

## Assessment of Views of Overweight and Obesity Risk of Women Over 50 Years of Age

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**Summary.** The article presents the results of assessing the state of women's health in relation to abdominal obesity and assessing the degree of cardiovascular risk with abdominal obesity, overweight and obesity, identified by the Quetelet index.

**Keywords:** metabolic syndrome, abdominal obesity, overweight, obesity.

**Relevance.** The problem of obesity in combination with various metabolic disorders and/or diseases is the focus of modern medical science and public health. The prevalence of obesity in the world is so great that it has become a global epidemic. With the spread of obesity across the planet, the associated severe somatic diseases multiply and worsen: type 2 diabetes mellitus (DM2), arterial hypertension (AH), coronary heart disease, oncological diseases, etc., which reduce the quality of life and increase the mortality rate among the working population (1,2).

Obesity leads to the formation of a number of diseases, disability, premature mortality (5,6). Currently, more than 320 thousand deaths from diseases associated with obesity are recorded in Europe. Obesity, primarily abdominal obesity, is a leading risk factor for CVD and non-insulin-dependent diabetes mellitus). There is evidence (7) that the waist-to-hip ratio (W/H) is an independent risk factor for CVD and mortality. At the same time, the WC/OB ratio is more related to CVD than body mass index (BMI). The first reports on the relationship between the nature of the deposition of fat mass and the risk of CVD and DM were made more than half a century ago (4,7).

Abdominal obesity is a more significant predictor of morbidity and mortality than BMI. This fact is indicated by studies by AH Kissebah and P. Bjorntorp, who showed that with the same BMI, abdominal obesity is accompanied by a higher risk of comorbidities than peripheral obesity (3). This, to a certain extent, can explain the greater severity of complications of obesity in men than in women (1).

**Purpose of the study.** To study the opinion of women on the degree of risk of overweight and obesity as a risk factor for cardiovascular diseases at the level of primary health care

**Materials and methods.** Representative sample of the unorganized population aged 20 to 69 years in the amount of 797 people (242 men and 555 women). Metabolic syndrome was diagnosed in the presence of abdominal obesity (waist circumference > 94 cm for men and > 80 cm for women). Overweight was calculated using the formula: weight (kg)/height (m)<sup>2</sup>, ≥ 25, and IC levels ≥ 30 were taken as obese.

**Results and discussions:** When studying the degree of cardiovascular risk in women with abdominal obesity, BMI and obesity, among all examined women (table 1), less than half (43.84%) consider abdominal obesity to be a serious risk factor for cardiovascular disease (CVD).

**Table 1. Assessment of the predictive degree of risk of abdominal obesity among the female population**

Number of observations			
Women's opinion	AO no	AO is	Total
Much	112	130	242
Not really	72	142	214
Does not increase	16	12	28
Other reasons	35	33	68
Total	235	317	552
In percents			
Women's opinion	AO no	AO is	Total
Much	47.66	41.01	43.84
Not really	30.64	44.79	38.77
Does not increase	6.81	3.79	5.07
Other reasons	14.89	10.41	14.89
Total	100.00	100.00	100.00

At the same time, every fifth woman (19.96%) does not consider abdominal obesity a risk factor for CVD. It should be noted that even among women suffering from AO, only 2/5 recognize obesity as a serious risk factor for CVD (41.01%), and 44.79% of the surveyed answered that obesity is not a very important risk factor. Every seventh woman (14.2%) with AO does not consider obesity a risk factor for CVD.

It is especially important that among women without AO there is a more critical attitude towards increased weight than among women with AO. If 41.01% of women with AO consider increased weight to be an important risk factor for CVD, then 47.66% of women with normal body weight adhere to this opinion. Moreover, the revealed differences are statistically significant ( $p < 0.05$ ).

Next, we analyzed the risk assessment among women with BMI and obesity, identified on the basis of elevated Quetelet index (Table 2). It was found that only about half of women with obesity (52.94%) and 2/5 of women with BMI (%) consider obesity to be a serious risk factor for CVD.

**Table 2. Estimation of the prognostic degree of risk among women with BMI and obesity, identified on the basis of the Ket indexle**

Number of observations				
Women's opinion	Norm	BMI	Obesity	Total
Much	140	48	54	242
Not really	142	41	31	214
Does not increase	16	eight	four	28
Other reasons	38	17	13	68
Total	336	114	102	552
In percents				
Women's opinion	Norm	BMI	Obesity	Total
Much	41.67	42.11	52.94	43.84
Not really	42.26	35.96	30.39	38.77
Does not increase	4.76	7.02	3.92	5.07
Other reasons	11.31	14.91	12.75	12.32
Total	100.00	100.00	100.00	100.00

Almost every third woman with BMI (35.96%) and obesity (30.39%) does not believe that increased weight significantly increases cardiovascular risk. 21.93% of women with BMI and 16.67% of obese women do not consider their increased body weight to be a risk factor for CVD at all.

**Conclusion.** Thus, an unfavorable situation has developed among the female population regarding the assessment of their body weight and the significance of increased weight in the formation of cardiovascular risk.

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