

Obesity: Interdisciplinary solutions to a multidimensional health problem

bittps://doi.org/10.56238/sevened2024.025-005

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ABSTRACT

The chapter "Obesity: Interdisciplinary Solutions to a Multidimensional Health Problem" addresses obesity as a global public health condition that requires an interdisciplinary approach to be effectively fought. Recognized as an epidemic affecting both developed and developing countries, obesity is associated with several comorbidities, including type 2 diabetes, cardiovascular disease, and certain cancers. It is emphasized that obesity is the result of interrelated factors, encompassing genetic, environmental, behavioral, and social aspects. The modern environment, characterized by the easy availability of high-calorie foods and sedentary lifestyles, is a major factor contributing to rising obesity rates. In addition, genetic predisposition plays a significant role, interacting with the environment and individual behaviors, to influence obesity risk. The chapter highlights the importance of a multidisciplinary approach, bringing together professionals from different areas such as medicine, nutrition, psychology, and physical education. This collaboration is critical to developing comprehensive and personalized treatment plans. Medical and pharmacological interventions, as well as behavioral therapies, are discussed as essential components of effective strategies to treat obesity. Education is presented as a crucial tool in the prevention of obesity. School and community nutrition education programs play an important role in promoting healthy eating habits and reducing the risk of obesity. In addition, public policies that encourage healthy environments and the practice of physical activity are essential to prevent and control obesity. The chapter concludes that the integration of diverse disciplines is vital to address this challenge effectively, promoting the health and well-being of the population and reducing the global impact of obesity.

Keywords: Public health, Comorbidities, Integration of disciplines, Behavioral therapies, Nutritional education, Public health policies, Health promotion.

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INTRODUCTION

The global obesity epidemic was identified by the WHO as a public health problem in 1948, but remained largely unknown as a disease until 1997, when it was highlighted as a crucial factor in rising medical costs (James, 2008). This complex problem is not restricted to developed countries alone, the economic impacts of obesity are substantial in all countries, regardless of economic or geographical context, and will increase over time if current trends continue (Okunogbe et al., 2021).

Obesity is associated with a number of comorbidities, including type 2 diabetes, cardiovascular diseases, hypertension, and various types of cancer, contributing to reduced quality of life and increased mortality (Sarma; Sockalingam; Dash, 2021; Martin-Rodriguez et al., 2015; Pi-Sunyer, 2002).

Given the complexity of obesity, the need for an interdisciplinary approach becomes evident. Obesity is not just a matter of caloric intake and energy expenditure; It involves an intricate interplay of biological, behavioral, social, and environmental factors. Understanding and effectively addressing this challenge requires collaboration across diverse disciplines, including medicine, nutrition, education, urbanism, psychology, and public policy. Each of these fields offers unique perspectives and solutions that, when integrated, can provide more comprehensive and effective strategies.

This chapter aims to explore the multiple factors that contribute to obesity, highlighting how nutrition, school education, physical activity, and society interact both positively and negatively with this condition. Initially, nutrition will be addressed, discussing the importance of balanced diets and the impacts of ultra-processed foods. Next, school education will be analyzed as a vital means to promote healthy eating habits and awareness from childhood.

Physical activity will be another focal point, emphasizing the need for public policies that encourage an active lifestyle and the creation of adequate spaces for exercise. Finally, the influence of society will be explored, including cultural, economic, and environmental aspects that shape obesity-related behaviors.

Through this multifaceted approach, it is hoped not only to better understand the factors that contribute to obesity, but also to identify effective strategies for its prevention and treatment. This chapter aims to demonstrate that only through the integration of knowledge and practices from different disciplines will it be possible to tackle obesity effectively, promoting the health and well-being of the population in a sustainable and comprehensive way.



CONTEXTUALIZATION OF OBESITY EPIDEMIOLOGICAL ASPECTS

The prevalence of obesity has increased alarmingly in both developed and developing countries. It's hard to escape the headlines, and the statistics are staggering. According to the World Health Organization, more than 1.9 million adults were classified as overweight in 2016, 650 million of whom were considered obese with a BMI greater than 30. The implications for global health are worrying (Knight, 2018). Globally, it is estimated that 38.3 million children under 5 years of age are overweight, and 36% of these children live in low- and middle-income countries (White; Chambers; Sassi, 2021).

In Brazil, the situation is no less worrying. According to the Ministry of Health, the prevalence of obesity among Brazilian adults increased The prevalence of obesity in Brazilian adults was 16.8% for men and 24.4% for women, according to the 2013 National Health Survey (Ferreira; Szwarcwald; Damacena, 2019). Among children and adolescents, the numbers are also alarming. The prevalence of overweight in Brazilian children and adolescents is 25.5%, with increasing obesity rates, which reinforces the need for preventive measures and treatment programs to combat childhood obesity (Simões et al., 2018).

Future projections indicate a continuation of this growth trend. The prevalence of obesity is projected to peak between 2026 and 2054, with the US and UK reaching the highest peak levels first, followed by other European countries (Janssen; Bardoutsos; Vidra, 2020). According to Okunogbe et al., (2021), by 2060, without significant changes in the *status quo*, the economic impacts of obesity are expected to increase to 3.6% of GDP, on average. In Brazil, obesity rates are predicted to reach 95% by 2050, with rates increasing from 57% in 2010 to 95% in 2050 for men and women, respectively (Rtveladze et al., 2013). According to the authors, effective interventions to decrease obesity by 1% can significantly reduce the burden of disease and health costs in Brazil by 2050.

CONTRIBUTING FACTORS

Genetic Factors

Genetic predisposition is one of the important factors in obesity. Studies show that individuals with a family history of obesity are more likely to develop the condition. Khera et al. (2019) developed a study demonstrating a novel polygenic predictor that quantifies inherited susceptibility to obesity, revealing a weight gradient of 13 kg and a 25-fold higher risk of severe obesity in polygenic score deciles in middle-aged adults.

Specific genes related to metabolism and fat storage can influence how the body processes and stores calories. According to Guo et al. (2017), new genes that regulate glucose and lipid



metabolism can help develop more efficient strategies for the prevention and treatment of metabolic diseases such as type 2 diabetes, obesity, high blood glucose, and hypertension.

Obesity is a complex multifactorial disorder with genetic and environmental factors, with syndromic and non-syndromic causes, and new methods of genetic testing have identified potential causative genes (Mahmoud; Kimonis; Butler, 2022). Genetic components contribute to 40%-70% of obesity, with more than 550 identified genes potentially impacting early diagnosis, treatment, and risk factors (Duis; Butler, 2022).

Non-genetic factors such as eating behavior and physical activity strongly modulate the individual's risk of developing obesity and may interact with genetic predisposition through epigenetic mechanisms (Mahmoud; Kimonis; Butler, 2022).

