

Guillermou

The prevalence of childhood and adolescent obesity has increased significantly in the United States and around the world since the 1970s, a trend that has accelerated with the COVID-19 pandemic.

Complications of obesity range from negative effects on the cardiovascular, endocrine, hepatobiliary, and musculoskeletal systems to higher rates of mental health conditions such as depression and eating disorders among affected individuals. Among adolescent girls, childhood obesity has been associated with earlier onset of puberty and menarche, which can lead to negative psychosocial consequences as well as adverse physical health effects in adulthood. The hormones leptin, kisspeptin and insulin, and their actions on the hypothalamic-pituitary-ovarian axis, have been implicated in the relationship between childhood obesity and the earlier onset of puberty.

Obesity in adolescence is also associated with increased menstrual cycle irregularity and polycystic ovary syndrome (PCOS), which can lead to infrequent or absent menstrual periods and heavy menstrual bleeding. Hyperandrogenism, higher levels of fasting testosterone and insulin, and lower levels of sex hormone binding globulin, similar to laboratory findings seen in patients with PCOS, are also seen in people with obesity and help explain the overlap of phenotypes between patients with obesity and those with PCOS.

Obesity has been associated with higher rates of premenstrual disorders, including PMS and premenstrual dysphoric disorder, and dysmenorrhea, although data on dysmenorrhea appear to be mixed. Menstrual abnormalities in adolescents with obesity are key to reducing obstetric and gynecological complications of obesity in adulthood, including infertility, pregnancy complications and endometrial cancer, metabolic syndrome, coronary heart disease, diabetes mellitus type 2 and rheumatoid arthritis. Anemia, osteoporosis, psychological problems and deterioration in quality of life have also been recorded.

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Furthermore, a significant correlation has been demonstrated between irregular periods and the risk of developing pregnancy-related hypertensive disorders, as well as an increased risk of adverse obstetric and neonatal outcomes, disruption of the hypothalamic-pituitary-ovarian axis, altered secretion of adipokines and the role of chronic inflammation and oxidative stress.

www.ncbi.nlm.nih.gov/.../PMC9449629 (2022).- www.ncbi.nlm.nih.gov/.../PMC10733621 (2023).- www.frontiersin.org/journals/endocrinology/articles/10.3389/fendo.2023.. (2024).-- ebwhj.journals.ekb.eg/article_355105.html (2024).-- ejournal.seaninstitute.or.id/.../4702 (2024).-

Posted On 07/04/2024

ree6260

By the way...I was NOT obese. In fact I was very skinny. I ate pretty well for a kid...loved vegetables. My dad had a big garden. Brussel sprouts were my favorite and I didn't become a big dessert person until I was much older. Preferred meatloaf to chocolate cake. Was not stressed either. Had 2 loving parents & 3 big brothers who spoiled me. As for the plastics, pesticides & others. No idea.

Posted On 07/04/2024

ree6260

I am 70. I had my first period at 10. I know this is much more common now. My health is actually quite good.

Posted On 07/04/2024

juststeve

Just so much interference with body development, gender development affecting both Girls and Boys. Growing up, becoming an adult going back as far as we could want has always been a difficult transition. Now with so many mimics disrupting properly released hormones for development are severely robbing our species, our youth from reaching what should be their birthright, their full potential as human beings.

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