

INTRODUCCION

INTRODUCTION

Obesity is a major health hazard predisposing affected adults to a greater risk of hypertension, cardiovascular disease, diabetes, gallbladder disease, pseudotumor cerebri, and degenerative joint disorders than persons of normal weight (**Pipes, 1993**).

Even in children as young as 5 to 6 years a relationship has been found between fitness, fatness, and blood pressure. In addition to these risks, obese individuals are often subjected to sociocultural prejudices (**Guyton. 1991**).

Obesity is defined as an excessive deposition of adipose tissue. It differs from overweight, which implies only weight in excess of the average for height (**Pipes, 1993**).

Obesity, or propensity to become obese is a heterogeneous disorder, remarkably resistant to prevention or treatment (**Rosenbaum & Leibel, 1989**).

Regardless of its cause, obesity results when energy intakes exceed energy needs for growth, maintenance, and activity (**Schonfeld-Warden & Warden, 1997**).

Monitoring rates of growth and deposition of adipose tissue helps to identify children who are accumulating more fat than would be anticipated (**Rosenbaum & Leibel, 1989**).

Yanagi, et al. 1993, found that the mean levels of total cholesterol and triglyceride of obese were significantly higher than those of control non obese children.

Many studies were done to evaluate the effect of obesity on metabolic and hormonal function of obese children (**Epestien, et al. 1992**).