Environmental Factors

The modern environment facilitates access to high-calorie-dense and nutrient-poor foods, contributing to the increase in obesity. According to Food insecurity is significantly associated with obesity, and obesogenic food environments are associated with dependence on energy-rich and nutrient-poor foods due to their accessibility and affordability (Eskandari et al., 2022).

Urbanization and the increasing availability of fast food and ultra-processed foods make it more difficult to adopt healthy diets (Hall et al., 2019). In addition, the lack of safe public spaces for physical activity reduces opportunities for an active lifestyle (Jevtic et al., 2023).

Behavioral Factors

Behaviors related to diet and physical activity are direct determinants of obesity. The increase in sedentary lifestyle, due to long working hours, use of technology and lack of time for physical activities, contributes significantly to weight gain. In addition, poor eating habits, such as excessive consumption of processed foods, sugars, and fats, increase the risk of obesity (Woessner et al., 2021).

Social Factors

Social factors, including education, income, and socioeconomic status, also influence the prevalence of obesity. For Dinsa et al. (2012), in low-income countries, higher socioeconomic status is positively associated with obesity, both for men and women, but in middle-income countries, the association becomes mixed for men and mainly negative for women. In the same sense, Cohen et al. (2013) show that the relationship between schooling and obesity is altered by gender and the level of economic development of the country, with inverse associations more common in higher-income countries and positive associations in lower-income countries.



The lack of nutritional education and the influence of cultural and marketing patterns also play a significant role in shaping eating habits. The interplay between these factors is complex and multifaceted. Genetic predisposition may be exacerbated by an environment that promotes excess calorie consumption and physical inactivity. Similarly, social conditions can limit healthy choices, while individual behaviors reflect both genetic and environmental influences (Bernard et al., 2019).

According to Ferreira; Szwarcwald; Damacena (2019), advanced age (over 50 years old), low education (no schooling or incomplete elementary school), black skin color, and living with a partner were risk factors for obesity. In addition, the practice of leisure-time physical activity and the habit of watching more than 4 hours of television a day had significant effects for both sexes. According to the same authors, in relation to the morbidity mentioned, in obese people, the chances of having a diagnosis of hypertension, diabetes or some chronic non-communicable disease were higher, and obese men and women had a significant increase in systolic blood pressure. The interdisciplinary approach is essential to understand this complex web of interactions and to develop effective interventions that address all aspects of obesity.

MULTIDISCIPLINARY APPROACH

Obesity is a complex and multifactorial condition that requires a multidisciplinary approach to its diagnosis and effective treatment. This type of approach involves the collaboration of several healthcare professionals, each bringing their expertise to develop a comprehensive and personalized treatment plan for each patient. Integrating these different perspectives is crucial to address the multiple dimensions of obesity and ensure effective and sustainable treatment (Cochrane et al., 2017).

MEDICINE AND THE ROLE OF HEALTH PROFESSIONALS IN THE DIAGNOSIS AND TREATMENT OF OBESITY

Physicians, especially endocrinologists, play a central role in diagnosing obesity and managing associated comorbidities such as type 2 diabetes, hypertension, and dyslipidemia. They conduct thorough clinical evaluations, including medical history, physical examinations, and laboratory tests, to determine the patient's overall health status and develop a personalized treatment plan (Wilding, 2020).

Nutritionists are key in designing healthy and balanced eating plans that are tailored to the individual needs and preferences of patients. They educate patients about healthy food choices, portion control, and strategies to avoid consuming ultra-processed and high-calorie foods. Ongoing support from a dietitian helps patients maintain lasting dietary changes (Dagan et al., 2017).



Mental and behavioral health is a critical component in the treatment of obesity. Psychologists help patients identify and modify disordered eating behaviors, develop coping strategies to cope with stress, and improve motivation to maintain a healthy lifestyle. Behavioral therapies, such as Cognitive-Behavioral Therapy (CBT), are often used to treat eating disorders and promote behavioral changes (Atwood; Friedman, 2019).

Physical education professionals and physical therapists design physical exercise programs that are safe and effective, adapted to the physical capacity and limitations of patients. Regular physical activity not only aids in weight loss but also improves cardiovascular health, muscle strength, and overall well-being. These professionals also help prevent injuries and promote long-term adherence to exercise programs (Giusti et al., 2020).

Social workers provide additional support, helping patients navigate social and economic barriers that may hinder treatment adherence. They connect patients to community resources, support programs, and other forms of assistance that can facilitate the implementation of lifestyle changes (Martin-Vicario; Gómez-Puertas, 2022).

Medical and Pharmacological Interventions

Medical Interventions

Bariatric Surgery: Bariatric surgery is an option for morbidly obese or severely obese patients with significant comorbidities. Procedures such as gastric *bypass*, adjustable gastric banding, and sleeve gastrectomy reduce the size of the stomach, limiting food intake and, in some cases, nutrient absorption. These procedures are effective in significant weight loss and improving obesity-related comorbidities (Salminen et al., 2022).

Intracorporeal Devices: Devices such as intragastric balloons are temporarily inserted into the stomach to take up space and induce a feeling of fullness, helping to reduce food intake. These devices are less invasive than surgery and may be an option for patients who do not respond to other forms of treatment (Shah et al., 2021).

Pharmacological Interventions

Orlistat: is a gastrointestinal lipase inhibitor that reduces fat absorption by approximately 30%. It is used as a complement to a low-calorie diet for the treatment of obesity and overweight (Mohanani; Chittawar, 2020).

Lorcaserin: is a selective 5-HT2C receptor agonist that helps reduce appetite, promoting the feeling of satiety. It is indicated for the chronic treatment of obesity in patients with a high body mass index (BMI). Lorcaserin is FDA-approved for the long-term treatment of obesity in adults with a BMI>30 kg/m2 or BMI>27 kg/m2 and at least one weight-related comorbidity (Tchang et al., 2019).



Phentermine and Topiramate: This combination of drugs works by decreasing appetite and increasing feelings of fullness. Phentermine is a sympathomimetic agent, whereas topiramate is an anticonvulsant that helps in weight loss. According to Winslow et al. (2012), phentermine 15 mg plus extended-release topiramate 92 mg led to significant weight reductions and improvements in obstructive sleep apnea and related symptoms in obese adults.

Liraglutide: is an analogue of GLP-1 (glucagon-like peptide-1) that regulates appetite and food intake. It is used for the treatment of obesity and type 2 diabetes, providing glycemic control and weight loss. For Garvey et al (2020), liraglutide 3.0 mg combined with intensive behavioral therapy was superior to placebo in weight loss and improved glycemic control in overweight or obese individuals and type 2 diabetes treated with insulin.

