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Obesity

1. What is the most common diagnostic tool currently used for identifying obesity according to the course content, and why is there a shift towards considering other measures?

A. Waist circumference is the most common tool, as it directly relates to central body fat risks.
B. Body Mass Index (BMI) is the most commonly used tool, but there's a shift due to its inaccuracy for certain populations.
C. Body fat percentage is the most common due to its detailed insights, but BMI is gaining popularity.
D. The Edmonton obesity staging system is most commonly used, but waist circumference is being considered more often.

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2. In the context of obesity, which of the following genetic factors would most likely contribute to increased hunger sensations?

A. An imbalance in the production of insulin.
B. Variations causing leptin resistance.
C. Decreased secretion of cholecystokinin.
D. Increased production of pancreatic polypeptide.

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3. Which of the following scenarios best illustrates an environmental risk factor contributing to obesity?

A. An individual with genetic variations affecting hormone secretion.
B. Someone who experiences long-term financial stress without access to nutritious food.
C. An individual with a sedentary lifestyle due to lack of motivation.
D. A person with high levels of ghrelin due to a hormonal condition.

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4. How might the gut microbiome indirectly contribute to obesity, based on course material?

A. By causing direct increases in ghrelin secretion leading to enhanced hunger.
B. By affecting the body's thermal energy balance and increasing energy expenditure.
C. By influencing systemic inflammation through diet, affecting insulin sensitivity.
D. By directly reducing leptin levels, leading to loss of appetite regulation.

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5. Which of the following statements accurately describes the limitations of BMI in diagnosing obesity as mentioned in the course content?

A. BMI does not account for body fat distribution, leading to inaccurate cardiac risk assessments.

B. BMI is a sufficient tool for Asians but is less reliable for older adults due to muscle mass loss.
C. BMI is not applicable for pediatric populations who require waist circumference evaluations.
D. BMI provides reliable results across all populations, making alternative measures unnecessary.

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6. Which of the following best describes the interrelationship between the biomechanical and metabolic conditions of obesity?

A. Biomechanical conditions are caused by increased metabolism due to obesity.
B. Metabolic conditions exclusively lead to biomechanical disorders.
C. Biomechanical conditions can influence metabolism, and metabolic conditions can affect biomechanics.
D. Metabolic conditions occur as a result of biomechanical changes, not the other way around.

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7. What is the primary mechanism by which obesity contributes to type 2 diabetes?

A. It directly increases glucose production in the liver.
B. Obesity causes insulin resistance mainly due to inflammation from non-esterified fatty acids.
C. Obesity decreases insulin secretion by damaging pancreatic cells.
D. Type 2 diabetes only occurs in the presence of both obesity and hypertension.

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8. When it comes to pharmacological treatment options for obesity, how do GLP-1 receptor agonists function?

A. They work by increasing lipolysis and reducing fat storage in cells.
B. They inhibit fat absorption by the digestive tract.
C. They slow gastric emptying and affect the central nervous system to control appetite.
D. They enhance the metabolism of glucose by increasing pancreatic enzyme activity.

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9. Which statement correctly differentiates the risks of coronary artery disease in individuals with obesity?

A. Coronary artery disease is directly caused by obesity in all cases.
B. As BMI increases, the risk for coronary artery disease increases due to the presence of multiple factors.
C. Obesity is unrelated to coronary artery disease, which is primarily due to lifestyle choices.
D. The risk is determined mostly by the genetic predisposition of the individual rather than obesity itself.

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10. Why might lifestyle changes be considered the first line of treatment in obesity management over surgical options?

A. Lifestyle changes have been shown to be dramatically more effective than surgeries in short-term weight loss.

B. Surgery is more risky and expensive, making lifestyle changes safer and more accessible for many individuals.
C. Surgical procedures do not address the underlying causes of obesity like lifestyle changes do.
D. There are fewer post-operative complications with lifestyle changes compared to surgeries.

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