Childhood dyslipidemia and obesity are multi-factorial conditions resulting from an interaction between genetics and environment factors such as nutrition, physical inactivity and socio-cultural influences.

Westernized diet (high amounts of meats, refined grains, pizza, sodas and snack foods) with sedentary lifestyle habits may explain the increase in lipids and adiposity among the children and adolescents.[8]

In order to decrease the childhood dyslipidemia and obesity, lifestyle and nutritional habits must be modified without subjecting the children to restrictive diets, giving healthier foods, such as vegetable oils and fats, insoluble and soluble dietary fiber, fish, whole grains, low-fat dairy products and a reduction of simple or refined sugars such as fruit juice, sugar-sweetened beverages and fast foods. Physical activity should be increased by reducing sedentary time (watching television, playing computer and video games). Parents should try to be role models for active lifestyles and provide the children with opportunities for increased physical activity.

In conclusion, obesity and dyslipidemia are health problems that require immediate attention in Iranian child.

Fatemeh Taheri, Toba Kazemi1, Azita Fesharakinia2
Atherosclerosis and Coronary Artery Research Center, Department of Pediatrics, Vali-e-Asr Hospital, Birjand University of Medical Sciences (BUMS), Birjand, Iran
1Atherosclerosis and Coronary Artery Research Center, Department Of Cardiology 2Department of Pediatric Nephrology, Vali-e-Asr Hospital, Birjand University of Medical Sciences (BUMS), Birjand, Iran

Address for correspondence: Dr. Toba kazemi, Atherosclerosis and Coronary Artery Research Center, Department of cardiology, Birjand University of Medical Sciences(BUMS), Birjand, Iran.
E-mail: drtoba.kazemi@gmail.com

REFERENCES


overweight children and adolescents following a lifestyle modification course. ARYA Atheroscler 2012;8:143-7.