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Primăvara Dermatologică Ieșeană

VOLUM DE REZUMATE

ΛΟΓΙΣΜΟΙ DE ΒΕΣΤΙΩΝΑΙΕ

**“Dermatologia la interfața
cu alte specialități”**

Ediția a V-a

cursuri, workshopuri și prelegeri

Un eveniment



ADEM

Asociația Dermatologilor
din Moldova

Sesiunea 10 - Moderatori: Prof. Asociat Dr. Dana Jianu

Dr. Ștefan Jianu

15.00 -15.30	Prof. Asociat Dr. Dana Jianu	Tendințe actuale în medicina modernă - chirurgia plastică regenerativă	84
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Prof. Dr. Mario Marchetti

Director of the Department of Pharmacology of The Ageing Society
Professor on contract at the Faculty of Pharmacy
University of Tor Vergata
Member of the Scientific Committee "Liposuzione Alimentare"

EXCESS BODY WEIGHT (OBESITY) IN DERMATOLOGY

The problem of obesity has taken on global importance. An excess of fat, especially if concentrated in specific regions of our organism, causes an increase in the risk of mortality and morbidity and it turns out to be the "primum movens" for many pathologies. It should be pointed out that certain subjects who, even though they have a normal weight, are indeed obese because their body fat percentage exceeds 30%.

If we take into account the definition of obesity by the World Health Organization which recognizes it as "an excess fat accumulation leading to alteration in the individual health condition", we can say that it is determined just by the amount of adipose tissue, rather than simply by body growth.

In this context should be seen the protein amino acid treatment which has exactly the purpose of weight loss through a reduction in weight that consists mainly of the fat body mass and accordingly it improves patient quality of life in the end.

The aim of this work is to subject a group of patients to a low-carbohydrate ketogenic normoprotein diet in order to assess the results obtained from previous studies and confirm by means of anthropometric and instrumental measurements, that the patients' total weight loss under examination has occurred mainly to the detriment of body fat already present.

A special attention will be paid to the improvement of the epidermis of the subjects.

We started talking of the "protein diet" in 1973, with George L. Blackburn, who suggested an alternative to absolute fasting by his studies. This particular diet, consisting basically of only water taken in as much as one likes, led to a greater proportion of lean mass loss than that of fat mass loss. Blackburn codified the exact amount of protein to be taken during fasting in order to protect the noble mass of each subject and determined it in a range between 1.2 and 1.5 grams per kilo of ideal weight.

Presently the scheme of the amino acid treatment provides:

- assessment of fat and lean body mass by use of anthropometric measurement techniques or instruments such as impedance meters and / or dexamethasone
- calculation of energy needs by Harris Benedict equation
- preparation of a diet plan based on three meals a day, through administration of a protein supplement and of foods of mainly protein content, anyhow with a low carbohydrate content.

Two out of the three meals consist of protein and amino acids derived from a protein supplement. The supplement provided for is composed of a protein supply with the addition of certain amino acids. The protein

supply is composed of proteins derived from whey. The selection of whey proteins is due to their considerable biological value.

In view of the fact that the purpose of the study was to subject the patients to a low-carbohydrate ketogenic normoprotein diet, not every subject previously chosen turned out to be suitable for this study afterwards.

A low-carb normoprotein diet according to the Blackburn indications was prepared for the subjects that were found suitable for the study.

Protein requirement was determined by multiplying the ideal weight, previously calculated and agreed with each patient, by the coefficient 1,2 in the case of women and 1,5 in the case of men.

All patients completed the treatment.

Results: the value of B.M.I. decreased on average by 5.16%, fat body mass decreased by 12.19% lean body mass increased by 3.6% The anthropometric evaluation showed an average weight loss of 4,6 kg.

Thus we can demonstrate how the weight loss occurred mainly at the expense of fat body mass.

The weight reduction at the expense of fat body mass in a keto normoprotein therapy is validated by the need of energy for gluconeogenesis. Protein intake is required to preserve the lean mass which would be lost, otherwise, for providing gluconeogenic intermediates.

It is a normoprotein treatment. Total protein intake (kilogram of weight per day) is calculated through a multiplication coefficient: 1.5 for men and 1.2 for women against the canonical value of 0,9 indicated by the W.H.O. as the normal range. Nonetheless we must keep in mind that the subjects following this diet protocol are overweight, if not really obese already, whereas the calculation is made on their ideal weight. The protein intake used for and suggested by the Blackburn studies, turns out to be thus superposed on the protein requirement indicated by the W.H.O.

It is important to emphasize that the calorie needs are not the essential value for the formulation of the nutrition plan. In fact, regardless of any needs calorie intake derives almost exclusively from protein intake that is not dependent on the amount of calories it develops, but on the subject's protein want. If we wanted to calculate the average calorie intake in a ketogenic normoprotein diet, we would recognize that it is far below the real requirement. The calorie gap is balanced by the fission of the fatty acids of reserve textures, thus producing substantial loss of weight.

In the light of these considerations it is clear how the treatment of obesity with a low-carbohydrate ketogenic normoprotein diet according to Blackburn appears as an important treatment in the fight against obesity, due to its high safety profile, its simplicity, its rapidity and its results.