha düşük bir etkiye sahip olduğunu göstermiştir.<sup>80,81</sup>

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