

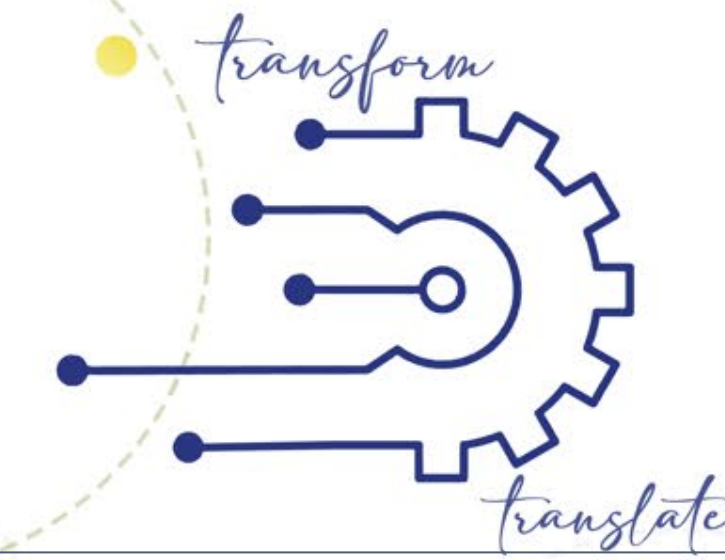
Seasonal Association Of Abdominal Fat Indices And Blood Pressure Variables Among The Ellisras Population Aged 4–18 Years Overtime: Data From Ellisras Longitudinal Study

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BACKGROUND

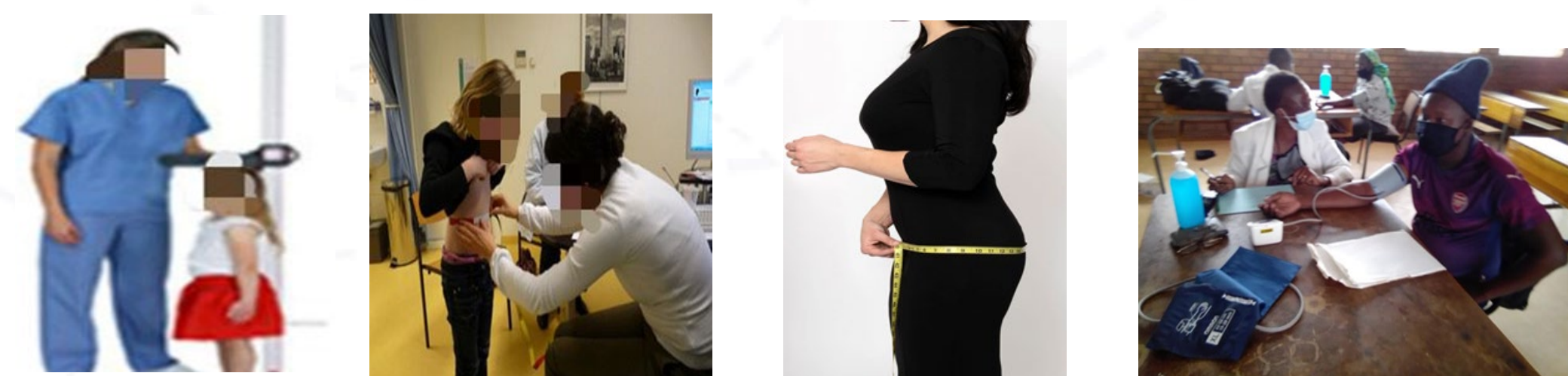
Obesity and hypertension have been declared a global pandemic, and both have been reported to be affected by seasonal variation as a risk factor. Many studies on literature reported the prevalence of obesity and blood pressure (BP) at different seasons (Visscher and Seidell, 2004; Van Anders *et al.*, 2006; , Goyal *et al.*, 2018, Nika *et al.*, 2019). However, seasonal association in abdominal fat indices and blood pressure received little attention on the literature.

OBJECTIVES

This study investigated the association of obesity indices and BP variable in different seasons (autumn and spring) among the Ellisras population aged 4–18 years overtime.

METHODOLOGY

This study forms part of the Ellisras Longitudinal Study. At baseline, measurements were collected in autumn 1999 with 1 974 (1033 boys and 941 girls) participants. The same participants were followed repeatedly overtime (autumn and spring 2000, 2001, 2003). In spring 2003, a total of 1 701 (873 boys and 828 girls) participants were still present in the study. Anthropometric measurements (Height Waist Circumference(WC), and hip circumference (HC)) were measured following the procedure by the International Society for the Advancement of Kinanthropometry (ISAK) (Norton, 2018). Blood pressure was measured following the procedure documented by the National High Blood Pressure Education Program (NHBPEP) Working Group on Hypertension Control in Children and Adolescents (1996). Data was analysed using STATA (version 12), with the significant level set at $P \leq 0.05$.



Height

WC

HC

BP

RESULTS

The results showed that all obesity indices and BP measurements in autumn 1999 were significantly ($P \leq 0.05$) associated with subsequent spring (1999–2003) measurements when adjusted for age and gender.