Obesity is a multifaceted condition that requires an integrated and collaborative approach. Healthcare professionals from a variety of disciplines work together to provide an accurate diagnosis, develop comprehensive treatment plans, and support patients at every step of their weight loss journey. Medical and pharmacological interventions play a crucial role, providing additional options for patients who do not succeed with lifestyle changes alone. The multidisciplinary approach is therefore essential to tackle obesity effectively, promoting better health and an improved quality of life for patients.

EDUCATION

Education plays an important role in combating obesity, both in adults and children, being one of the most powerful tools for the prevention and control of this condition. Mixed interventions (improved nutrition, physical activity, and new technologies) can improve health and prevent obesity at an early age (Navidad; Padial-Ruz; González, 2021).

Through health education, it is possible to promote knowledge and awareness about the importance of healthy eating habits and regular physical activity, creating a solid foundation for a healthy lifestyle from childhood to adulthood.

Importance of health education for obesity prevention

Health education is essential for informing and empowering individuals on how to make healthy food choices and understanding the impacts of these choices on their overall health. Educational programs that address nutrition, the importance of physical exercise, and understanding food labels are key to preventing obesity. Through these initiatives, people learn about the composition of food, the importance of energy balance, and how to maintain a healthy weight (Dsouza, 2023).



For children and adolescents, health education should start in schools, where well-structured programs can promote healthy eating habits and the practice of physical activity from an early age. The introduction of nutrition-related topics in the school curriculum, as well as practical activities such as school gardens and cooking classes, are effective strategies to engage students and provide active and participatory learning.

School and Community Nutrition Education Programs

School Programs: Schools are ideal environments for the implementation of nutrition education programs. Studies show that school programs that include nutrition education, regular physical activity, and the creation of healthy school environments have a significant impact on preventing and reducing childhood obesity. For example, programs such as Healthy Eating and Physical Activity (HEPA) in the United States have shown success in promoting healthy habits among students through an integrated nutrition and exercise curriculum (Beets et al., 2014).

A notable example is the National School Feeding Program (PNAE) in Brazil, which not only provides balanced meals to students but also integrates nutrition education into everyday school life. This program contributes to improving children's eating habits and reducing overweight and obesity rates (Boklis-Berer et al., 2021).

Community Programs: Community programs also play a crucial role in nutrition education and health promotion. Initiatives such as workshops, lectures, and awareness campaigns in local communities help to disseminate information about healthy eating habits and the importance of physical activity. These initiatives are particularly important in low-income areas, where access to healthy food and exercise opportunities may be limited (Nieves et al., 2021).

One successful example is the "5 A Day" program in the United Kingdom, which promotes the consumption of at least five servings of fruit and vegetables per day. Through advertising campaigns, educational materials, and partnerships with supermarkets and local markets, the program has been able to increase awareness and consumption of fruits and vegetables among the population (Capacci et al., 2011).

SOCIETY

Obesity is a public health problem that transcends the individual and affects society as a whole. The causes and consequences of obesity are deeply rooted in social, cultural, and economic factors, making an interdisciplinary approach that involves all segments of society essential. Understanding and coping with obesity requires coordinated actions that range from public policies to community initiatives, including individual and collective responsibility.



Social impact of obesity

Obesity doesn't just affect the physical health of individuals; It also has profound social and economic implications. Obese people often face stigmatization and discrimination, which can lead to self-esteem issues, social isolation, and depression. Additionally, obesity is associated with increased healthcare costs due to the treatment of related chronic diseases such as diabetes, hypertension, and cardiovascular disease. These costs are not only a burden on affected individuals, but also on health systems and the economy as a whole, through lost productivity and increased absenteeism from work (Blüher, 2019).

Public policies and government initiatives to combat obesity

Effective public policies and government initiatives are important to tackle obesity on a broad scale. Governments around the world have implemented several strategies to combat obesity, from regulations on the marketing of foods to programs to encourage the practice of physical activity.

Food Regulation

One of the most effective measures has been the regulation of the marketing of unhealthy foods, especially those aimed at children. Many countries, including Brazil, have adopted policies to restrict the advertising of foods high in sugar, fat, and salt. Clear and informative nutrition labeling has also been promoted to help consumers make healthier food choices. Pereira et al. (2022) conducted a study of a series of federal regulatory measures for the protection of adequate and healthy eating proposed or under discussion from 1999 to 2020. They concluded that regulatory measures to promote adequate and healthy eating in Brazil have advanced slowly due to the corporate political action of the private sector, highlighting the need to overcome these barriers.

Promotion of Physical Activity

Government initiatives to promote physical activity include the creation of public spaces suitable for exercise, such as parks and bike paths, and programs to encourage the practice of sports. National awareness campaigns, such as "Agita São Paulo" in Brazil, have shown success in increasing the population's participation in regular physical activity. According to Matsudo et al. (2012), Agita São Paulo's strategic partnership approach, which includes national and international intellectual partnership, has led to a decline in sedentary lifestyle and savings of 310 million US dollars per year in São Paulo's health sector.



Nutrition Education Programs

Governments have invested in nutrition education programs both in schools and in communities. These programs aim to teach the importance of a balanced diet and the benefits of an active lifestyle. In Brazil, the National School Feeding Program (PNAE) is a significant example of how public policies can positively impact the eating habits of children and adolescents (Sidaner; Balaban; Burlandy, 2012).

Evidence of the significant role of society in the control, treatment and eradication of obesity

Studies show that society plays a crucial role in the control and prevention of obesity. Communities that promote healthy lifestyles and provide social support for the adoption of healthy behaviors have lower obesity rates. For example, research indicates that urban environments that offer easy access to healthy foods and opportunities for physical activity are associated with lower obesity rates among their inhabitants (Waters et al., 2005; Nieves et al., 2021; Navidad; Padial-Ruz; González, 2021).

1 Community Initiatives: Communities engaged in promoting health have developed programs that encourage healthy eating and physical activity. Support groups, community gardens, and organic food fairs are some of the initiatives that help create an environment that favors healthy choices (Heise et al., 2017).

2. Corporate Responsibility: Companies also have an important role to play. Many corporations are adopting social responsibility policies that include promoting healthy eating habits among their employees and offering healthier products to consumers. The reformulation of products to reduce sugar, salt, and fat content is a measure that has been adopted by several food companies (Alonso-Nuez et al., 2022).

3. Multisectoral Collaboration: Collaboration between governments, the private sector, and non-governmental organizations is essential for the success of policies to combat obesity. Public-private partnerships can lead to more effective campaigns and greater dissemination of health and nutrition information (Johnston; Finegood, 2015).

Society, as a whole, plays a vital role in tackling obesity. From the implementation of effective public policies to community health promotion initiatives, each segment of society can contribute to the prevention and control of obesity. Shared responsibility among individuals, communities, governments, and businesses is crucial to creating an environment that favors the adoption of healthy habits and thus reducing the prevalence of obesity. Investing in public policies and social initiatives that promote health is essential to address this public health challenge effectively and sustainably.



