



ASSESSMENT OF THE CAUSES AND THE IMPLICATIONS OF OVERWEIGHT AND OBESITY ON THE ELDERLY: AN ACADEMIC DISCOURSE ON THE CONTROL AND TREATMENT

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ABSTRACT

This study explores the multifactorial causes and far-reaching implications of overweight and obesity in the elderly, emphasizing the biological, behavioral, and socio-environmental factors that contribute to weight gain in later life. Descriptive survey design was adopted to carry out this research. The study was carried out in Akwa Ibom State. The targeted population comprised all health practitioners, comprising both medical doctors and nurses, in Akwa Ibom State. The stratified sampling technique was used to select 10 medical doctors and 50 nurses from each of the three senatorial districts of the state. This gave a total of 180 respondents, which made up the sample size used for this research. The instrument used for data collection was a structured questionnaire titled "Assessment of the Causes and the Implications of Overweight and Obesity on the Elderly Questionnaire (ACIOOE)." Face and content validation of the instrument was carried out by an expert in test, measurement, and evaluation in order to ensure that the instrument has the accuracy, appropriateness, and completeness for the study under consideration. The reliability coefficient obtained was 0.84, and this was high enough to justify the use of the instrument. The researcher subjected the data generated for this study to appropriate statistical techniques, such as descriptive analysis, to answer research questions. The result of the data analysis revealed that "Age-Related Physiological Changes" was the most prominent causes of overweight and obesity in the elderly. It also showed that "increased Risk of Cardiovascular Disease" was the highest health implication of overweight and obesity in the Elderly. And lastly, it revealed that "Lifestyle Modifications" was the most prominent control remedies of overweight and obesity. The study concluded that effective management requires a multidisciplinary approach that incorporates tailored nutritional guidance, physical activity programs adapted for age-related limitations, behavioral therapy, and regular medical monitoring. The study also recommended that local governments and public health systems should develop age-friendly policies that improve access to nutritious food, physical activity spaces, and health education, particularly in underserved or rural communities.



KEYWORDS: Causes, Implications, Overweight and Obesity, Elderly Academic Discourse, Control and Treatment

INTRODUCTION

Overweight and obesity among the elderly have become growing public health concerns globally, driven by demographic shifts and lifestyle transformations. As the global population ages, the prevalence of excess weight in older adults is rising steadily, with significant consequences for both individual health outcomes and healthcare systems. Age-related metabolic slowdown, hormonal changes, decreased physical activity, and altered body composition contribute to weight gain in later life, often compounded by environmental and socioeconomic factors. Research by Zielińska (2025) has shown that women over 65 with overweight or obesity are particularly vulnerable to metabolic syndrome and associated comorbidities, emphasizing the intersection between aging and obesity-related risks. The implications of obesity in older adults extend far beyond aesthetics or mobility; they pose increased risks for cardiovascular diseases, type 2 diabetes, sarcopenia, cognitive decline, and even frailty. Studies demonstrate that chronic inflammation and insulin resistance linked to obesity may accelerate the progression of age-related disorders (Crudele, 2025). Furthermore, Sánchez Melgar (2025) highlights how obesity-induced sarcopenia—sarcopenic obesity—can significantly impair physical function and increase mortality in elderly populations. These compounding conditions reduce independence and quality of life and increase long-term care needs and healthcare expenditure. Despite the known consequences, treating and managing obesity in older adults presents unique challenges. Traditional weight-loss strategies may not be safe or effective for this age group, requiring personalized interventions that preserve muscle mass while reducing fat. Luo and Luo (2025) underscore the role of nutritional therapy and lifestyle modification, particularly those tailored to aging physiology, as cornerstones of treatment. In addition, community-based and policy-level strategies that promote active aging, accessible healthcare, and nutrition education are critical to combat this complex health issue. Comprehensive approaches that combine clinical, behavioral, and social interventions are increasingly recognized as essential for effective and sustainable outcomes in obesity care among the elderly (Song, 2025).