Table 1: Regression coefficient, 95% CI, and P value for the association of obesity and blood pressure variables between autumn and spring among Ellisras population aged 4–18 years.

| Year | Variables | Unadjusted | | | Adjusted for age and gender | | |
|-------------|-----------|------------|--------|--------------|-----------------------------|--------|--------------|
| | | B | P | 95% CI | B | P | 95% CI |
| Autumn 1999 | WC | 0.006 | 0.000* | 0.003–0.016 | 0.008 | 0.001* | 0.003–0.012 |
| | WHtR | 0.025 | 0.000* | 0.167–0.337 | 0.016 | 0.000* | 0.008–0.025 |
| | WHR | 0.588 | 0.000* | 0.552–0.624 | 0.096 | 0.000* | 0.077–0.116 |
| | DBP | 0.001 | 0.267 | -0.001–0.003 | 0.007 | 0.028* | 0.000–0.012 |
| Autumn 2000 | SBP | 0.003 | 0.055 | 0.000–0.007 | 0.007 | 0.009* | 0.002–0.012 |
| | WC | 0.010 | 0.000* | 0.005–0.014 | 0.009 | 0.001* | 0.004–0.014 |
| | WHtR | -0.001 | 0.936 | -0.267–0.246 | -0.002 | 0.884 | -0.028–0.024 |
| | WHR | - | - | - | - | - | - |
| Autumn 2001 | DBP | 0.000 | 0.975 | -0.004–0.004 | 0.000 | 0.952 | -0.004–0.004 |
| | SBP | 0.000 | 0.747 | -0.002–0.002 | 0.000 | 0.666 | -0.002–0.003 |
| | WC | 0.000 | 0.873 | -0.004–0.005 | 0.002 | 0.535 | -0.004–0.008 |
| | WHtR | 0.011 | 0.499 | -0.021–0.042 | 0.011 | 0.499 | -0.207–0.042 |
| Autumn 2003 | WHR | 0.001 | 0.565 | -0.003–0.005 | 0.001 | 0.646 | 0.003–0.005 |
| | DBP | 0.002 | 0.131 | -0.001–0.005 | 0.003 | 0.136 | -0.001–0.006 |
| | SBP | 0.005 | 0.027* | 0.000–0.009 | 0.006 | 0.020* | 0.001–0.010 |
| | WC | 0.006 | 0.006* | 0.002–0.011 | 0.075 | 0.000* | 0.056–0.094 |
| Autumn 2003 | WHtR | - | - | - | - | - | - |
| | WHR | - | - | - | - | - | - |
| | DBP | 0.002 | 0.292 | -0.001–0.005 | 0.002 | 0.291 | -0.001–0.005 |
| | SBP | 0.010 | 0.002* | 0.004–0.016 | 0.009 | 0.003* | 0.003–0.016 |

WC-waist circumference; WHtR-waist-to-height ratio; WHR- waist-to-hip ratio; DBP- diastolic blood pressure, SBP- systolic blood pressure

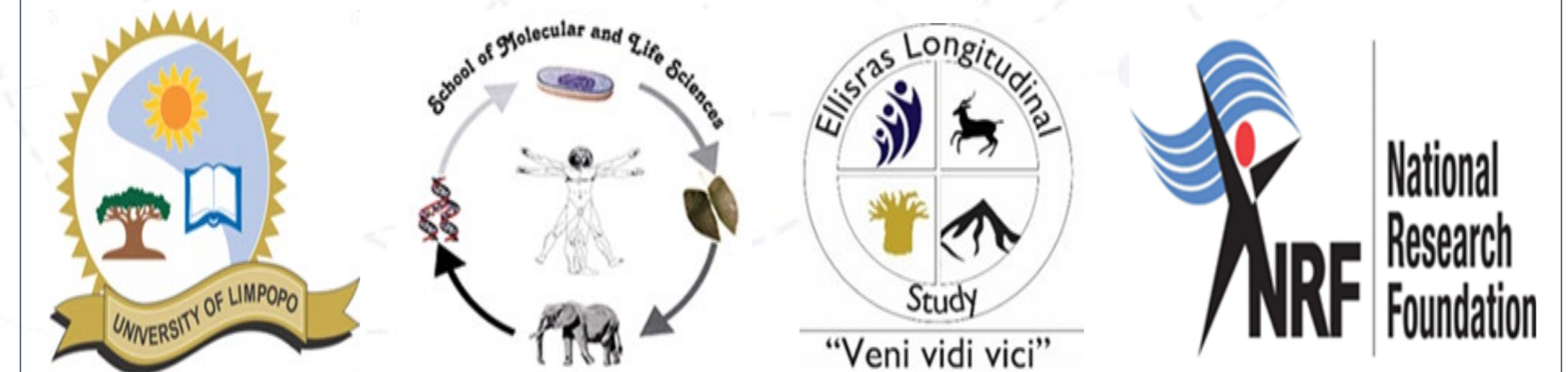
CONCLUSIONS

An association between autumn and spring measurements for obesity and BP variables was evident in this study overtime. Obesity and BP are associated with seasons. Furthermore, the development of obesity and BP in autumn can result in the development of obesity in spring.

ADVOCACY MESSAGE

The development of obesity and BP can be observed overtime and is associated with seasons. Therefore, people should maintain a healthy lifestyle across seasons such that obesity and BP prevalence cannot be maintained overtime.

ACKNOWLEDGEMENTS



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