Demystifying the Obesity Paradox in Acute Conditions and Injuries

Bowei Su* and Sebastien Fuchs Western University of Health Sciences, USA

Citation:

^{*}Corresponding author: Bowei Su, Western University of Health Sciences, USA, Tel: 4083682478; E-mail: bowei.su@westernu.edu

Received January 12, 2021; Accepted February 15, 2021; Published February 22, 2021

i in oBMI a i aion a 🛱 o H a O aniza ion an Naiona In i o H a (Ta 1).

Results

Clinical presentations

Trauma

O initia in tation and an in an inipero o i oxappa in inonappa.Sion ation i n n appa poatiperano ipera n atin inon i n n in .Ro i oo i 7,8 no initan i n in n appa poatipera o a BMI o .Ationa ppin atin n iao appi, o ia an Page 2 of 8

Page 3 of 8

i	-			

a ino_{pe}a, San z a., 29 o a_{pe} o a i se n i o i se i o o an no a se i n i a io_{pe}o a ani p_{e} in i a a ox, i o .

Critical care/sepsis/lung injury

Page 4 of 8

Lini onia Ba a i o iBB, an in Ba n o naoia i naiiBaoia an a ia in iona a o-ina _{ra 10} i 9,30,40,42.

Aionin iani-a oniaioini ono ip_noininniiippian a ooi ipp,i op_nnoaioa aiaan_{phy}aoi an_{phy}nin_{phy} 43.

Po-in a po B C o in In a o IL-6, IL 8, S a Po in-D (SP-D), on i an Fao (F), an o IL-6, IL-Parino naiao Iniio-1 (PAI-1) a naoia inao o a 44.0 ain in o i o o-in a pao Baroin , a in i i 0 Mg in a a; o, a in ́ oo in an a o_mani ∰an in a oan i-in a_{ma}ao∰ Beoin (i. IL-10). In in Be, i ano nin non-o ain 6. In in oa ninj Be, Sa on a., 44 a o o n a in a in BMI a a o ia i o o in a p g g o in , ia g IL-6, IL-8, an SP-D. 舅 i a o n an in a in $F(io_{\mu}a \circ n \circ ia \circ a_{\mu}a \circ a_{\mu}a) \circ a_{\mu}on$ o ain, an i $o_{\mathbf{p}_{i}}$ x $\mathbf{i}_{\mathbf{p}_{i}\mathbf{p}_{j}}$ no $_{\mathbf{p}_{i}}$ o $\mathbf{o}_{\mathbf{p}_{i}}$ and \mathbf{p}_{i} in algo o $\mathbf{p}_{\mathbf{p}_{i}}$ in a sion i. a a a in a., 32 on a in IL-6 o ion anao ao nan na in iona_kono o ain, ainoo 28-ayy_koaiyyii i. i an

Ti NoiFao-Aa(TNF-) Aio \mathbf{p} iono o TNF- o $\mathbf{p}_{\mathbf{p}}^{a}\mathbf{p}$ n i \mathbf{p} o $\mathbf{p}_{\mathbf{p}}$ o o n $a_{\mathbf{p}_{\mathbf{p}}}$ o-in $a_{\mathbf{p}_{\mathbf{p}}\mathbf{p}}$ ao \mathbf{p} o TNF- in i an o-o a i n 19,40.

Anti-oncogenic properties

ana Booi

Page 5 of 8

Page 6 of 8

ia o a a Man Man Man o i ma a-ana Man on nn o i a ana Man an Ainn i a., 30 i n an ni a ion o n a i . Ho , ma a-ana Ma a o a i o o a i a a a ion i B an o a ion an no ia 5,12,24,25.

oiii 🛱 o a ia ia a a o oo , a 🛌 o o ioiina o_{ma}No A_{ma}ianan Eoran n_aion Bon Caaian o aion 5,49. i in in irj in o ana pai, a., 24 on a injao oo a ia io i an o ipaon paa i o nono nonan A_{Fa}ian ion. Aain, na o i a ion i No n o ono BMI a a o a _{ra}iz, an na on onon a o o no BMI 220 ion, i o m_aa a</sup>m_a abaa o". In "aiono o a i a ia, naj aia ъ in o-aiappiina aoiaiao aoni o _{Po}o ai 🖗 i n no annono.iii_{Pg}oanoa oin inia iono no 🛌 non.