STATEMENT OF PROBLEM

Overweight and obesity are increasingly prevalent among the elderly population, contributing significantly to a variety of chronic health conditions, including cardiovascular diseases, diabetes, and musculoskeletal disorders. These conditions not only decrease the quality of life for the elderly but also increase the burden on healthcare systems. Although the growing recognition of the challenges posed by excess weight in older adults, there is a lack of comprehensive understanding of the specific causes and implications of overweight and obesity in this demographic. Moreover, effective strategies for control and treatment remain inadequately explored and implemented. This research aims to assess the causes and implications of overweight and obesity in the elderly, focusing on how these conditions impact physical and mental health. Additionally, the study seeks to critically examine current methods of control and treatment, providing recommendations for improved interventions tailored to the elderly population. Addressing this issue is vital for enhancing elderly health outcomes, reducing healthcare costs, and improving overall societal well-being.

OBJECTIVES

- To find out the causes of overweight and obesity in the elderly



- To assess the health implications of overweight and obesity in the elderly
- To identify the control remedies of overweight and obesity in the elderly

RESEARCH QUESTIONS

- What are the causes of overweight and obesity in the elderly?
- What are the health implications of overweight and obesity in the elderly?
- What are the control remedies of overweight and obesity in the elderly?

LITERATURE REVIEW

CONCEPT OF OVERWEIGHT

Overweight is a medical and public health term used to describe an excess accumulation of body weight, primarily due to fat, that may impair health. It is most commonly assessed using the Body Mass Index (BMI), a simple index of weight-for-height commonly used to classify overweight and obesity in adults. According to the World Health Organization (WHO), an individual with a BMI between 25.0 and 29.9 kg/m² is considered overweight (WHO, 2024). While BMI does not distinguish between fat and muscle mass, it remains a widely used, cost-effective method for population-level screening of weight-related health risks. The prevalence of overweight has surged globally in recent decades, becoming one of the most pressing public health challenges of the 21st century. In 2022, the WHO reported that more than 2.5 billion adults were classified as overweight, with over 890 million living with obesity. This represents a dramatic increase from 1990, when only 25% of adults were classified as overweight (WHO, 2024). The growing burden of overweight is not confined to high-income countries; low- and middle-income countries, particularly in urban areas, are witnessing rapidly increasing rates due to lifestyle changes, urbanization, and dietary transitions. Several key factors contribute to the rise in overweight prevalence worldwide. A major driver is the global shift toward energy-dense diets high in fats and sugars but low in essential nutrients. Additionally, sedentary behavior has increased dramatically with technological advancements and changes in transportation, occupational patterns, and recreation. According to Ghosh (2022), environmental and social determinants such as food availability, marketing practices, socioeconomic status, and education also significantly influence individual weight status and health behaviors. The health consequences of being overweight are substantial. It is a major risk factor for a range of noncommunicable diseases (NCDs), including cardiovascular diseases, type 2 diabetes, musculoskeletal disorders (especially osteoarthritis), and certain types of cancer, such as breast and colon cancer. Moreover, overweight individuals often experience psychological effects such as low self-esteem, depression, and social stigma, which can further compound their physical health issues (Bray, Kim, & Wilding, 2022). The economic burden is also immense, with healthcare costs and productivity losses attributed to overweight and obesity reaching billions of dollars annually across countries. Managing overweight requires a multifaceted strategy. Prevention remains the most cost-effective approach, involving policy-level interventions, community education, and personal behavior change. The promotion of balanced diets, regular physical activity, and reduced screen time is essential. In recent years, innovative public health strategies such as urban planning for walkable cities, front-of-package food labeling, and fiscal policies like sugar taxes have shown promise in reducing population-level weight gain (Rubino, 2020).



CONCEPT OF OBESITY

Obesity is a multifactorial chronic disease characterized by excessive fat accumulation that poses significant health risks. It is commonly assessed using the Body Mass Index (BMI), with a BMI of 30 or higher indicating obesity. However, BMI may not fully capture health risks associated with body fat distribution and composition. Obesity has become a global public health concern, with its prevalence increasing across various demographics and regions.

The global prevalence of obesity has more than tripled between 1975 and 2022. In 2022, approximately 2.5 billion adults aged 18 years and older were overweight, including over 890 million adults who were living with obesity, representing 43% of the adult population worldwide. This marks a significant increase from 1990, when 25% of adults were overweight. The prevalence of obesity varies by region, with Latin America and the Caribbean having the highest rates at nearly 30%, while Asia remains below the global average, though it has nearly tripled since 2000.

