Ricardo Ugarte's Discussion section of the literature review

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The results of this study shows that there is first a prevalence between obesity and depression when observing adolescents. It was shown that 1 out of every ten kids will most likely have both depression and major depression disorder by the age of 24 (Marmorstein, 2014). This shows that there is a prevalence of both disorders that is more common than many people may have been aware of. Since the prevalence is shown to be high it answers the first part of the question of if obesity and depression are known to be together. The answer is yes because when 10% of the population is supposed to get two disorders, it shows that there is something that these two disorders share. Therefore, finding similar risk factors was important to show further evidence that these two disorders are shown to be together. The first risk factor shown is if obesity is known to lead to depression. It is shown that obese adolescents show a significantly higher level of depression than those of normal weight (Gallai et al., 2014). It is also proven that obese children do have to deal with bullying more and bullying is known to cause kids to be depressed and even lead to suicide. This does have an impact on how both obesity and one's environment is known to cause depression. The reason for this is because adolescents tend to show higher levels of depression, hopelessness, lower levels of self-esteem and lower life satisfaction (Marmorstein, 2014). This shows the symptoms of how depression grows with obese children and shows that obesity is known to lead to depression. The next risk factor shows that depression does lead to obesity as well because the symptoms of depression cause less activity, then leads to greater calories stored and in results allows for weight gain. This shows the correlation is great because obesity and depression are already common and it is now known that both diseases give higher risk for the other disease. After this the next risk factor to show a high correlation is genetics

because it shows that the same part of the human body is known to cause both disorders. The hypothalamic-pituitary-adrenal axis is shown to be involved in both depression and obesity (Marmorstein, 2014). The way this works is that the result of this is that cortisol levels are higher because stress levels may be high. This high stress over a period may lead to depression and cortisol levels are known to have an impact on weight gain as well. The last risk factor to show the correlation is that the environment does play a role in both obesity and depression. It is shown that the lower the household income the greater chance the child had to become obese or depressed. One possible cause for this is elevated levels of stress in possibly living in a bad neighborhood will cause higher cortisol levels and as shown earlier will have an impact on both obesity and depression. This paper shows that there is a high amount of correlation of obesity and depression, but also shows that there are many risk factors that are known to cause the other disease to occur or cause both to occur. These articles all show that they are common together and for this I agree. It is easy to see how symptoms of obesity and depression may lead to other problems, but also how one's genetics or even environment does play a role as well. The results are consistent with the field of public health because the journal articles show this, but so do recognized public health agencies such as the CDC. The limitations of this literature review are that many of these studies don't randomly select kids but usually target depressed or overweight kids. This could cause the measurements to be skewed. As this may be a problem for the results there are still many articles used that do randomly select their subjects. Another limit to this study is that multiple articles are known to be done by the same person and the point of the literature review is to get multiple perspectives to take away the possibility of a favored result.

References

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