Ano ao o on i aion i no ion o a 🛌 n ia, aina in ni in i a i 😡 🕯 a 0 iian in a in i a i i o a ion. O an a _{po} inni anioa aion, ain, an a p_nno-o io ain pa ia an niona noin.Sa a., 19 i ani 🖗 ni in a a o a_{mo}a i a_{mo}n o_{mo mo}ia i oi on in io orginion, i. a 🖗 in a ion in an i i a ion o in a i a 🛱 an o in o o ICa a i i ao i n i ao i n o ō a 🙀 i inin 🛱 o in a i n o a ion a o in o ia no i an no 🖗 IC 🖉 a 🛌 i ion, an ia on ion ina _{Pa}n i o ippaaox. Ba n oa oin ia ai oa aa iizaionia, in i aa nin an o i iza ion o a 🖗 n n a oiaion no i 🖗 ana _{po}gai kan nganao ainin ini an kang po o in kaooin i a o o in placoinia o iaa.Ho ,aaaippaa_{no}onan i i a o a i in nionai_piaion a i an onon-o ain.On i ni o i ii 🛱 o o ain ia no i i n in o_{rg}ann - a_{rg}nia.Fi iaiona n no i_{ra}naina i ain 0 an iin i_nia i o _nonon-o ain a ono ipjao opjao o o i a oin.Sipja in o ino anx i a oin n in in i a ion in o an aniioi 40.F 0 20 a_{ma}nia o o i 🛱 aa o_mo a 🛱 ia iin nono ippan po aipp.

BMI metric/Documentation

A i iono aii se o BMI i in xo o is a a ox. BMI i $_{\mu_{g}}a$ a i in io $a_{\mu_{g}}o$ a o i in $_{\mu_{g}}o$ a o i in $_{\mu_{g}}a$ a i in io $a_{\mu_{g}}o$ a o i on a iz o i on a iz ni iono a . I a i a o i an a iz ni ion o i a oi an in n i $_{\mu_{g}}ii$ set i in o a an (LM) an a $_{\mu_{g}}a$ (FM) i ni aion 9,40. BMI a a i i set o 96% an ni i is o 43% in o is a $_{\mu_{g}}a$ in o $_{\mu_{g}}a$ i on o o set a a o i in i a an 31.7%

J Obes Weight Loss Ther, an open access journal ISSN: 2165-7904

Page 7 of 8

(/ i/ o a_mn) o mo o 😼 a o maximiz no papania o i oo i🖗 in an a 🛛 a in . Aiiona 🖗, i o а i_{Mo}oano ia iniian o POP a a ono[°]nin ao iin o i**y**aaox. Ii aa o i 🛱 i i 🖡 na oo a a, an o o_{rg}a in o aion, o aion o a o o i 🛱 in o o no i o aiii_{ng}o an ii a ooi.T oiii) a oi a paganon ai ga a joai a o n ain in i o i ain in i n i aion in i a ion a_{▶a}a¶a iniiani_{▶a}ia ion in i in a i rj^{ana} rjⁿ.

References

1.

 Maurya R, Bhattacharya P, Dey R, Nakhasi HL (2018) Leptin functions in infectious diseases. Frontiers in Immunology 9: 2741-2741.

- Barth RF, Buja LM, Cao L, Brodsky SV (2017) An obesity paradox: Increased body mass index is associated with decreased aortic atherosclerosis. Curr Hypertens Rep 19: 55.
- 44. Stapleton RD, Dixon AE, Parsons PE, Ware LB, Suratt BT, et al. (2010) The association between BMI and plasma cytokine levels in patients with acute lung injury. Chest 138: 568-577.
- Lee YM, Kim KS, Jacobs DR Jr, Lee DH (2017) Persistent organic pollutants in adipose tissue should be considered in obesity research. Obesity Reviews 18: 129-139.
- 46. Merrill ML, Emond C, Kim MJ, Jean-Philippe A, Le Bizec B, et al. (2013) Toxicological function of adipose tissue: Focus on persistent organic pollutants. Environmental Health Perspectives 121: 162-169.
- 47. Kim MJ, Marchand P, Henegar C, Jean-Philippe A, Alili R, et al. (2011) Fate and complex pathogenic efects of dioxins and polychlorinated biphenyls in obese subjects before and after drastic weight loss. Environ Health Perspect 119: 377-383.

- 48. Hong NS, Kim KS, Lee IK, Lind PM, Lind L, et al. (2012) The association between obesity and mortality in the elderly difers by serum concentrations of persistent organic pollutants: A possible explanation for the obesity paradox. International Journal of Obesity 36: 1170-1175.
- 49. Borgeraas H, Hertel JK, Tveitevåg Svingen GF, Seifert R, Pedersen EKR, et al. (2014) Association of body mass index with risk of acute myocardial infarction and mortality in Norwegian male and female patients with suspected stable angina pectoris: A prospective cohort study. BMC Cardiovascular Disorders 14: 68-68.
- 50. Wildman RP, Muntner P, Reynolds K, McGinn AP, Rajpathak S, et al. (2008) The obese without cardiometabolic risk factor clustering and the normal weight with cardiometabolic risk factor clustering: Prevalence and correlates of 2 phenotypes among the US population (NHANES 1999-2004). Arch Intern Med 168: 1617-1624.
- 51. Carbone S, Canada JM, Billingsley HE, Siddiqui MS, Elagizi A, et al. (2019) Obesity paradox in cardiovascular disease: where do we stand? Vascular Health and Risk management 15: 89-100.