Several factors contribute to the rising obesity rates. These include the increased consumption of high-calorie, low-nutrient foods, sedentary lifestyles, and limited access to healthy food options, particularly in low-income communities. Additionally, social determinants such as education, employment, and socioeconomic status play crucial roles in obesity prevalence.

Obesity is a major risk factor for numerous chronic diseases, including type 2 diabetes, cardiovascular diseases, and certain cancers. It also significantly impacts mental health, contributing to conditions such as depression and anxiety. The economic burden of obesity is substantial, encompassing direct healthcare costs and indirect costs related to lost productivity and premature mortality.

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THE CAUSES OF OVERWEIGHT AND OBESITY IN THE ELDERLY

Overweight and obesity in the elderly are multifactorial conditions influenced by a combination of physiological, behavioral, and environmental factors. Understanding these causes is crucial for developing effective prevention and management strategies tailored to this demographic.

- **Age-Related Physiological Changes**

As individuals age, several physiological changes contribute to weight gain. There is a gradual increase in body fat, particularly visceral fat, and a decline in lean body mass, including muscle mass. This redistribution of fat and loss of muscle mass, known as sarcopenic obesity, leads to decreased basal metabolic rate and increased fat accumulation (Batsis & Villareal, 2018). These changes make weight management more challenging for older adults.

- **Sedentary Lifestyle**

Physical inactivity is a significant risk factor for obesity in the elderly. Reduced mobility, chronic health conditions, and a lack of motivation often lead to decreased physical activity levels.



Studies have shown that older adults who engage in regular physical activity have a lower risk of obesity and related health issues (Hosseini, 2019). Conversely, a sedentary lifestyle contributes to weight gain and the development of obesity.

- **Dietary Patterns and Nutritional Intake**

Diet plays a pivotal role in the development of obesity. Inadequate intake of essential nutrients, combined with excessive consumption of calorie-dense foods, can lead to weight gain. Older adults may experience changes in taste and appetite, leading to poor dietary choices. Additionally, socioeconomic factors can limit access to healthy foods, further exacerbating the risk of obesity (Akpa, 2023).

- **Socioeconomic Factors**

Economic status significantly influences obesity rates among the elderly. Higher income levels are often associated with increased access to calorie-dense foods and a sedentary lifestyle, both of which contribute to obesity. Conversely, lower income levels may limit access to healthy food options and healthcare services, affecting weight management (Akpa, 2023).

- **Psychological Factors**

Mental health issues such as depression and anxiety can lead to overeating or poor dietary choices, contributing to weight gain. Additionally, social isolation and loneliness, common among the elderly, can lead to emotional eating and a lack of motivation to maintain a healthy weight (Batsis & Villareal, 2018).

- **Medication Side Effects**

Certain medications commonly prescribed to older adults, including antidepressants, antipsychotics, and corticosteroids, can lead to weight gain as a side effect. These medications may increase appetite or alter metabolism, making weight management more difficult (Batsis & Villareal, 2018).

- **Genetic and Hormonal Factors**

Genetic predisposition plays a role in obesity risk. Specific genetic variants can affect appetite regulation and fat storage. Hormonal changes associated with aging, such as decreased levels of sex hormones and growth hormone, can also contribute to weight gain by altering fat distribution and metabolism (Batsis & Villareal, 2018).

THE HEALTH IMPLICATIONS OF OVERWEIGHT AND OBESITY IN THE ELDERLY

The global prevalence of overweight and obesity (OO) has significantly increased in recent decades (Reinbacher, 2024). Overweight and obesity in the elderly are linked to increased risks of various health problems, including cardiovascular diseases, diabetes, certain cancers, osteoarthritis, and mobility issues. These conditions can significantly impact quality of life and functional independence, leading to frailty and reduced longevity. Below are listed the health implications of overweight and obesity on the elderly:



- * **Increased Risk of Cardiovascular Diseases:** Overweight and obesity significantly increase the risk of cardiovascular diseases in the elderly, including hypertension, coronary artery disease, heart failure, and stroke. As highlighted by Boateng (2017), cardiovascular diseases alone contribute up to 30.3% of the total burden of diseases among the elderly; excess fat, especially visceral fat around the abdomen, leads to the accumulation of cholesterol and fatty deposits in arteries, which narrows them and restricts blood flow. This raises blood pressure and stresses the heart, increasing the likelihood of heart attacks and strokes in older adults. The aging heart is already less efficient, and the added burden from excess weight exacerbates the risk.
- * **Worsening of Type 2 Diabetes and Insulin Resistance:** Obesity, particularly abdominal obesity, is closely linked to insulin resistance and the development or worsening of type 2 diabetes in the elderly. According to Kim (2018), in many other countries, increases in the prevalence of obesity have been observed in all age groups, with steady and significant increases in the prevalence of obesity and abdominal obesity among the elderly. In overweight individuals, fat cells release inflammatory chemicals that interfere with insulin's ability to regulate blood sugar, leading to chronically elevated glucose levels. Elderly diabetics face additional complications such as poor wound healing, increased infection risk, vision loss, and kidney disease, which are exacerbated by obesity-related inflammation and metabolic dysfunction.
- * **Impaired Mobility and Musculoskeletal Disorders:** Excess weight places added stress on weight-bearing joints like the knees, hips, and spine, increasing the risk of osteoarthritis and degenerative joint diseases in the elderly. Obese older adults are more likely to experience chronic joint pain, reduced range of motion, and limited physical activity. This can lead to a vicious cycle where reduced movement results in muscle weakness and further weight gain. The decline in mobility also raises the risk of falls, fractures, and disability.
- * **Increased Risk of Respiratory Complications:** Overweight and obesity can negatively affect respiratory function in older adults. Excess fat in the abdominal area restricts diaphragm movement and lung expansion, leading to shortness of breath, sleep apnea, and hypoventilation syndrome. Sleep apnea, which is common in obese elderly individuals, results in poor sleep quality, increased daytime fatigue, and cardiovascular strain. These conditions further limit physical activity and worsen overall health status.
- * **Heightened Risk of Certain Cancers:** Obesity in the elderly has been linked to a higher risk of developing various cancers, including breast, colon, endometrial, and pancreatic cancers. Adipose (fat) tissue produces excess estrogen and inflammatory cytokines that may stimulate cancer cell growth. The elderly immune system is already weakened with age, making it less effective at detecting and destroying abnormal cells. Thus, the added burden of obesity may increase both cancer incidence and mortality rates in this population.
- * **Cognitive Decline and Mental Health Challenges:** Emerging evidence shows that obesity in later life is associated with an increased risk of cognitive decline, dementia, and Alzheimer's disease. The chronic inflammation and metabolic syndrome linked to obesity may damage brain cells and blood vessels, reducing brain function. Additionally, obesity is often associated with depression, social isolation, and lower quality of life in the elderly. These mental health challenges can hinder effective weight management, create emotional distress, and worsen overall health outcomes.



THE EXTENT OF FATALITY OF OVERWEIGHT AND OBESITY TO THE ELDERLY

Overweight and obesity in the elderly are significant public health concerns due to their association with increased mortality rates. Understanding the extent of their fatality is crucial for developing targeted interventions to improve health outcomes in this population.

- **Increased Mortality Risk Associated with Obesity**

Obesity is a well-established risk factor for various chronic diseases, including cardiovascular diseases, type 2 diabetes, and certain cancers, all of which contribute to increased mortality rates. A systematic review and meta-analysis by Poly. (2021) found that obesity was significantly associated with an increased risk of mortality among patients with COVID-19, particularly in those aged over 65 years. The study reported a pooled risk ratio of 2.54 for mortality in this age group, indicating more than double the risk compared to individuals without obesity.

- **The Obesity Paradox in Older Adults**

Interestingly, some studies have observed a phenomenon known as the "obesity paradox," where overweight and mildly obese older adults appear to have a lower risk of mortality compared to their underweight counterparts. A study by Zhang. (2023) involving elderly Chinese participants found that those with a BMI in the overweight and obesity range had a lower hazard ratio for all-cause mortality compared to those who were underweight or of normal weight. This paradox may be attributed to the protective effects of higher body fat reserves in the elderly, which can be beneficial during periods of illness or hospitalization.

