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University of Paraná-UFRPRaizal Santos Physical Education Department, Federal

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term studies to evaluate the sustainability of various interventions and the effectiveness of emerging treatments. Additionally, more research is needed to understand the genetic and environmental factors contributing to abdominal fat and to develop targeted prevention strategies [10]. Overall, the results and discussion underscore the complexity of abdominal fat and the multifaceted approach required to manage it effectively. Emphasizing preventive measures and evidence-based interventions will be crucial in addressing the growing public health issue of abdominal fat and its associated risks.

Conclusion

Abdominal fat, particularly visceral fat, is a significant health concern due to its strong association with increased risks of cardiovascular diseases, type 2 diabetes, and metabolic syndrome. The evidence highlights that the primary causes of abdominal fat include poor dietary choices, lack of physical activity, stress, and genetic factors. Effective management strategies involve a combination of dietary modifications, regular exercise, and lifestyle changes. The comprehensive review of literature and data underscores that while dietary and physical activity interventions are highly effective in reducing abdominal fat, a holistic approach that includes behavioral and lifestyle adjustments is essential for long-term success. Pharmacological treatments can support these efforts but should be considered supplementary to lifestyle changes. Future research should continue to explore the long-term effects of various interventions, the role of genetic predispositions, and the development of personalized treatment plans. By addressing the root causes and implementing evidence-based strategies, individuals and healthcare professionals can better manage abdominal fat and mitigate its associated health risks. In summary, a proactive and integrated approach to lifestyle and dietary habits, along with ongoing research and tailored interventions, is key to combating the challenges posed by abdominal fat and improving overall health outcomes.

Conflicts of Interest

None

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None

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