SUMMARY

Obesity has become a growing and serious non-communicable medical condition in Nigeria. This study was therefore carried out to determine the pattern of obesity and its primary co-morbidities among adult patients attending General Outpatient Clinic of Federal Medical Centre, Owerri.

This study was a hospital-based cross-sectional study carried out from May 2010 to July 2010. A total of 2,391 patients were screened for obesity using BMI criteria and 618 of them met the selection criteria. Of these 618 obese patients, a subsample of 206 were systematically selected by using sampling interval of 1:3. These 206 obese patients were screened for hypertension, diabetes mellitus and dyslipidaemia. The awareness of their obese condition and knowledge of lifestyle modifications for obese condition were also assessed. Data were collected using clinical data collection proforma and pretested structured interviewer administered questionnaires.

The prevalence of obesity was 25.8%. Most of the obese patients (68%) had class I obesity. Most of the obese patients belonged to the age group 48 – 57 years and were married (67.5%), had tertiary education (38.8%), traders (30.6%) and belonged to low socio-economic class (67.5%). There was significant association between marital status and degree of obesity. Dyslipidaemia (43.2%) was the commonest primary co-morbidity. The systolic (r=0.21) and diastolic (r=0.27) hypertension, triglyceride (r=0.082), low density lipoprotein cholesterol (r=0.001) and fasting blood sugar (r=0.081) were correlated with BMI. Furthermore, most of the respondents were not aware of their obese condition (74%) and had no knowledge of lifestyle modification for obese condition (55.8%).

This study had shown that obesity and its primary co-morbidities are emerging as a serious health problem among the study population with class I obesity as the most common pattern and dyslipidaemia, the commonest primary co-morbidity. Anthropometric determination of obesity as baseline clinic assessment in all patients and routine screening of its primary co-morbidities are advocated. Education on healthy lifestyle practices for obesity, its prevention and control are recommended.