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ESL 118 – T. Nuckolls

GRP Outline

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RQ: How can society best reduce the rate of teenage obesity in the United States?

I. Introduction and Thesis

A. Introduction:

1. Existence of the problem:

As the economy and lack of awareness of negative consequences of consuming high-calorie foods grow, people tend to buy foods with high energy content and get less exercise as they have more spare time (Zwiauer, 2000, p. 58).

The rate of obesity in the United States is rising every year: In both adults and children and adolescents, its prevalence has increased from 4% in 2004 to 6% in 2011 (Apovian, 2016, p. 177).

2. Causes and Suggest Treatments

a. Causes: unhealthy diet and lack of exercise caused by better living quality

b. Treatment methods: medicine, bariatric surgery, improving living habits

B. Thesis: Some people believe that using medicine is the most effective solution to address teenage obesity, while some others insist that conducting bariatric surgery can be more effective; however, improving children and teenagers’ living habit is potentially the best solution.

II. Background: Jackson et al. (2019) claim that the incidence of life-threatening diseases such as heart disease, diabetes and high blood pressure is increased by obesity, and other psychosocial problems such as poor self-image and failure to achieve good grades in school are among the negative effects of obesity as well (p. 71). In additional, adolescents with obesity not only have a negative health impact on themselves, but also have a huge impact on society because of the largeness of the group size. There is $190 billion spent on obesity-related treatments, including $14 billion on childhood obesity, so obesity is an economic drain on society and can cause a public health disparity (Jackson et al. p. 71). Therefore, since the negative consequences of teenage obesity can cause many problems, it is necessary for society to implement the best measure to reduce the rate of teenage obesity.

III. Suggested Solutions

A. Medication

1. Description: This treatment uses orlistat, which is a common medicine used for treating obesity.

2. How successful is this treatment?

a. Strengths:

Orlistat can help patients lose some weight and avoid regaining weight to a certain degree. In a research, the adolescent group using placebo gained 1.68 kg and lost only 0.6 kg of fat, while the adolescent group using orlistat lost 0.35 kg and lost 2.53 kg of fat (Chanoine et al., 2005, p. 2880). Moreover, Davidson (1999) claims that obese teens maintained two-thirds of their weight loss a year after taking orlistat (p. 240).

b. Weaknesses:

The kinds of useful medicine are not enough. Although orlistat can be utilized to treat teenage obesity, there are almost no other medicine can be used. Apovian (2016) claims that only orlistat and metformin are approved for use in adolescents and children, while other drugs that have been approved in recent years to treat obesity, such as phentermine-topiramate and naltrexone-bupropion, are only approved for use in adults and other drugs that may be able to treat adolescent obesity, such as Exenatide, are not approved by the Food and Drug Administration (FDA) (p. 178). Moreover, the efficiency of orlistat is not large enough and there are some severe side-effects of using orlistat. Capella, J. and Capella, R. (2003) state that the group using orlistat in a study of children and adolescents with obesity regained some weight after one year and had lost an average of only 5.56 kg after two years (p. 827). Ozkan et al. (2004) claim that in one study, 30% of patients experienced gastrointestinal and hair loss problems after taking orlistat (p. 740).

Transition: Choosing to avoid medication’s limitations on usage and negative physiological impacts, some obese teenagers choose:

B. bariatric surgery

1. Description: Bariatric surgery is a kind of surgery that focused on removing fat from obese people.

2. How successful is this treatment?

a. Strengths:

Abu-Abeid et al. (2003) claim that in the short term, bariatric surgery for adolescents is safe and effective, and obese teenagers in one study maintain weight loss 2 to 3 years after surgery (p. 1381). Moreover, bariatric surgery is able to eliminate other problems as well. Black et al. (2013) state that after obese teenagers taking the surgery, approximately 70 to 80 percent of their obesity complications such as diabetes, hypertension and apnea are resolved (p. 641).

b. Weakness:

Losing weight through surgery is usually not a practical choice. Inge et al. (2004) claim that adolescents are not candidates for surgery if there are situations, such as the adolescent has had a substance abuse problem in the past year, or patient and his or her parents do not understand the procedure and its outcome (p. 219). Moreover, bariatric surgery can result in negatively psychological effects on them due to the influences on their appearance. Capella, J. and Capella, R. (2003) state that teenagers with obesity are more concerned with their appearance, isolation and humiliation, and weight loss surgery can leave them with excess skin, which causes them to feel dissatisfied and disappointed (p. 831). They further point out that although some teenagers choose to take plastic surgery, their bodies are still left with scars and stretch marks. (p. 831).

Transition: Because of the negative effects on appearance and mental and prerequisites of taking surgery, stressing better living habit is the most effective teenage obesity treatment.

III. Most Workable Solution: Improving the living habit or style of teenagers and children

1. Description: Improving teenager and children’s living habit, which stresses then to have healthier diet and more exercise, can treat obese teenagers and prevent children from having obesity when they become teenagers, which reduce the rate of teenage obesity in the society in current or in future.
2. Treatment Strengths
3. The medicine still needs proper diet control to have some positive effects on treating obesity. Davidson et al. (1999) claim that when using orlistat with controlled dietary energy intake, obese adolescents had some weight loss, but after becoming on a weight maintenance diet, their weight went back up. (p. 240).
4. Lack of exercise has strong relationship with high rate for having obesity and even death. Ruotsalainen et al. state that the fourth global risk factor for mortality is physical inactivity. (p. 2461). Moreover, Zwiauer (2000) points out that inactive teens are more likely to develop obesity (p. 62). Therefore, having exercise is important for teenagers and can help reduce teenage obesity rates
5. Losing weight through exercise is a better experience for teenagers and is more likely to be sustainable to lose weight than using medication and bariatric surgery. Wilson et al. (2012) state that young people exercising in a cohesive environment will make them more enjoyable (p. 1233). After losing weight through exercise for a period of time, adolescents will become compliant with exercise and thus continue to lose weight through continued exercise (Oliveira et al. 2016. p. 608).
6. In addition to improving the lifestyle or habits of adolescents to reduce rate of obesity, maintaining good dietary habits in children can help reduce the incidence of obesity in adolescents more effectively. Studies shows that children with symptoms of obesity are more likely to develop life-threatening illnesses because about 50% to 80% of these obese children remain obese for several years or into adulthood (Inge et al. 2004. p. 217). Apovian (2016) states that because intervention in the early stages of lifestyle formation is more effective, governments and the food industry should ensure healthier foods and increased physical activity for all children, including through society and schools, to reduce their likelihood of becoming obese as adolescents. (p. 178).

IV. Conclusion: Teenage obesity is a serious problem in society, and it requires effective treatments. Taking medication is a fairly common treatment option for obese teenagers, but it has the limitation of causing side-effects. Sometimes it is suggested that obese teenagers avoid taking medication and use bariatric surgery to treat their obesity. Although bariatric surgery has better efficiency on treating obesity and other complications, improving living habits of teenagers and children to have healthier diet and more exercise help them lose weight is more favorable without any cost or sacrifices. Not having the side-effects of medication nor the harm on mental and limitations of bariatric surgery, improvement on living habits of teenagers and children seems to be the most effective measure for reducing teenage obesity in current or in future in the U.S.

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