- **Impact of Sarcopenic Obesity**

Sarcopenic obesity, a condition characterized by the coexistence of increased body fat and loss of muscle mass, is prevalent among the elderly and poses unique health challenges. The combination of excess fat and diminished muscle mass can lead to functional decline, increased frailty, and higher mortality risk. A study by Batsis and Villareal (2018) highlighted that sarcopenic obesity is associated with a higher risk of death from any cause in older adults, emphasizing the need for interventions that address both components.

- **Influence of Comorbidities**

The presence of obesity-related comorbidities, such as hypertension, diabetes, and cardiovascular diseases, further exacerbates the mortality risk in the elderly. These conditions often coexist and compound the negative health effects of obesity. The Office for National Statistics (2022) reported that individuals with obesity had higher age-standardized rates of death involving COVID-19, even after adjusting for comorbidities, indicating the independent role of obesity in increasing mortality risk.

- **Gender Differences in Mortality Risk**

Gender differences also play a role in the mortality risk associated with obesity in the elderly. Research indicates that men with obesity have a higher risk of mortality compared to women with obesity. A study by Batsis. (2018) found that the risk of death was significantly higher in obese men than in obese women, suggesting that gender-specific factors may influence the fatality associated with obesity.

THE CONTROL REMEDIES OF OVERWEIGHT AND OBESITY IN THE ELDERLY

Overweight and obesity in the elderly are significant public health concerns due to their association with increased morbidity and mortality. Addressing these conditions requires a



multifaceted approach that includes lifestyle modifications, pharmacological interventions, and, in some cases, surgical procedures. This explores the current strategies for managing overweight and obesity in older adults, drawing on recent research and clinical guidelines.

➤ **Lifestyle Modifications**

Lifestyle interventions remain the cornerstone of obesity management in the elderly. These include dietary changes, increased physical activity, and behavioral modifications.

Dietary Changes: Nutritional interventions focusing on calorie reduction and balanced diets are essential. The Mediterranean diet, characterized by high intake of fruits, vegetables, whole grains, and healthy fats, has been shown to promote weight loss and improve metabolic health in older adults (Dominguez, 2023). Additionally, personalized nutrition plans that consider individual health conditions and preferences are crucial for long-term success.

Physical Activity: Regular physical activity helps maintain muscle mass and metabolic rate, which are vital in older adults. Resistance training, in particular, has been found to counteract sarcopenic obesity—a condition characterized by the coexistence of obesity and loss of muscle mass (Liao, 2018). Incorporating exercises that improve balance and flexibility can also reduce the risk of falls and enhance overall mobility.

Behavioral Modifications: Cognitive-behavioral strategies, including self-monitoring, goal setting, and problem-solving, have been effective in promoting weight loss and preventing weight regain in the elderly (Batsis & Villareal, 2018). These interventions often require tailored approaches to address the unique challenges faced by older adults, such as cognitive decline and social isolation.

➤ **Pharmacological Interventions**

Pharmacotherapy can be considered when lifestyle modifications alone are insufficient, particularly in individuals with obesity-related comorbidities.

GLP-1 Agonists: Medications such as semaglutide have shown promise in promoting weight loss by reducing appetite and improving insulin sensitivity. A study by Jay. (2022) found that semaglutide led to significant weight loss and improvements in metabolic health in older adults with obesity.

Other Medications: Other pharmacological agents, including orlistat and liraglutide, have been used to manage obesity in the elderly. However, their use should be carefully monitored due to potential side effects and interactions with other medications commonly prescribed to older adults.

➤ **Surgical Interventions**

In cases of severe obesity or when other interventions have failed, bariatric surgery may be considered.

Bariatric Surgery: Procedures such as gastric bypass and sleeve gastrectomy have been shown to result in significant and sustained weight loss, as well as improvements in obesity-related comorbidities (Batsis & Villareal, 2018). However, the risks associated with surgery in older adults, including complications and longer recovery times, necessitate thorough evaluation and consideration.



Endoscopic Procedures: Less invasive options, such as endoscopic sleeve gastropasty, offer alternatives for older adults who may not be candidates for traditional surgery. These procedures involve suturing the stomach to reduce its volume and limit food intake, leading to weight loss (Vargas, 2020).

