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Marker of Cardiometabolic Risk in Teenagers: the Influence in Excess of Weight

Araújo M.G¹, Cruz Júnior A.A², Macedo J.M.Q³, Lima M.E.A⁴, Menezes R.S⁵, Medeiros J.P⁶

1,2,3,4,5Student Majoring in Nursing - UFPE; 6 Veterinary Doctor, Adjunct Professor, Department of Histology and Embryology - UFPE.

ABSTRACT

Introduction: Usually teenagers present biopsychosocial transformations being expressed between childhood and adulthood. According to the National School Health Survey, the prevalence of overweight students was 25.1%. This can lead to health problems such as diabetes, heart problems and poor skeletal formation. So, this is why excess weight associated with inactivity and inadequate diet may trigger risk factors for chronic non-communicable diseases, such as cardiovascular and metabolic diseases. **Objectives:** To identify the prevalence of overweight for cardio metabolic diseases in teens. **Methodology:** A literature search was conducted in the Scientific Electronic Library Online and MedLine databases using the following descriptors: cardiovascular diseases, metabolic diseases, teens, overweight and obesity. 89 articles were found. After applying the cut of the last 5 years (2013-2017), there were 14 articles that made up the review. **Results and discussion:** According to the bibliographical findings, it is verified that with the advent of technology, sedentary lifestyle at early ages is evidenced, affecting adulthood through cardio metabolic diseases. Data from Fiocruz reveals that out of the teenagers who are suffering from obesity; eight out of ten remain obese in adulthood. Thus, regular physical activity and a balanced diet contribute to the better development of adolescent metabolism. In addition, the family history of cardio metabolic diseases influences the excess weight of the adolescents, reflecting in subsequent generations. **Conclusion:** It was found that there is a shortage in the literature associated with the prevention and encouragement of a healthy way of eating and physical practices in this society. Thus, to achieve the efficiency of healthy aging it is necessary that preventive actions are applied from childhood.

Keywords: Adolescent; Cardiovascular diseases; Metabolic diseases; Obesity; Overweight

*Correspondence to Author:

Araújo M.G

Student Majoring in Nursing - UFPE

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