

OBEZİTE VE KARDİYOVASKÜLER HASTALIKLAR

7. BÖLÜM

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Giriş

Obezite, dünya genelinde hem çocuklarda hem de erişkinlerde salgına dönüşerek ciddi bir toplumsal sağlık sorunu haline gelmiştir (1). Bu duruma paralel olarak obezite ilişkili hastalıklar ile ilgili tıbbi sorunlar da önemli ölçüde artmıştır. Bu artışın önümüzdeki yıllarda da devam etmesi beklenmektedir.

Günümüzde obezite tanımında vücut kitle indeksi (VKİ) (kilogram cinsinden ağırlık/metre cinsinden boy²) kullanılmaktadır. Yetişkinlerde aşırı kilo, 25.0 ila 29.9 kg/m²'lik bir VKİ, obezite ise VKİ > 30.0 kg/m² olarak tanımlanır (2).

Obezite, kardiyovasküler hastalıklar (KVH) başta olmak üzere, hipertansiyon (HT), tip 2 diyabetes mellitus (DM), bazı kanser çeşitleri ve uyku apnesi gibi çok sayıda komorbidite ile ilişkilidir. Aslında obezite, KVH için **bağımsız bir risk faktörüdür** ve obez hastalarda artmış morbidite ve mortalite riski ve azalmış yaşam beklentisi mevcuttur (3,4).

Obezite ve kardiyovasküler hastalıklar arasındaki ilişki birçok araştırmanın konusu olmuştur ancak halen bir takım **'gri alanlar'** mevcuttur. Obezite varlığında değişen metabolik profilin yanı sıra, aşırı miktarlarda biriken adipoz doku sonucunda, kişide kardiyak yapı ve fonksiyonlarda çeşitli adaptasyonlar meydana gelmektedir. Böylece obezite, henüz tam olarak aydınlatılmamış mekanizmalara ek olarak dislipidemi, HT, glukoz intoleransı ve metabolik sendrom (MetS) gibi bilinen risk faktörleri üzerinden ve/veya artmış enflamasyon ve protrombotik duruma ikincil olarak kalbi etkileyebilir (5). Bu etkiler sonucunda aşırı kilolu veya

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