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Webinar

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Obesity as a Risk for Diabetes Mellitus Type 2

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Obesity has long been considered a product of the modern life style in developed countries. Its increasing frequency in developing countries, however, points to a global paradox: a double burden of a still unsolved problem of malnutrition and of the epidemic of obesity and its comorbidities such as diabetes, hypertension, cancer and cardiovascular disease. The current epidemic of obesity has been reported in several but not all regions globally. The “nutrition transition” is a rather benign-sounding name for a striking and fast-moving phenomenon: a global epidemic of obesity. Over the past decades advanced work technology, sedentary leisure-time behavior, and greater availability, lower cost and enhanced flavor of food have led to an energy imbalance. Evidently major weight gain can occur with a very small imbalance between intake and expenditure. Obesity is very commonly linked with chronic diseases by increasing the risk of their onset, and also affecting their course and determining their treatment and prognosis. The Center for Disease Control and Prevention (CDC) state that women with a BMI of 30 kg/m² have a 28 times greater risk of developing diabetes than do women of normal weight. Diabetes is a chronic disease closely associated with obesity and with the advancements in society and changes in lifestyles of developed and developing countries, there is a growing prevalence and parallel between these two diseases. Obesity is the leading risk factor for T2DM. Obesity is affected by a complex interaction between the environment, genetic predisposition, and human behavior. It is well known that excess bodyweight induces or aggravates insulin resistance, which is a characteristic feature of T2DM, although the exact mechanisms are not clear. T2DM patients who have lost weight have significantly better diabetes control and even their intention to lose weight is associated with a reduced risk of all-cause mortality, independent of whether they actually lose weight or not even their intention to lose weight is

associated with a reduced risk of all-cause mortality, independent of whether they actually lose weight or not.

Biography:

Mr. Nkwetta Forbang Philip is a certified nurse [anesthetist and reanimation](#). He was born in kumba south west region Cameroon and studies general nursing in catholic school of health personnel shisong where he obtained a diploma in general [nursing](#). After his undergraduate he worked as a nurse in the apostolic hospital south west region Cameroon. Due to his passion for anesthesia and reanimation he further his studies and obtained his diploma in anesthesia and reanimation in the specialized school of nursing university of Yaoundé 1 Cameroon and presently working in hospital catholic logpom Douala Cameroon. He did his research on [Benin prostate hypertrophy](#) and role of nurse anesthetist in loco regional anesthesia in [pregnant women](#).

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