PHYSICAL EDUCATION

Physical education is a vital component in the fight against obesity, playing a key role in the prevention, control and treatment of this condition. Regular physical activity is essential for maintaining a healthy weight, improving cardiovascular health, and strengthening muscles and bones (Marino; Vishnubala; Oja, 2022). In the interdisciplinary context of obesity, physical education integrates with other areas such as nutrition, psychology and public policies, contributing to a holistic and effective approach to tackling obesity.

Importance of physical activity in the prevention and treatment of obesity

Regular physical activity is one of the main pillars in the prevention and treatment of obesity. It helps balance energy balance, increasing caloric expenditure and helping to maintain or reduce body weight. In addition, physical activity improves insulin sensitivity, reduces cholesterol and blood pressure levels, and contributes to mental health by relieving stress and improving mood (Bird; Hawley, 2017).

Studies indicate that individuals who engage in regular physical activity are less likely to develop obesity and its associated comorbidities (Raitakari et al., 1997). The World Health Organization recommends that adults practice at least 150 minutes of moderate physical activity per week, while children and adolescents should accumulate at least 60 minutes of daily physical activity (Bull et al., 2020).

Exercise programs and interventions in different age groups

1. Children and Adolescents: For these age groups, the integration of physical activity into the daily routine is essential. School physical education programs should be structured to include a variety of activities that develop motor skills, promote cardiovascular health, and foster an active lifestyle. Activities such as games, sports, dancing, and outdoor play are not only effective in combating obesity but also help with social and cognitive development (Esteban-Cornejo et al., 2020).

Effective interventions for this age group include creating school environments that encourage physical activity, such as well-equipped playgrounds and dedicated exercise times. Extracurricular programs, such as sports teams and physical activity clubs, also play a significant role (Esteban-Cornejo et al., 2020).

2. Adults: For this group, exercise programs should be tailored to meet individual needs and consider potential physical limitations. Regular physical activity, such as walking, running, cycling, and swimming, is highly recommended. Additionally, the inclusion of resistance exercises, such as weight training, is beneficial for maintaining muscle mass and metabolism (Lopez et al., 2022).



Community interventions, such as walking groups and fitness programs offered by community centers or gyms, can help increase adherence to physical activity. Companies can also contribute by offering workplace wellness programs, encouraging employees to stay active.

3. Elderly: For the elderly population, physical activity is essential to maintain mobility, muscle strength and independence. Exercise programs for seniors should focus on low-impact activities that are safe and accessible, such as walking, water aerobics, and yoga. Balance and flexibility exercises are especially important for preventing falls and improving quality of life (Youkhana et al., 2016).

Interventions for older adults may include age-specific community programs, with supervised instruction to ensure the safety and effectiveness of exercise. Community centers and community health organizations can offer regular classes and encourage social participation.

Physical education is a key piece in the fight against obesity, providing significant benefits for physical and mental health in all age groups. Well-structured exercise programs and interventions tailored to the needs of each age group are essential for the prevention, control, and treatment of obesity. The promotion of an active lifestyle must be a joint effort involving schools, communities, workplaces and public policies. Through the integration of physical education in the interdisciplinary context of health, it is possible to create an environment that favors the adoption of healthy habits and contributes to the eradication of obesity.

NUTRITION

Nutrition plays a central role in the control and prevention of obesity, being one of the fundamental pillars in the interdisciplinary approach to this complex condition. Obesity is largely a result of imbalances between caloric intake and energy expenditure, and proper nutrition is essential to restore and maintain this balance. In the interdisciplinary context, nutrition integrates with areas such as physical education, psychology and public policies to promote a comprehensive and effective approach to combating obesity.

Nutritional approaches to obesity control and prevention involve a combination of balanced diets, individualized dietary guidance, and nutrition education programs. These strategies are essential to help individuals adopt healthy and sustainable eating habits, reduce the risk of comorbidities associated with obesity, and improve quality of life (Aldubayan et al., 2022).

1. Balanced Diets: The adoption of balanced diets is one of the main strategies for controlling obesity. Diets rich in fruits, vegetables, whole grains, lean proteins, and healthy fats are recommended to promote weight loss and maintaining a healthy weight. Reducing the intake of ultraprocessed foods, rich in sugars, saturated fats, and salt, is crucial to avoid excessive weight gain (Popkin et al., 2021).



There are several dietary approaches that have shown effectiveness in weight loss, including the Mediterranean diet, the DASH (Dietary Approaches to Stop Hypertension) diet, and low-carb diets. Each of these diets can be tailored to suit individual needs and preferences, making them easier to follow in the long term (Shai et al., 2008).

2. Individualized Dietary Guidance: Personalized dietary guidance is critical for success in managing obesity. Dietitians and dietitians work with patients to develop eating plans that consider their dietary preferences, lifestyle, health conditions, and weight loss goals. Individualized guidance helps ensure that patients receive adequate nutrients while reducing caloric intake, promoting overall health, and facilitating adherence to the eating plan (Kan et al., 2022).

3. Nutrition Education: Nutrition education is a vital component in the prevention and control of obesity. Nutrition education programs aim to increase individuals' knowledge of healthy eating, promote practical skills for planning and preparing balanced meals, and encourage lasting behavioral changes. These programs can be implemented in schools, communities, workplaces, and health centers, reaching a wide swath of the population (Gato-Moreno et al., 2021).

Nutrition education should address topics such as reading nutrition labels, portion control, the importance of different food groups, and strategies to avoid excessive calorie consumption. Additionally, nutrition education should include developing culinary skills, helping individuals prepare healthy and tasty meals at home.

Importance and implementation of diets, dietary guidance and nutritional education

Diets should be balanced and varied, providing all the essential nutrients necessary for health. The adoption of healthy dietary patterns, such as the Mediterranean diet, which is rich in fruits, vegetables, fish, and olive oil, has shown significant benefits in the prevention of obesity and associated chronic diseases (Shai et al., 2008).

Individualized dietary guidance is essential to meet the specific needs of each individual. Nutrition professionals assess patients' nutritional status, dietary preferences, lifestyle, and health conditions to create personalized meal plans. Ongoing guidance and follow-up are important to help patients maintain dietary changes in the long term (Kan et al., 2022).

Nutrition education programs are key to empowering individuals to make healthy food choices. These programs can be implemented in a variety of contexts (Gato-Moreno et al., 2021), including:

• Schools: Nutrition education programs in schools help form healthy eating habits from childhood. Hands-on activities, such as school gardens and cooking classes, can engage students and teach about the importance of a balanced diet.



