



Changing Behaviors: Giving Yourself the Chance of Living Longer and Better

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Mini Review

Metabolic syndrome - described in the Adult Treatment Panel III of the US National Cholesterol Education Program as a set of cardiovascular risk factors (hypertension, disorders of glucose metabolism, dyslipidemias, increased waist circumference) can be considered as a global epidemics and in a great extension as a result of the adoption of unhealthy behaviors. As a frequent condition related to metabolic syndrome, obesity can be considered on many occasions as the result of the caloric imbalance typical of industrialized societies: first, the wide and diversified supply of high-calorie and fast preparation and consumption foods leading to high caloric intake; secondly, the comforts of modern life, with the minimum physical effort necessary for the accomplishment of tasks, displacements in the urban spaces, etc., leading to a reduced caloric expenditure; thus, as a logical consequence, the positive caloric balance easily transforms into fatty tissue, the basis of obesity. Once installed, obesity can contribute to the development of diabetes mellitus, hypertension, dyslipidemias, increasing the chance of cardiovascular events, osteoarticular diseases, various neoplasias, sleep disorders, reducing quality of life, generating disability, and reducing Life expectancy. This feature of an environment that provides facilities for the consumption of high-calorie foods and at the same time reduces opportunities for caloric expenditure by daily physical activities outlined the current standard of living often present in Western societies and defined as an obesogenic environment. The World Health Organization defines Quality of Life as a perception of the individual's own position in life within the social context and system of values in which the individual is inserted, and considering its expectations, goals, beliefs and standards adopted. Therefore, understanding the importance of Quality of Life is a complex process, highly subjective, and relativized according to individual beliefs and values and the insertion of the individual in the sociocultural context. This is an intriguing question: why such a situation of true epidemic of chronic-degenerative diseases, reducing the quality of life of millions of people, reducing life expectancy, and generating an annual cost that consumes a considerable part of gross domestic product of the various developed or developing countries, is not enough to produce a significant change in the pattern of behaviors? First, there is an immensity of advertisements that often disseminate a pattern of unbridled consumption in the various populations; the symbolic values of these advertisements include the affirmation of the status quo, the social distinction revealing the power of consumption; such an appeal to narcissistic behavior is fundamentally aimed at unnecessary consumption, at the mere symbolic value, but as a more immediate consequence it generates excessive caloric intake, given the already reduced rate of physical activity; this would be the most immediate cause of obesity, a pathway to the metabolic syndrome. Secondly, there is a tolerance from society and even from health professionals organizations for this exaggerated publicity of hypercaloric foods, in part because the food industry is considered to generate jobs and pay taxes, which are therefore fundamental to gross domestic product, and for the wealth and well-being of society. This raises a paradox: the justification of market demand for the consumption of high-calorie, easy-to-prepare and fast-food would be deconstructed if we consider the health consequences to the population, the reduction of the quality of life and life expectancy, and, more objectively, the high annual cost for the treatment of chronic diseases and their consequences. This is a paradox of contemporary society, or a resounding example of how people can provide conditions for the development of a good state of health together with good quality of life, and longer life expectancy, adopting a healthy eating pattern and also the practice of routine physical activity; or, instead, due to the accommodation to the hegemonic values, people practice the uncontrolled consumption of hypercaloric foods and maintain the sedentary lifestyle, with the consequent reduction of the quality of life and life expectancy, the appearance of chronic diseases and various types of incapacities. Along with the adoption of legislation more restrictive towards advertising appeals mainly aimed at the collectivity of children, adolescents, and young adults, the agencies regulating propaganda activities should opt

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Received Date: 27 Jul 2018

Accepted Date: 19 Aug 2018

Published Date: 26 Aug 2018

Citation:

Filho RTB. Changing Behaviors: Giving Yourself the Chance of Living Longer and Better. *Ann Clin Diabetes Endocrinol.* 2018; 1(1): 1003.

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for diseases prevention and promotion of health, stimulating healthy eating and regular physical activity; furthermore, Institutions for primary health care should prioritize education actions, promotion of healthy habits and prevention of illness due to almost totally preventable conditions such as those described above. This path

seems to be the most effective alternative and capable of changing the destiny of a generation which, if left to the comforts of unbridled consumption and sedentary life, would be doomed to a stupidly diminished survival than the generation that preceded it.