

Introduction

Obesity is considered as an epidemic; it constitutes a major public health problem. Obesity is a chronic, complex, multifactorial, relapsing disease due to excessive or abnormal accumulation of fat or adipose tissue in the body that impair health The adiposity is either absolute fat mass or percentage of total body fat, the degree of adiposity can be used as a clinical indicator of obesity rather than weight. The majority of clinicians used more accessible and less costly methods as BMI and waist circumference. WHO classify obesity by using BMI 30-39.9 kg/m2 is classified as obese, extremely obese classified as a BMI ≥ 40 kg/m2, waist circumference >88 cm for women and >102 cm for men are obese. QOL refers not only to health but also to social and environmental status (e.g., social support, income, and education) that can affect well-being. WHOQOL encompasses physical, psychological, social, and environment domains comprehensively.

Aim of the Work

To assess the quality of life of patients with obesity attending nutrition clinics of family health units and centers in Alexandria.

Subjects and Methods

A Cross-sectional design was used to achieve the study objective on adult patients with obesity attending the selected nutrition clinics of family health units and centers in Alexandria during three months period of the study.

Inclusion criteria:

- Both genders
- Age (18-65 years old)
- Adult patients with obesity (obese BMI 30-39.9 kg/m2 and extreme obese BMI >40 kg/m2).

Exclusion criteria:

- Those who refuse to participate in the study and non-cooperative participants.

Data collection methods :

a) A structured interview questionnaire:

- Socio-demographic data.
- Medical history.
- Dietary habits.
- Lifestyle practices .

b) Interview questionnaire using WHO quality of life (Bref). It consists of 26 items.

- 1- Physical health (7 items, raw score range: 7-35)
- 2- Psychological health (6 items, raw score range: 6-30)
- 3- Social relationships (3 items, raw score range: 3-15)
- 4- Environment (8 items, raw score range: 8-40).

c) Anthropometric measurements

- Weight and height BMI (Kg/m2)
- Waist circumference.

Results

Table 1: Distribution of the studied patients with obesity according to presence of co-morbid diseases.

Comorbidities	N (Total=200)	%
Having comorbid diseases	103	51.5%
Hypertension	37	18.5%
Diabetes mellitus	53	26.5%
Dyslipidemia	59	29.5%

Cases may have multiple co-morbidities

Table (1) show the distribution of the studied patients with obesity according to the presence of co-morbid diseases. Hypertension, diabetes mellitus and dyslipidemia were in 18.5%, 26.5% and 29.5% of cases respectively. The categories are not mutually exclusive.

Table 2: Mean percentage scores of overall quality of life and general health of the studied patients with obesity.

Domains	Mean±SD (Total=200)	Range
Overall quality of life and general health	55.7±11.6	25.0–87.5
Physical health	53.0±11.0	28.6–78.6
Psychological health	48.4±9.9	20.8–70.8
Social relationships	56.5±13.1	25.0–91.7
Environment	76.7±10.6	31.3–96.9
Total	59.8±7.0	37.5–74.0

Table (2) and figure (1) show the mean percentage scores of overall quality of life and general health of the studied patients with obesity. Environment had high score (76.7±10.6), the remaining domains were low, the lowest was psychological health (48.4±9.9).

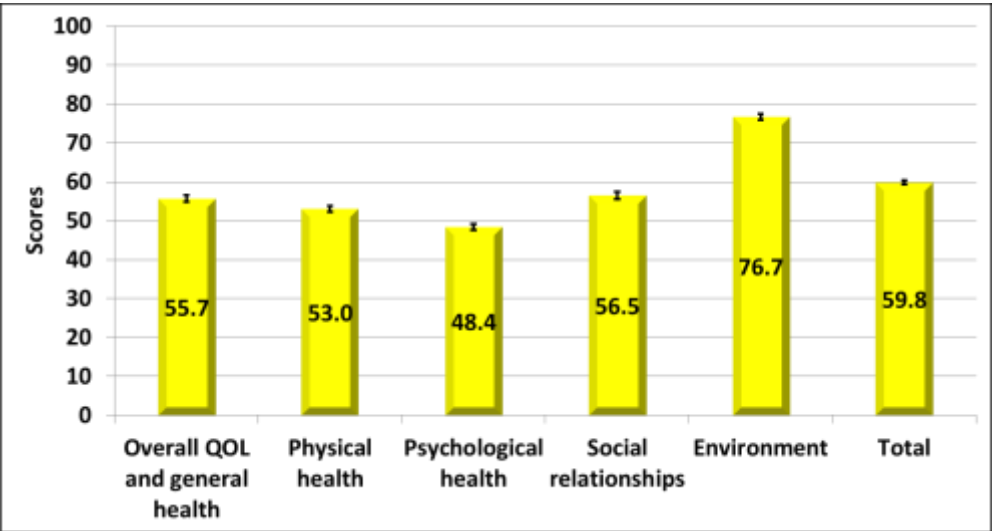


Figure: Quality of life of the studied patients with obesity

Conclusion

In fact, obesity is a multifaceted condition impacting QoL in different ways, depending on the cultural context. The treatment of obesity is a difficult and complex process and a therapeutic approach emphasizing an increase in QoL on physical, psychological, environmental and social domains may facilitate loss of weight and a healthier lifestyle. As evident from the current study, elevated BMI is associated with a significant reduction of overall Quality of Life and significant reductions in various domains (i.e., physical health, psychological health, and social relationships) in men and women. Thus, the care and treatment of obese patients should be approached in a multidisciplinary way.