- Communities: Community initiatives, such as workshops and lectures, can disseminate information about healthy nutrition and provide support for the adoption of healthy eating habits.
- Workplaces: Workplace wellness programs can include nutrition education to help employees make healthy food choices and improve their overall health.

Nutrition is a key piece in the fight against obesity, and the integration of nutritional approaches with other disciplines is essential for a comprehensive and effective approach. Balanced diets, individualized dietary guidance, and nutrition education programs are fundamental strategies for the prevention and control of obesity. By promoting healthy eating habits and providing ongoing support, it is possible to achieve significant improvements in the health and well-being of the population, contributing to the reduction of the prevalence of obesity and its associated comorbidities.

PSYCHOLOGY

Obesity is a complex condition that is not limited to physical and nutritional aspects, but also involves psychological and emotional dimensions. Psychology plays a key role in understanding the behavioral and emotional factors that contribute to the development and maintenance of obesity, as well as offering essential interventions for its control, treatment, and prevention. In the interdisciplinary context, psychology integrates with other areas, such as medicine, nutrition, and physical education, to offer a comprehensive and effective approach to combating obesity.

Psychological and emotional aspects related to obesity

Obesity is often associated with a number of psychological and emotional issues that can be both causes and consequences of the condition. Understanding these aspects is critical for developing effective treatment strategies (Chu et al., 2019):

1. Body image and self-esteem: Individuals with obesity often face challenges related to body image and self-esteem. The social stigma and discrimination associated with being overweight can lead to feelings of shame, inadequacy, and low self-esteem, exacerbating social isolation and depression.

2. Anxiety and depression: Obesity has a significant correlation with anxiety disorders and depression. These emotional states can contribute to disordered eating behaviors, such as binge eating, where individuals use food as a way to cope with negative emotions or stress.

3. Disordered eating behaviors: Behaviors such as emotional eating, binge eating, and nighttime eating are common among people with obesity. These behaviors can be triggered by emotional factors, leading to cycles of weight gain and increased obesity.



4. Relationship with Food: An individual's relationship with food can be complex and influenced by emotional factors. For many, food can serve as a source of comfort or reward, making it difficult to adopt healthy eating habits.

Psychological interventions, emotional support, and behavioral therapies

Psychological interventions are key to treating the emotional and behavioral aspects of obesity. These interventions aim to help individuals develop a healthier relationship with food and improve their mental and emotional health (Sagar; Gupta, 2018).

1. Cognitive Behavioral Therapy (CBT): CBT is a widely used approach in the treatment of obesity. This therapy helps individuals identify and modify negative thought and behavior patterns that contribute to weight gain. CBT focuses on developing skills to cope with risky situations, control food impulses, and adopt a healthy lifestyle (Sagar; Gupta, 2018).

2. Acceptance and Commitment Therapy (ACT): ACT helps individuals accept their thoughts and feelings without judgment, while working to commit to actions that are consistent with their health values. This approach can be particularly helpful for individuals who struggle with self-acceptance and motivation (Usubini et al., 2022).

3. Emotional Support and Support Groups: Participating in support groups can be beneficial for individuals with obesity, providing a safe and encouraging environment to share experiences and challenges. These groups offer emotional support, motivation, and a sense of community, which can be vital for treatment maintenance and weight loss (Chu et al., 2018).

4. *Mindfulness and Mindful Eating:* Mindfulness and mindful eating techniques can help individuals develop a more balanced relationship with food. The practice of *mindfulness* teaches individuals to be present in the moment, recognizing signs of hunger and satiety, and enjoying food without judgment (Morillo-Sarto et al., 2022).

5. Interpersonal Therapy: Interpersonal therapy focuses on improving individuals' relationships and social networks, which can influence their eating behavior and emotional wellbeing. This approach can help address interpersonal conflicts that contribute to obesity (Ebrahimian et al., 2022).

Psychology offers powerful tools for understanding and treating the emotional and behavioral aspects of obesity. Psychological interventions, emotional support, and behavioral therapies are essential components of an effective interdisciplinary approach to obesity treatment. By integrating psychology with other disciplines, such as nutrition and physical education, it is possible to develop comprehensive and personalized strategies that promote lasting changes in behavior and health, contributing to reducing the prevalence of obesity and improving the quality of life of individuals.



FINAL THOUGHTS

Obesity is a highly complex public health problem that requires a multidisciplinary and interdisciplinary approach to be effectively addressed. This condition is not just the result of a simple imbalance between energy intake and expenditure, but rather the product of an intricate interplay of biological, psychological, social, cultural, and environmental factors. Therefore, an effective response to obesity must integrate the contributions of various disciplines, including medicine, nutrition, psychology, physical education, and public policy, among others.

A multidisciplinary approach to obesity involves the collaboration of healthcare professionals from different fields who work together to provide a comprehensive diagnosis and develop integrated and personalized treatment plans. Each discipline offers a unique and specialized perspective that, when combined, provides a more complete understanding of obesity and best practices for its treatment.

Obesity is a complex challenge that requires an equally complex response. A multidisciplinary and interdisciplinary approach is essential to address obesity effectively, considering all its dimensions and influences. Collaboration between health professionals, educators, policymakers, and communities is crucial for the development of integrated and sustainable strategies that promote the health and well-being of the population. Only through a coordinated and comprehensive approach is it possible to tackle the obesity epidemic and its consequences, improving the quality of life of individuals and reducing the impact of this condition on society as a whole.



