SUMMARY

Obesity globally is a chronic non-communicable disease with clinical and public health challenges. In Nigeria however, it is culturally and socially acceptable and is therefore not recognized as a medical problem. Obese people attend hospitals when morbidities become evident and not merely for weight management. This often leads to missed opportunities to screen and counsel patients on obesity and its co-morbidities. Until recently, obesity was considered the direct result of physical inactivity and chronic ingestion of excess calories. However, it has been shown that human obesity generally develops from the interactions of multiple genes, environmental and behavioural factors.

This study was aimed at assessing the dietary habits and associated co-morbidities among overweight/obese adult patients attending the Plateau State Specialist Hospital, Jos. This was with a view of instituting health education and counselling on life-style modification.

Methods

This was a cross-sectional study of two hundred and eighty-three (283) overweight/obese adults, aged eighteen (18) years and above attending the general out-patient clinic of the Plateau State Specialist Hospital, Jos. The study was carried out between January and March 2014. The subjects were recruited by systematic sampling method. The body mass index of the subjects (BMI) was determined. A semi-structured questionnaire was administered to obtain information on socio-demographic characteristics, eating behaviours/habits and physical activity of the study
population. The subjects were also screened for primary co-morbidities of hypertension, diabetes mellitus and dyslipidaemia. The data was analysed using Epi info statistical software version 3.5.1.

**Results**

The mean age of the subjects was $45 \pm 9.8$ years. There were 197 females and 86 males in a ratio of 2:1. Grade 1 obesity (57.6%) was the most common pattern of obesity among the subjects. Hypertension (64.7%) was the most common co-morbidity among the study population. Majority of the subjects (66.1%) were physically inactive. More than half of the subjects also consumed energy-dense foods everyday: consumption of beverages with sugar added (64.3%), eating in-between meals (55.5%). Those with inappropriate dietary habits ate late dinner were (58.7%) and occasional/rare fruits and vegetable consumption were (87.0%). Self and family history of obesity awareness was observed in the subjects as (50.2%) and 66.8%) respectively.

**Conclusion**

This study has shown that among the study population, Grade 1 obesity was the most common. This level of obesity is usually missed in the clinics unless assessment for it is carried out. The study also showed that hypertension was the commonest co-morbidity associated with obesity among the study subjects. Inappropriate dietary habits and low physical activity was observed among the subjects. It is recommended that health education and counselling on lifestyle modification, anthropometric assessment of obesity and screening for primary co-morbidities be considered as part of baseline assessment of adults attending out-patient clinics in our environments.