➤ **Addressing Sarcopenic Obesity**

Sarcopenic obesity presents unique challenges in the elderly, as it involves both excess fat and loss of muscle mass

Integrated Approach: Managing sarcopenic obesity requires a combination of weight loss and muscle-preserving strategies. Resistance training, along with adequate protein intake, has been shown to improve muscle mass and strength in older adults with sarcopenic obesity (Liao, 2018). Additionally, ensuring sufficient intake of vitamins and minerals, such as vitamin D and calcium, supports bone and muscle health.

➤ **Technological Innovations**

Advancements in technology offer new tools for managing obesity in the elderly.

Digital Health Tools: Mobile applications and wearable devices can assist in monitoring physical activity, dietary intake, and weight changes. These tools provide real-time feedback and support, enhancing adherence to weight management programs (Garg & Pundir, 2021).

Artificial Intelligence: Machine learning algorithms can analyze individual health data to provide personalized diet and exercise recommendations. The development of systems like OBESEYE demonstrates the potential of AI in creating tailored obesity management plans for older adults (Roy, 2023).

THE TREATMENTS OF OVERWEIGHT AND OBESITY IN ELDERLY

Overweight and obesity are significant public health issues, especially in elderly populations, where the risk of associated comorbidities such as cardiovascular disease, diabetes, and hypertension is high. As the elderly population grows worldwide, addressing obesity in older adults has become increasingly important. Treatment strategies must be tailored to this group due to factors like sarcopenia (loss of muscle mass), limited mobility, and other age-related concerns. This essay will explore various treatments for obesity and overweight in the elderly, including dietary modifications, physical activity, pharmacotherapy, and surgical interventions, with references to current research and clinical practices.

➤ **Dietary Interventions**

Dietary changes remain a cornerstone in the management of obesity among the elderly. Older adults often have altered metabolism and reduced caloric needs, making calorie reduction crucial in weight management (Villareal, 2017). One effective approach is the implementation of energy-restricted diets, which have been shown to lead to weight loss without compromising overall health. A study by Vellas. (2017) found that a low-calorie diet (LCD) combined with high-protein intake significantly improved weight loss while preventing the loss of lean body mass in older adults. Protein intake is particularly important, as elderly individuals are at a higher risk of sarcopenia. The recommended



dietary protein intake for elderly individuals is 1.0 to 1.2 grams per kilogram of body weight, which helps preserve muscle mass during weight loss (Rolland, 2019).

Additionally, very low-calorie diets (VLCDs) have been shown to be effective for short-term weight loss in the elderly. A meta-analysis by Lang et al. (2018) suggested that VLCDs could lead to significant reductions in body weight and improvements in metabolic risk factors, although these diets should be undertaken under medical supervision due to potential nutritional deficiencies. For elderly patients, incorporating nutrient-dense foods such as fruits, vegetables, and lean proteins into their daily meals ensures they meet their nutritional needs despite reduced calorie intake (Santos, 2020).

➤ **Physical Activity and Exercise**

Physical activity is another crucial aspect of obesity treatment in the elderly. The combination of aerobic exercise and resistance training has been shown to be particularly effective. Resistance training not only helps to reduce fat mass but also combats sarcopenia by preserving muscle mass and enhancing strength, which are critical for maintaining functional independence in older adults (Iannuzzi-Sucich, 2017). A study by Villareal. (2018) found that older adults who participated in resistance exercise programs for 12 weeks showed significant improvements in muscle mass and strength, which contributed to better weight management.

Aerobic exercises, such as walking, cycling, or swimming, also play a vital role in burning calories and improving cardiovascular health. According to a review by MacIntyre. (2017), even low-to-moderate intensity aerobic exercise performed regularly can lead to improvements in weight and fat mass in elderly individuals, as well as reductions in the risk of chronic diseases. It is important to tailor exercise regimens to the individual's capabilities. For elderly individuals with mobility issues or frailty, low-impact activities like chair exercises or water aerobics may be more suitable (Stewart, 2020). Moreover, balance exercises can help prevent falls, which are a significant concern in older adults.