REFERENCES

- Aldubayan, M., Pigsborg, K., Gormsen, S., Serra, F., Palou, M., Mena, P., Wetzels, M., Calleja, A., Caimari, A., Bas, J., Gutierrez, B., Magkos, F., & Hjorth, M. (2022). Empowering consumers to PREVENT diet-related diseases through OMICS sciences (PREVENTOMICS): Protocol for a parallel double-blinded randomised intervention trial to investigate biomarker-based nutrition plans for weight loss. *BMJ Open, 12*. https://doi.org/10.1136/bmjopen-2021-051285
- Alonso-Nuez, M., Cañete-Lairla, M., García-Madurga, M., Gil-Lacruz, A., Gil-Lacruz, M., Rosell-Martínez, J., & Saz-Gil, I. (2022). Corporate social responsibility and workplace health promotion: A systematic review. *Frontiers in Psychology, 13*. https://doi.org/10.3389/fpsyg.2022.1011879
- 3. Atwood, M., & Friedman, A. (2019). A systematic review of enhanced cognitive behavioral therapy (CBT-E) for eating disorders. *The International Journal of Eating Disorders*. https://doi.org/10.1002/eat.23206
- Beets, M., Weaver, R., Turner-McGrievy, G., Huberty, J., Ward, D., Freedman, D., Saunders, R., Pate, R., Beighle, A., Hutto, B., & Moore, J. (2014). Making healthy eating and physical activity policy practice: The design and overview of a group randomized controlled trial in afterschool programs. *Contemporary Clinical Trials, 38*(2), 291-303. https://doi.org/10.1016/j.cct.2014.05.013
- Bernard, M., Fankhänel, T., Riedel-Heller, S., & Luck-Sikorski, C. (2019). Does weight-related stigmatisation and discrimination depend on educational attainment and level of income? A systematic review. *BMJ Open, 9*. https://doi.org/10.1136/bmjopen-2018-027673
- Bird, S., & Hawley, J. (2017). Update on the effects of physical activity on insulin sensitivity in humans. *BMJ Open Sport — Exercise Medicine, 2*. https://doi.org/10.1136/bmjsem-2016-000143
- 7. Blüher, M. (2019). Obesity: Global epidemiology and pathogenesis. *Nature Reviews Endocrinology, 15*, 288-298. https://doi.org/10.1038/s41574-019-0176-8
- Boklis-Berer, M., Rauber, F., Azeredo, C., Levy, R., & Louzada, M. (2021). School meals consumption is associated with a better diet quality of Brazilian adolescents: Results from the PeNSE 2015 survey. *Public Health Nutrition, 24*, 6512-6520. https://doi.org/10.1017/S1368980021003207
- 9. Branca, F., Chambers, T., & Sassi, F. (2021). How to tackle childhood obesity? Evidence and policy implications from a STOP series of systematic reviews. *Obesity Reviews, 22*. https://doi.org/10.1111/obr.13181
- Bull, F., Al-Ansari, S., Biddle, S., Borodulin, K., Buman, M., Cardon, G., Carty, C., Chaput, J., Chastin, S., Chou, R., Dempsey, P., DiPietro, L., Ekelund, U., Firth, J., Friedenreich, C., Garcia, L., Gichu, M., Jago, R., Katzmarzyk, P., Lambert, E., Leitzmann, M., Milton, K., Ortega, F., Ranasinghe, C., Stamatakis, E., Tiedemann, A., Troiano, R., Ploeg, H., Wari, V., & Willumsen, J. (2020). World Health Organization 2020 guidelines on physical activity and sedentary behaviour. *British Journal of Sports Medicine, 54*, 1451-1462. https://doi.org/10.1136/bjsports-2020-102955



- Capacci, S., & Mazzocchi, M. (2011). Five-a-day a price to pay: An evaluation of the UK program impact accounting for market forces. *Journal of Health Economics, 30*(1), 87-98. https://doi.org/10.1016/j.jhealeco.2010.10.006
- Chu, D., Nguyet, N., Nga, V., Lien, N., Vo, D., Lien, N., Ngoc, V., Son, L., Le, D., Nga, V., Tu, P., To, T., Ha, L., Tao, Y., & Pham, V. (2019). An update on obesity: Mental consequences and psychological interventions. *Diabetes & Metabolic Syndrome, 13*(1), 155-160. https://doi.org/10.1016/j.dsx.2018.07.015
- Cochrane, A., Dick, B., King, N., Hills, A., & Kavanagh, D. (2017). Developing dimensions for a multicomponent multidisciplinary approach to obesity management: A qualitative study. *BMC Public Health, 17*. https://doi.org/10.1186/s12889-017-4834-2
- 14. Cohen, A., Rai, M., Rehkopf, D., & Abrams, B. (2013). Educational attainment and obesity: A systematic review. *Obesity Reviews, 14*. https://doi.org/10.1111/obr.12062
- Dagan, S., Goldenshluger, A., Globus, I., Schweiger, C., Kessler, Y., Sandbank, G., Ben-Porat, T., & Sinai, T. (2017). Nutritional recommendations for adult bariatric surgery patients: Clinical practice. *Advances in Nutrition, 8*(2), 382-394. https://doi.org/10.3945/an.116.014258
- 16. Dinsa, G., Goryakin, Y., Fumagalli, E., & Suhrcke, M. (2012). Obesity and socioeconomic status in developing countries: A systematic review. *Obesity Reviews, 13*, 1067-1079. https://doi.org/10.1111/j.1467-789X.2012.01017.x
- 17. Dsouza, M. (2023). A study on the health and nutrition education for teenagers. *EPRA International Journal of Multidisciplinary Research (IJMR)*. https://doi.org/10.36713/epra14326
- Duis, J., & Butler, M. (2022). Syndromic and nonsyndromic obesity: Underlying genetic causes in humans. *Advanced Biology, 6*. https://doi.org/10.1002/adbi.202101154
- Ebrahimian, S., Ahmadi, V., & Mami, S. (2022). Comparing the effectiveness of self compassionbased therapy and interpersonal psychotherapy on emotional regulation and cognitive fusion in obese patients. *Shenakht Journal of Psychology and Psychiatry*. https://doi.org/10.32598/shenakht.9.6.30
- 20. Eskandari, F., Lake, A., Rose, K., Butler, M., & O'Malley, C. (2022). A mixed-method systematic review and meta-analysis of the influences of food environments and food insecurity on obesity in high-income countries. *Food Science & Nutrition, 10*, 3689-3723. https://doi.org/10.1002/fsn3.2969
- Esteban-Cornejo, I., Reilly, J., Ortega, F., Matusik, P., Mazur, A., Erhardt, É., Forslund, A., Vlachopapadopoulou, E., Caroli, M., Boyland, E., Weghuber, D., & Thivel, D. (2020). Paediatric obesity and brain functioning: The role of physical activity—A novel and important expert opinion of the European Childhood Obesity Group. *Pediatric Obesity*, e12649. https://doi.org/10.1111/ijpo.12649
- 22. Ferreira, A., Szwarcwald, C., & Damacena, G. (2019). Prevalence of obesity and associated factors in the Brazilian population: A study of data from the 2013 National Health Survey. *Revista Brasileira de Epidemiologia, 22*, e190024. https://doi.org/10.1590/1980-549720190024
- 23. Garvey, W., Birkenfeld, A., Dicker, D., Mingrone, G., Pedersen, S., Satylganova, A., Skovgaard, D., Sugimoto, D., Jensen, C., & Mosenzon, O. (2020). Efficacy and safety of liraglutide 3.0 mg



in individuals with overweight or obesity and type 2 diabetes treated with basal insulin: The SCALE insulin randomized controlled trial. *Diabetes Care, 43*, 1085-1093. https://doi.org/10.2337/dc19-1745

