

Can the obesity epidemic in humans be due more to the use of condiments than to nutrients?

Editorial

Obesity is a complex disease in which genetic and environmental factors interact. We know about 400 genes associated with the development of obesity, but it is also clear that human obesity is not a monogenic disease. Obesity is an imbalance between intake and energy expenditure and in a simplistic way it is related to overeating and decreased physical activity, therefore the solution that does not come to mind is to reduce caloric intake and increase physical activity. This is why for a long time obesity was considered a minor problem that at least theoretically had an easy solution, although some clinicians warned that the problem was more complex, and was not solved by the simple temporary modification of the lifestyle, which generally resulted in an equally temporary loss of weight. Fortunately, this idea has changed and since the end of the last century obesity has been considered as a complex disease, and difficult to solve.¹ Although generally perceived as a disease, obesity is not commonly treated as such. Divergence in perceptions and attitudes potentially hinders better management.² That has led to the current understanding that the management of obese people, is based on a definitive and gradual change in lifestyle, which includes modifications in the food intake and increased physical activity, and at this point the clinicians do not face the wishes of patients to get the most rapid possible a significant weight loss, being for them less important that it is a temporary phenomenon.

In daily practice, we know that the definitive change of habits is very difficult and sometimes requires psychotherapy for a long period of time.³

It is also well known that the most palatable are capable of inducing pleasure, and the substances that were initially used as food preservatives, are currently used to increase the flavor of food. Among these substances, salt and sucrose stand out above others. In my clinical experience I perceive that people in general and specifically overweight and obese patients find it very difficult to reduce or eliminate the consumption of such foods or drinks capable of inducing pleasure, because people in general rarely accept to renounce the pleasurable during a long period of time. This may explain, at least in part the failure of any regime aimed at losing body weight, but more importantly not regaining weight when the regime is relaxed. This also has importance in the periods of the life when the alimentary habits are generated; this is in the first decade of life. It is well known that children with accustomed to take highly palatable foods generally reject less palatable foods such as vegetables and fruit.

Another aspect of this topic is that some foods and beverages, mainly high palatable foods and drinks can create addiction. The addictive tendency toward food or drinks is characterized by an obsessive consumption of food or drinks known to be highly palatable with the corresponding activation of the body's reward systems and significant difficulty controlling this behavior.⁴ Food that displays addictive qualities are those that are high in simple sugars, saturated fat and are heavily processed.⁵

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Symptoms of an addictive tendency toward food can be quantified using the Yale Food Addiction Scale which has been adapted from the criteria for substance abuse from the DSM-IV-TR.⁶

Basing on this, that clinicians and researchers should pay attention to the hedonistic component of food or beverages and generate research projects focused on a making a compatible change of long-term habits by giving up something pleasant. Furthermore, clinicians should use the instruments available for the early detection of addictions to food or beverages.

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Conflicts of interest

Authors declare that there is no conflict of interest.

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