➤ **Pharmacotherapy**

In certain cases, pharmacotherapy may be an appropriate adjunct to lifestyle modifications in managing obesity among the elderly. Medications such as orlistat, a lipase inhibitor, have been shown to assist with weight loss by reducing fat absorption in the digestive tract (Birkenfeld, 2020). However, orlistat can cause gastrointestinal side effects, which may be particularly bothersome in older adults. Therefore, its use should be monitored closely, especially in those with pre-existing gastrointestinal conditions (McTigue, 2020).

More recently, glucagon-like peptide-1 (GLP-1) receptor agonists such as liraglutide and semaglutide have gained attention for their effectiveness in promoting weight loss. Semaglutide, in particular, has shown promising results in elderly patients with obesity. A study by Blundell. (2021) reported that semaglutide led to significant weight reduction in older adults without causing adverse effects on muscle mass. These medications work by enhancing satiety and reducing appetite, which can help elderly individuals manage their caloric intake more effectively (Rubino, 2021). However, these treatments should be prescribed with caution, as they can interact with other medications commonly used by older adults, such as those for diabetes and hypertension.

➤ **Surgical Interventions**



For individuals with severe obesity or those who have not responded to lifestyle changes and pharmacotherapy, bariatric surgery may be considered. Procedures such as Roux-en-Y gastric bypass (RYGB) and sleeve gastrectomy have been shown to result in significant weight loss and improvements in comorbid conditions like type 2 diabetes, hypertension, and sleep apnea (Kular, 2019). However, surgical interventions come with inherent risks, especially in older patients who may have other chronic health issues. A systematic review by Olbers. (2018) highlighted that bariatric surgery in the elderly can result in long-term weight loss and improvement in metabolic health, but careful selection criteria are necessary to minimize surgical risks. Factors such as frailty, comorbidities, and life expectancy should be taken into account before recommending surgery (Pories, 2017). In addition, post-surgical care is essential to address potential complications, such as nutritional deficiencies and the need for lifelong supplementation.

METHODOLOGY

Descriptive survey design was adopted to carry out this research. The study was carried out in Akwa Ibom State. The targeted population comprised all health practitioners, comprising both medical doctors and nurses, in Akwa Ibom State. The stratified sampling technique was used to select 10 medical doctors and 50 nurses from each of the three senatorial districts of the state. This gave a total of 180 respondents, which made up the sample size used for this research. The instrument used for data collection was a structured questionnaire titled “Assessment of the Causes and the Implications of Overweight and Obesity on the Elderly Questionnaire (ACIOOE).” Face and content validation of the instrument was carried out by an expert in test, measurement, and evaluation in order to ensure that the instrument has the accuracy, appropriateness, and completeness for the study under consideration. The reliability coefficient obtained was 0.84, and this was high enough to justify the use of the instrument. The researcher subjected the data generated for this study to appropriate statistical techniques, such as descriptive analysis, to answer research questions.

Research Questions 1: The research question sought to find out the causes of overweight and obesity in the elderly. To answer the research percentage analysis was performed on the data, (see table 1).

Table 1: Descriptive statistics of the causes of overweight and obesity in the elderly

CAUSES	FREQUENCY	PERCENTAGE (%)
Age-Related Physiological Changes	35	19.44**
Sedentary Lifestyle	33	18.33
Dietary Patterns and Nutritional Intake	28	15.56
Socioeconomic Factors	11	6.11*
Psychological Factors	25	13.89
Medication Side Effects	21	11.67
Genetic and Hormonal Factors	27	15
TOTAL	180	100%

** The highest percentage frequency

* The least percentage frequency

SOURCE: Field Survey

The above table 1 presents the percentage analysis of the causes of overweight and obesity in the elderly. From the result of the data analysis, it was observed that “Age-Related Physiological Changes”35(19.44%) was rated as the highest causes of overweight and obesity in the elderly, while



“Socioeconomic Factors” 11(6.11%) was rated the least. The result therefore is in agreement with the research findings of numerous scholars including Batsis & Villareal (2018), who stated that as individuals’ age, several physiological changes contribute to weight gain. There is a gradual increase in body fat, particularly visceral fat, and a decline in lean body mass, including muscle mass. He further stated that redistribution of fat and loss of muscle mass, known as sarcopenic obesity, leads to decreased basal metabolic rate and increased fat accumulation.