- Gato-Moreno, M., Martos-Lirio, M., Leiva-Gea, I., Bernal-López, M., Vegas-Toro, F., Fernández-Tenreiro, M., & López-Siguero, J. (2021). Early nutritional education in the prevention of childhood obesity. *International Journal of Environmental Research and Public Health, 18*. https://doi.org/10.3390/ijerph18126569
- 25. Giusti, E., Spatola, C., Brunani, A., Kumbhare, D., Oral, A., Ilieva, E., Kiekens, C., Pietrabissa, G., Manzoni, G., Imamura, M., Castelnuovo, G., & Capodaglio, P. (2020). ISPRM/ESPRM guidelines on physical and rehabilitation medicine (PRM) professional practice for adults with obesity and related comorbidities. *European Journal of Physical and Rehabilitation Medicine*. https://doi.org/10.23736/S1973-9087.20.06232-2
- 26. Guo, P., Li, Y., Eslamfam, S., Ding, W., & Ma, X. (2017). Discovery of novel genes mediating glucose and lipid metabolisms. *Current Protein & Peptide Science, 18*(6), 609-618. https://doi.org/10.2174/1389203717666160627084304
- 27. Hall, K., Ayuketah, A., Brychta, R., Cai, H., Cassimatis, T., Chen, K., Chung, S., Costa, E., Courville, A., Darcey, V., Fletcher, L., Forde, C., Gharib, A., Guo, J., Howard, R., Joseph, P., McGehee, S., Ouwerkerk, R., Raising, K., Rozga, I., Stagliano, M., Walter, M., Walter, P., Yang, S., & Zhou, M. (2019). Ultra-processed diets cause excess calorie intake and weight gain: An inpatient randomized controlled trial of ad libitum food intake. *Cell Metabolism*. https://doi.org/10.1016/j.cmet.2019.05.008
- 28. Heise, T., Romppel, M., Molnar, S., Buchberger, B., Berg, A., Gartlehner, G., & Lhachimi, S. (2017). Community gardening, community farming, and other local community-based gardening interventions to prevent overweight and obesity in high-income and middle-income countries: Protocol for a systematic review. *BMJ Open, 7*. https://doi.org/10.1136/bmjopen-2017-016237
- 29. James, W. (2008). WHO recognition of the global obesity epidemic. *International Journal of Obesity, 32*(S120-S126). https://doi.org/10.1038/ijo.2008.247
- 30. Janssen, F., Bardoutsos, A., & Vidra, N. (2020). Obesity prevalence in the long-term future in 18 European countries and in the USA. *Obesity Facts, 13*, 514-527. https://doi.org/10.1159/000511023
- 31. Jevtic, M., Matkovic, V., Savin, M., & Bouland, C. (2023). Healing obesity with health-promoting environments – Can interventions in urban policies bring health benefits? *The European Journal of Public Health, 33*. https://doi.org/10.1093/eurpub/ckad160.567
- 32. Johnston, L., & Finegood, D. (2015). Cross-sector partnerships and public health: Challenges and opportunities for addressing obesity and noncommunicable diseases through engagement with the private sector. *Annual Review of Public Health, 36*, 255-271. https://doi.org/10.1146/annurev-publhealth-031914-122802
- Kan, J., Ni, J., Xue, K., Wang, F., Zheng, J., Cheng, J., Wu, P., Runyon, M., Guo, H., & Du, J. (2022). Personalized nutrition intervention improves health status in overweight/obese Chinese adults: A randomized controlled trial. *Frontiers in Nutrition, 9*. https://doi.org/10.3389/fnut.2022.919882



- 34. Khera, A., Chaffin, M., Wade, K., Zahid, S., Brancale, J., Xia, R., Distefano, M., Senol-Cosar, O., Haas, M., Bick, A., Aragam, K., Lander, E., Smith, G., Mason-Suares, H., Fornage, M., Lebo, M., Timpson, N., Kaplan, L., & Kathiresan, S. (2019). Polygenic prediction of weight and obesity trajectories from birth to adulthood. *Cell, 177*(3), 587-596.e9. https://doi.org/10.1016/j.cell.2019.03.028
- 35. Knight, K. (2018). The biology of fat. *Journal of Experimental Biology, 221*. https://doi.org/10.1242/jeb.178020
- 36. Lopez, P., Taaffe, D., Galvão, D., Newton, R., Nonemacher, E., Wendt, V., Bassanesi, R., Turella, D., & Rech, A. (2022). Resistance training effectiveness on body composition and body weight outcomes in individuals with overweight and obesity across the lifespan: A systematic review and meta-analysis. *Obesity Reviews, 23*. https://doi.org/10.1111/obr.13428
- 37. Mahmoud, R., Kimonis, V., & Butler, M. (2022). Genetics of obesity in humans: A clinical review.
 International Journal of Molecular Sciences, 23. https://doi.org/10.3390/ijms231911005
- Marino, K., Vishnubala, D., & Oja, P. (2022). Muscle-strengthening activities to improve health outcomes: What the evidence supports. *British Journal of Sports Medicine, 56*, 831-832. https://doi.org/10.1136/bjsports-2022-105481
- Martin-Rodriguez, E., Guillén-Grima, F., Martí, A., & Brugos-Larumbe, A. (2015). Comorbidity associated with obesity in a large population: The APNA study. *Obesity Research & Clinical Practice, 9*(5), 435-447. https://doi.org/10.1016/j.orcp.2015.04.003
- 40. Martin-Vicario, L., & Gómez-Puertas, L. (2022). The role of social support in obesity online health communities: A literature review. *Review of Communication Research*. https://doi.org/10.12840/issn.2255-4165.037
- Mohanani, L., & Chittawar, S. (2020). Study of effect of low-calorie diet, exercise, and orlistat on weight and BMI of the obese patients: A prospective study. *Journal of Obesity & Metabolic Syndrome, 6*. https://doi.org/10.36648/2471-299X.5.2.82
- Morillo-Sarto, H., López-del-Hoyo, Y., Pérez-Aranda, A., Modrego-Alarción, M., Barceló-Soler, A., Borao, L., Puebla-Gudea, M., Demarzo, M., García-Campayo, J., & Montero-Marín, J. (2022). 'Mindful eating' for reducing emotional eating in patients with overweight or obesity in primary care settings: A randomized controlled trial. *European Eating Disorders Review, 31*, 303-319. https://doi.org/10.1002/erv.2958
- 43. Navidad, L., Padial-Ruz, R., & González, M. (2021). Nutrition, physical activity, and new technology programs on obesity prevention in primary education: A systematic review.
 International Journal of Environmental Research and Public Health, 18. https://doi.org/10.3390/ijerph181910187
- 44. Nieves, C., Dannefer, R., Zamula, A., Fonseca, A., Myers, C., Brown-Dudley, L., & Manyindo, N. (2021). A qualitative evaluation of a community-based nutrition and health promotion program.
 Journal of Hunger & Environmental Nutrition, 17, 318-332. https://doi.org/10.1080/19320248.2021.1898514
- Okunogbe, A., Nugent, R., Spencer, G., Ralston, J., & Wilding, J. (2021). Economic impacts of overweight and obesity: Current and future estimates for eight countries. *BMJ Global Health, 6*. https://doi.org/10.1136/bmjgh-2021-006351



