

Obesity and Consensus statement: A comment on Body Mass Index Relates to Blood Pressure among Adults

Dear Editor,

This is in regard to the article, "Body Mass Index Relates to Blood Pressure among Adults" published in North Am J Med Sci 2014; 6: 89-95.^[1]

The authors have done a commendable job to study the blood pressure and body dimensions to find out the relation between overweight/obesity and hypertension among adults. For this, the authors have conducted a cross-sectional survey of all the people belonging to Punjabi community residing in Roshanara Area and Jaina building in Delhi, India.^[1]

However, I have a few concerns in this study.

Cutoff of Body Mass Index (BMI) >30 taken by the authors for the diagnosis of obesity as recommended by World Health Organization is based on the morbidity and mortality data from the white Caucasian populations. This is a concern that has been raised by many researchers working on obesity/overweight among Asian Indians.

Asian Indians exhibit unique features of obesity in the form of excess body fat, abdominal adiposity, increased subcutaneous and intra-abdominal fat, and deposition of fat in ectopic sites like liver, muscle, and so forth. Keeping this fact in view, the guidelines for overweight/obesity have been revised in past for Asian Indians. Limits of normal BMI are narrower and lower in Asian Indians than in white Caucasians and that by application of these revised guidelines, additional 10-15% of Indian population would be labeled as overweight/obese and would require appropriate management.^[2]

According to the consensus statement (revised guidelines) on the cutoffs for BMI in Asian Indians, obesity is taken with BMI >25 kg/m². This is also important because Asian Indians tend to accumulate risk for cardiovascular complications at a lower BMI than their western counterparts.

The authors have calculated skin fold thicknesses at triceps, biceps, subscapular, and suprailiac regions. However, they have not used this calculation to arrive at a conclusion on the prevalence of obesity among study group. For that they have relied exclusively on BMI, which in itself may not be a perfect indicator for assessment of overweight/obesity.

The skin fold thickness would have been an excellent corroborative evidence for the same. Given the number of anthropometric measurements carried out by the authors, using Siri's equation for calculation of body fat percentage may not have been needed. Instead they should just have added all these measurements as a large proportion of body fat is located just under the skin and would have yielded a good assessment for risk of cardiovascular complications (>40 mm in boys and >50 mm in girls).^[3]

Moreover, the consensus statement states that both BMI and WC (waist circumference) if used together with equal importance accounts best for population- and clinic-based risk stratification.^[2]

Kanica Kaushal


Department of Community Medicine, Indira Gandhi Medical College, Shimla, Himachal Pradesh, India

Address for correspondence:

Dr. Kanica Kaushal, Department of Community Medicine, Indira Gandhi Medical College, Shimla - 171 001, Himachal Pradesh, India.
E-mail: kanicak8@gmail.com

References

1. Dua S, Bhuker M, Sharma P, Dhall M, Kapoor S. Body mass index relates to blood pressure among adults. N Am J Med Sci 2014;6:89-95.
2. Consensus Statement for Diagnosis of Obesity. Abdominal Obesity and the Metabolic Syndrome for Asian Indians and Recommendations for Physical Activity, Medical and Surgical Management. (Accessed February 28, 2014, at http://www.japi.org/february_2009/R-1.html).
3. Skin fold thickness. In: Park's Textbook of Preventive and Social Medicine. 21st ed. p. 369.

Access this article online	
Quick Response Code: 	Website: www.najms.org
	DOI: 10.4103/1947-2714.131251