Research Questions 2: The research question sought to find out the health implication of overweight and obesity in the Elderly. To answer the research percentage analysis was performed on the data, (see table 2).

Table 2: Descriptive statistics of the health implication of overweight and obesity in the Elderly.

MEASURES	FREQUENCY	PERCENTAGE (%)
Increased Risk of Cardiovascular Diseases	54	30* *
Worsening of Type 2 Diabetes and Insulin Resistance	39	21.67
Increased Risk of Respiratory Complications	35	19.44
Impaired Mobility and Musculoskeletal Disorder	24	13.33
Cognitive Decline and Mental Health Challenges	16	8.89
Heightened Risk of Certain Cancers	12	6.67*
TOTAL	180	100%

** The highest percentage frequency

* The least percentage frequency

SOURCE: Field Survey

The above table 2 presents the percentage analysis of the **health implication of overweight and obesity in the Elderly**. From the result of the data analysis, it was observed that “increased Risk of Cardiovascular Disease” 54(30%) was rated as the highest **health implication of overweight and obesity in the Elderly**, while “Heightened Risk of Certain Cancers” 12(6.67%) was rated the least. The result therefore is in agreement with the research findings of numerous scholars including Boateng (2017) who mentioned that cardiovascular diseases alone contribute up to 30.3% of the total burden of diseases among the elderly; excess fat, especially visceral fat around the abdomen, leads to the accumulation of cholesterol and fatty deposits in arteries, which narrows them and restricts blood flow.

Research Questions 3: The research question sought to find out the control remedies of overweight and obesity in the elderly. To answer the research percentage analysis was performed on the data, (see table 3).

Table 3: Descriptive statistics of the control remedies of overweight and obesity in the elderly

CONTROL	FREQUENCY	PERCENTAGE (%)
Lifestyle Modifications	57	31.67* *
Pharmacological Interventions	38	21.11
Surgical Interventions	35	19.44
Addressing Sarcopenic Obesity	27	15.00
Technological Innovations	23	12.78*



TOTAL	180	100%
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**** The highest percentage frequency**

*** The least percentage frequency**

SOURCE: Field Survey

The above table 3 presents the percentage analysis of the causes of overweight and obesity in the elderly. From the result of the data analysis, it was observed that “Lifestyle Modifications” 57(31.67%) was rated as the highest control remedies of overweight and obesity, while “Technological Innovations” 23(12.78%) was rated the least. The result therefore is in agreement with the research findings of numerous scholars including Dominguez (2023), who quoted that lifestyle interventions remain the cornerstone of obesity management in the elderly. These include dietary changes, increased physical activity, and behavioral modifications.

CONCLUSION

In conclusion, the rising prevalence of overweight and obesity among the elderly poses significant public health challenges, driven by a complex interplay of age-related metabolic changes, reduced physical activity, dietary habits, and socio-economic factors. These conditions exacerbate the risk of chronic illnesses such as cardiovascular diseases, type 2 diabetes, musculoskeletal disorders, and cognitive decline, thereby reducing quality of life and increasing healthcare burdens. Effective management requires a multidisciplinary approach that incorporates tailored nutritional guidance, physical activity programs adapted for age-related limitations, behavioral therapy, and regular medical monitoring. The result of the data analysis revealed that “Age-Related Physiological Changes” is the most prominent causes of overweight and obesity in the elderly. It also showed that “increased Risk of Cardiovascular Disease” is the highest health implication of overweight and obesity in the Elderly. And lastly, it revealed that “Lifestyle Modifications” is the most prominent control remedies of overweight and obesity. Addressing the root causes through policy reform, education, and community-based interventions is essential for mitigating the long-term implications on aging populations and ensuring healthier, more active aging.

RECOMMENDATIONS

- It encouraging moderate aerobic activity (e.g., walking) combined with strength and balance exercises is critical for reducing visceral fat and maintaining muscle strength in the elderly. Exercise also improves metabolic health and reduces fall risk.
- Local governments and public health systems should develop age-friendly policies that improve access to nutritious food, physical activity spaces, and health education, particularly in underserved or rural communities.
- Routine assessments for diabetes, cardiovascular disease, sarcopenia, osteoarthritis, and cognitive decline should be integrated into geriatric care to manage obesity-related risks proactively.



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