- 46. Pereira, T., Gomes, F., Carvalho, C., Martins, A., Duran, A., Hassan, B., Cruz, J., Mais, L., Ferraz, M., Mialon, M., Johns, P., & Bandeira, L. (2022). Regulatory measures for the protection of adequate and healthy diet in Brazil: A 20-year analysis. *Cadernos de Saúde Pública, 37*(Suppl 1), e00153120. https://doi.org/10.1590/0102-311X00153120
- 47. Pi-Sunyer, X. (2002). The medical risks of obesity. *Obesity Surgery, 12*(1), S6-S11. https://doi.org/10.1007/BF03342140
- 48. Popkin, B. M., Barquera, S., Corvalán, C., Hofman, K. J., Monteiro, C. A., Ng, S., Swart, E., & Taillie, L. S. (2021). Towards unified and impactful policies to reduce ultra-processed food consumption and promote healthier eating. *The Lancet Diabetes & Endocrinology*. https://doi.org/10.1016/S2213-8587(21)00078-4
- Raitakari, O. T., Taimela, S., Porkka, K. V., Telama, R., Välimäki, I., Akerblom, H. K., & Viikari, J. S. (1997). Associations between physical activity and risk factors for coronary heart disease: The Cardiovascular Risk in Young Finns Study. *Medicine and Science in Sports and Exercise, 29*(8), 1055-1061. https://doi.org/10.1097/00005768-199708000-00011
- Stveladze, K., Marsh, T., Webber, L., Kilpi, F., Levy, D., Conde, W., McPherson, K., & Brown, M. (2013). Health and economic burden of obesity in Brazil. *PLoS ONE, 8*(6), e67885. https://doi.org/10.1371/journal.pone.0068785
- 51. Sagar, R., & Gupta, T. (2018). Psychological aspects of obesity in children and adolescents. *The Indian Journal of Pediatrics, 85*(7), 554-559. https://doi.org/10.1007/s12098-017-2539-2
- 52. Salminen, P., Grönroos, S., Helmiö, M., Hurme, S., Juuti, A., Juudela, R., Peromaa-Haavisto, P., Leivonen, M., Nuutila, P., & Ovaska, J. (2022). Effect of laparoscopic sleeve gastrectomy vs Roux-en-Y gastric bypass on weight loss, comorbidities, and reflux at 10 years in adult patients with obesity: The SLEEVEPASS randomized clinical trial. *JAMA Surgery*. https://doi.org/10.1001/jamasurg.2022.2229
- 53. Sarma, S., Sockalingam, S., & Dash, S. (2021). Obesity as a multisystem disease: Trends in obesity rates and obesity-related complications. *Diabetes, 23*(12), 16-23. https://doi.org/10.1111/dom.14290
- 54. Shah, R., Davitkov, P., Dayyeh, B. K., Saumoy, M., & Murad, M. H. (2021). AGA technical review on intragastric balloons in the management of obesity. *Gastroenterology, 160*(5), 1811-1830. https://doi.org/10.1053/j.gastro.2021.02.043
- 55. Shai, I., Schwarzfuchs, D., Henkin, Y., Shahar, D. R., Witkow, S., Greenberg, I., Golan, R., Fraser, D., Bolotin, A., Vardi, H., Tangi-Rozental, O., Zuk-Ramot, R., Sarusi, B., Brickner, D., Schwartz, Z., Sheiner, E., Marko, R., Katorza, E., Thiery, J., Fiedler, G., Blüher, M., Stumvoll, M., & Stampfer, M. J. (2008). Weight loss with a low-carbohydrate Mediterranean or low-fat diet. *The New England Journal of Medicine, 359*(3), 229-241. https://doi.org/10.1056/NEJMoa0708681
- 56. Sidaner, E., Balaban, D., & Burlandy, L. (2012). O programa brasileiro de alimentação escolar: Um exemplo de programa integrado em apoio à segurança alimentar e nutricional. *Public Health Nutrition, 16*(6), 989-994. https://doi.org/10.1017/S1368980012005101
- 57. Simões, C., Lopes, W., Remor, J., Locateli, J., Lima, F., Santos, T., & Junior, N. (2018). Prevalence of weight excess in Brazilian children and adolescents: A systematic review. *Brazilian Journal of Kinanthropometry and Human Performance, 20*(4), 517-531. https://doi.org/10.5007/1980-0037.2018V20N4P517



- Tchang, B., Abel, B., Zecca, C., Saunders, K., & Shukla, A. (2019). An up-to-date evaluation of lorcaserin hydrochloride for the treatment of obesity. *Expert Opinion on Pharmacotherapy, 21*(1), 21-28. https://doi.org/10.1080/14656566.2019.1685496
- Usubini, A., Cattivelli, R., Radaelli, A., Bottacchi, M., Landi, G., Tossani, E., Grandi, S., Castelnuovo, G., & Sartorio, A. (2022). Preliminary results from the ACTyourCHANGE in Teens protocol: A randomized controlled trial evaluating acceptance and commitment therapy for adolescents with obesity. *International Journal of Environmental Research and Public Health, 19*(9), 5635. https://doi.org/10.3390/ijerph19095635
- 60. Waters, E., Silva-Sanigorski, A., Burford, B., Brown, T., Campbell, K., Gao, Y., Armstrong, R., Prosser, L., & Summerbell, C. D. (2005). Interventions for preventing obesity in children. *The Cochrane Database of Systematic Reviews, 3*, CD001871. https://doi.org/10.1002/14651858.CD001871.PUB3
- 61. Wilding, J. (2020). Endocrine testing in obesity. *European Journal of Endocrinology*. https://doi.org/10.1530/eje-20-0099
- 62. Winslow, D., Bowden, C., DiDonato, K., & McCullough, P. A. (2012). A randomized double-blind placebo-controlled study of an oral extended-release formulation of phentermine/topiramate for the treatment of obstructive sleep apnea in obese adults. *Sleep, 35*(11), 1529-1539. https://doi.org/10.5665/sleep.2204
- 63. Woessner, M., Tacey, A., Levinger-Limor, A., Parker, A., Levinger, P., & Levinger, I. (2021). The evolution of technology and physical inactivity: The good, the bad, and the way forward. *Frontiers in Public Health, 9*, 655491. https://doi.org/10.3389/fpubh.2021.655491
- 64. Youkhana, S., Dean, C., Wolff, M., Sherrington, C., & Tiedemann, A. (2016). Yoga-based exercise improves balance and mobility in people aged 60 and over: A systematic review and meta-analysis. *Age and Ageing, 45*(1), 21-29. https://doi.org/10.1093/ageing/afv175